

Research evidence of the impact of generational differences on the NHS workforce

Deep dive draft completed: December 2019

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Methodology deep dive

A 'deep dive' in the context of this paper is defined as research into a topic, to provide a summary of evidence of published and grey literature, from a targeted geographical area, during a specified period.

This deep dive presents evidence from 2008 to 2019 of the impact of generational differences on the wider workforce and identifies implications specifically for the NHS healthcare workforce where possible.

As the NHS is the priority workforce focus of this deep dive, where it has been possible to do so, evidence identifying any key characteristics between the working generations have been presented to show a comparison between the non-NHS workforce vs. the NHS workforce. Whilst we have sought to gather as much evidence as we can from UK sources, it is important to note that much of the research has taken place in the U.S and that this may not be reflective of the situation or experiences of people in the UK. Not all countries follow the same generational boundaries (appendix A), as the term 'Veteran' in the U.S falls into the same cohort as the UK Maturists generation.¹ The U.S demographic is different to the UK's e.g. the UK baby boom happened approximately 10 years later than in the U.S.² Where evidence has been sourced from the U.S or other countries, this has been acknowledged.

The purpose of this research

NHS England published its Long-Term Plan (LTP)³, presenting an overall vision for how the NHS should develop over the next ten years. The LTP accepts that the size of the NHS workforce overall needs to increase. It is acknowledged that the key role of staff in the NHS and the existing pressure on staff to deliver care to patients and recognises the NHS needs to change the way staff work to meet changing demands.⁴

The NHS vision and plans will never become reality if the right number of staff, with the right skills, behaviours and values are not recruited, retained (and retrained when required) to work in the settings and locations that patients require.⁵

To plan proactively for the future NHS workforce and avoid reactively responding when there is a shortfall in capacity, we need to understand the needs of the workforce. It is supposed that variation between generations' role priorities and overall satisfaction in the working environment could have an impact on the rate of recruitment and retention of healthcare practitioners in the NHS.⁶

In 2019, 'The King's Fund' published the 'Mind the Gap' report and highlighted, *"there needs to be a greater understanding of the generational shift that is occurring in the workforce and the implications this may have for meeting the needs of staff."*⁷

Workforce data provides evidence that the UK working population is made up of five different generations working together across industries. Within the context of the NHS these individuals are either employed or in higher education undertaking practice placements within healthcare organisations.⁸ These five generations are employees of one of the biggest employers in the world, ranking at number five globally, employing 1.7 million people across the UK. Of that 1.7 million people, some 1.2 million are employed by England's NHS.⁹

Generational differences have been researched widely, for example in a study of 2,500 executives from across the world, almost a quarter rated 'intergenerational cohesion' as the most significant risk their company faced. Many more rated it as one of the top three risks.¹⁰ In this deep dive we consider the potential impact of generational differences on:

- Recruitment of the future health workforce
- Training of the future and retraining the existing health workforce
- Retention of the existing workforce
- How the workplace expectations of current and future staff (across multiple generational groups), may differ.





















Key findings

1. There is some NHS and non-NHS research evidence of different generational trends, from the UK and U.S.
2. However, other studies claim that given the opportunity all generations seek out flexible working opportunities and want to feel appreciated for doing work that matters.
3. Ultimately there is stronger research evidence to support that individual choice is the workforce driver.
4. Personal circumstance and the social and economic environment are drivers for change. People at different life and career stages want different things. Where possible, a successful workforce strategy should therefore include varied approaches to target recruitment and options for delivering training and promoting role retention.

The evidence of generational differences

The work by the University of Liverpool, commissioned by Barclays, conducted both quantitative and qualitative research and gives clear insight into the financial aspirations, concerns and priorities of the workforce. The resulting report 'Talking About: My Generation', published in 2013, presented workforce data which indicated that for the first time the working population was made up of up to five generations working together across industries. The responses of those surveyed, are summarised and presented in table 1 below.

Table 1. An overview of the UK working generations (not NHS staff specific) Percentages were accurate at the time of publication September 2013.⁸ Recent workforce data indicates the UK workforce in 2019 has continued to span five generations.

| Characteristics | Maturists (pre-1945) | Baby Boomers (1945-1960) | Generation X (1961-1980) | Generation Y (1981-1995) | Generation Z (Born after 1995) |
|--|---|--|--|---|--|
| Formative experiences | Second World War Rationing Fixed-gender roles Rock 'n' Roll Nuclear families Defined gender roles — particularly for women | Cold War Post-War boom "Swinging Sixties" Apollo Moon landings Youth culture Woodstock Family-orientated Rise of the teenager | End of Cold War Fall of Berlin Wall Reagan / Gorbachev Thatcherism Live Aid Introduction of first PC Early mobile technology Latch-key kids; rising levels of divorce | 9/11 terrorist attacks PlayStation Social media Invasion of Iraq Reality TV Google Earth Glastonbury | Economic downturn Global warming Global focus Mobile devices Energy crisis Arab Spring Produce own media Cloud computing Wiki-leaks |
| Percentage in U.K. workforce* | 3% | 33% | 35% | 29% | Currently employed in either part-time jobs or new apprenticeships |
| Aspiration | Home ownership | Job security | Work-life balance | Freedom and flexibility | Security and stability |
| Attitude toward technology | Largely disengaged | Early information technology (IT) adaptors | Digital Immigrants | Digital Natives | "Technoholics" — entirely dependent on IT; limited grasp of alternatives |
| Attitude toward career | Jobs are for life | Organisational — careers are defined by employers | Early "portfolio" careers — loyal to profession, not necessarily to employer | Digital entrepreneurs — work "with" organisations not "for" | Career multitaskers — will move seamlessly between organisations and "pop-up" businesses |
| Signature product |  Automobile |  Television |  Personal Computer |  Tablet/Smart Phone |  Google glass, graphene, nano-computing, 3-D printing, driverless cars |
| Communication media |  Formal letter |  Telephone |  E-mail and text message |  Text or social media |  Hand-held (or integrated into clothing) communication devices |
| Communication preference |  Face-to-face |  Face-to-face ideally, but telephone or e-mail if required |  Text messaging or e-mail |  Online and mobile (text messaging) |  Facetime |
| Preference when making financial decisions |  Face-to-face meetings |  Face-to-face ideally, but increasingly will go online |  Online — would prefer face-to-face if time permitting |  Face-to-face |  Solutions will be digitally crowd-sourced |

Before exploring the generational aspects of the NHS workforce and the workforce in general it may be helpful to be aware of the age ranges of the five generations and these can be found in table 2 below.

Table 2. The generations which currently make up the UK workforce, approximate age as of 1 January 2019⁸

| Generation | Year of Birth | Age Range |
|--|------------------------|------------|
| Maturists/ Builders/ the Silent Generation | Born pre 1945 | 74+years |
| Veterans* (U.S term) | Born between 1922-1943 | |
| Baby Boomers (post war child) | 1945-1960 | 59-74years |
| X | 1961-1980 | 39-58years |
| Y/ Millennials | 1981-1995 | 24-38years |
| Z/ Digital natives | Born after 1995 | <24years |

*Veterans are also recognised as being born between 1939-1947 in some publications.

Research indicates there is a common perception that differences between generations allow broad assumptions to be made about how people, depending on which generational group they belong to, are likely to behave and what their expectations might be.¹² However it is important to consider these broad generalisations within context.²

Leah Georges, a social psychologist who works with organisations to address generational presumptions in the workplace, presented a TED talk in April 2018 on 'how generational stereotypes hold us back at work'. Georges states that the generations could be succinctly summarised as: *"Maturists (veterans) consider that work is their reward whereas Baby Boomers are hard workers and termed as 'workaholics', whilst thinking towards retirement if they have not already done so. Generation X could be seen as the 'lost generation', with the most divorced parents and the first generation to really demand a greater work-life balance. However, Georges claims that, given the opportunity, all generations seek out support, flexibility, appreciation and work that matters in the workplace and she is of the view that employers should individualise their approach."* Georges goes on to support her individualist view further by quoting Nilofer Merchant, a 'thought leader in innovation,' *"we need to meet people in their 'onlyness', that is that spot in the world where only we stand as a function of our unique history, our experiences and our hopes."*¹ Although thought provoking, an individualist approach needs to be considered within context, in particular when planning for a workforce on a large scale such as the NHS.

Whilst studies such as 'Mind the Gap' claim there are distinct generational differences, such as the Baby Boomers cautious attitude to technology, others claim that differences cannot be simply applied to which generation someone belongs to but that there are much more complex and important reasons for choices and behaviour. A 2008 CIPD report states, 'sociological research has shown that the generations have clearly different characteristics which do not simply relate to their stage in life. Each generation creates its own traditions and culture through shared attitudes, preferences and dispositions. Such differences can be lifelong and are influenced by a combination of societal trends around raising and educating children, traumatic social events, a significant change in the economic cycle, the influence of significant leaders and entrepreneurs and / or a dramatic demographic shift which influences the distribution of resources in a society'.²

Some theories suggest that we look for different things at different stages of our career. For example, according to Donald Super's 'life-span theory' of careers, the differences in the expectations of our generations better reflect changes in perceptions and expectations due to age and career stage rather than generations.¹⁰

In 2015 a Hay Group thought paper, 'Managing a Multigenerational Workforce: Myths vs. The Realities', analysed data from over five million employees across the world. This analysis concluded that leaders do not need to develop 'generation specific' skills and that they should be able to flex and adapt leadership styles to the needs of everyone. Hay Group surmised *"We don't define people and their needs at work by gender or cultural background, and similarly it seems there is little evidence for making assumptions about the kind of work environment an employee wants based on their age. Each of us changes and develops in response to the ongoing change in the world around us. Creating climates that truly embrace diversity and promote mutual understanding will help to overcome any perceived differences."*¹⁰ A 2019 Forbes article also looked to dispel the generational variation as more of a myth than reality, as it concluded there were in fact more similarities than differences, across all five generations.¹³

With this being said, this study did also highlight some of the traits which were consistent with other publications of studies carried out in the UK and the U.S, acknowledging there does appear to be a clear trend with certain characteristics which could be pinned to specific generations. Many companies including (but not limited to) McDonalds, Banque Nationale de Paris (BNP) and Proctor & Gamble (P&G), have been acknowledging these differences and incorporating generational preferences into their workforce planning for years to recruit and retain staff. However, BNP and B&Q both recognised the need to offer choice and flexibility around how and when you learn based on the varied preferences towards learning across the generations. B&Q have sought to challenged generational stereotyping regarding older workers and have found their staff within the Baby Boomers generation, do in fact openly embrace change and new technology.² Further information on these case studies can be found in Appendix B.

The impact of generational differences on the healthcare workforce: recruitment; retention; education and training

The NHS is a multifaceted organisation employing a vast number of staff working in different capacities across a varying environment and, as a group of statutory bodies, is subject more than most to ongoing review and change. This ongoing cycle of change has contributed to the changes in staff attitude and choice towards working for the NHS. It is problematic to establish whether the cause and effect of staff behaviour is due to their generation or due a response to their changing working environment. Factors such as the NHS pension scheme changes, service restructure and the timing of when these occurred have had implications which are clearly beyond what could possibly be considered generational behaviour.

In 2015 HEE published the 'Mind the Gap' report which explores the needs of early career nurses and midwives in the workplace. The report states, *"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. Today's workforce is more diverse in age than ever before, with unique characteristic differences, 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"*.

Taking the comments from the 'Mind the Gap' report onboard, understanding differences between generations, and the age distribution of the current workforce, may be a useful first step in improving employees' job satisfaction, productivity and retention within the NHS. In 2019, the world economic forum published an article which came to the conclusion that, work teams that comprise of multiple generations perform better than those that do not and that employers who take the right steps can leverage the multi-generational workforce as a key to success.¹⁴ To take advantage of the multi-generational workforce, workforce planners need to think creatively about recruitment, retention and training of staff, including opportunities for meaningful work and skills development, is crucial. Policies affecting recruitment, retention, life-long learning, health and wellness and retirement all need to be inclusive for all working age staff and targeting individuals at various stages in their career progression. "Returnship" programs that broaden the options for people starting a new life chapter, such as after parenting, or former retirees who wish to resume working, are among the ways to keep critical skills in an organisation.¹⁴

Baby Boomers, Generations X and Y dominate much of the workforce in the NHS today.¹⁵ The number of staff employed by the NHS in England in 2018 grouped by generation is presented in figure 1.¹⁶ Generation X covers just over half of the workforce at 51%. As is visible across the NHS and the wider UK workforce, the age gap between colleagues can reach up to 50 years and the values, drivers and needs of these different generations will consequently differ.⁸

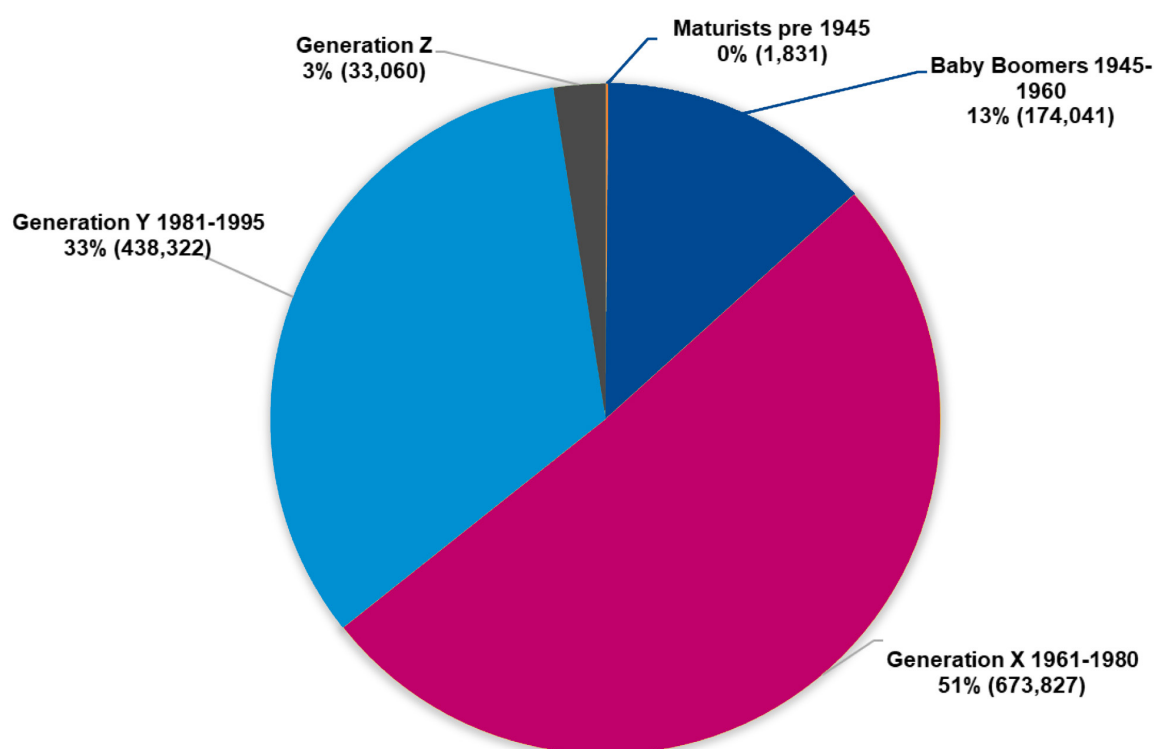


Figure 1. Number of staff employed by the NHS in England in 2018 grouped by generation
(Data has been sourced from the HEE ESR Flow Tool; it contains all ESR data at 31 March each year 2012 to 2018. ESR does not cover staff employed by organisations providing services to NHS patients employed in primary care, social enterprise organisations, private sector providers, local authorities and agency staff)

Looking at the age distribution of staff employed by the NHS, this raises a specific concern due to the proportion of staff currently belonging to Generation X and Baby Boomers. This generational spread, and the fact that these staff are nearing retirement age, could have particularly severe implications for some of the smaller professions which provide specialist services, e.g. therapeutic radiographers, podiatrists and genetic counsellors and consultant roles such as cardiologists, dermatologists, family physicians etc. There is a distinct risk of a growing number of vacancies for these posts as the supply of new trainees is relatively low and their training takes several years to complete. To combat this trend and increase retention, particularly in the Baby Boomer generation, would allow workforce planners a greater scope to develop their strategies, proactively managing workforce supply, recruiting and training of the next generations to fill these vacancies. The baby boomer generation has played a historic role in the story of population ageing. More boomers born than members of

the generations both before and after them means that this large generation getting older moving into pension age is a large driver in Britain's changing population structure. With a quarter of the UK population set to be over 65 by 2041, national politics and policy makers have largely woken up to the need to adapt the labour market in order to support an ageing society.¹⁸

Figure 2 illustrates the age distribution between the different generations of consultants in England in 2016 and the relatively large proportion of Baby Boomers and Generation X.

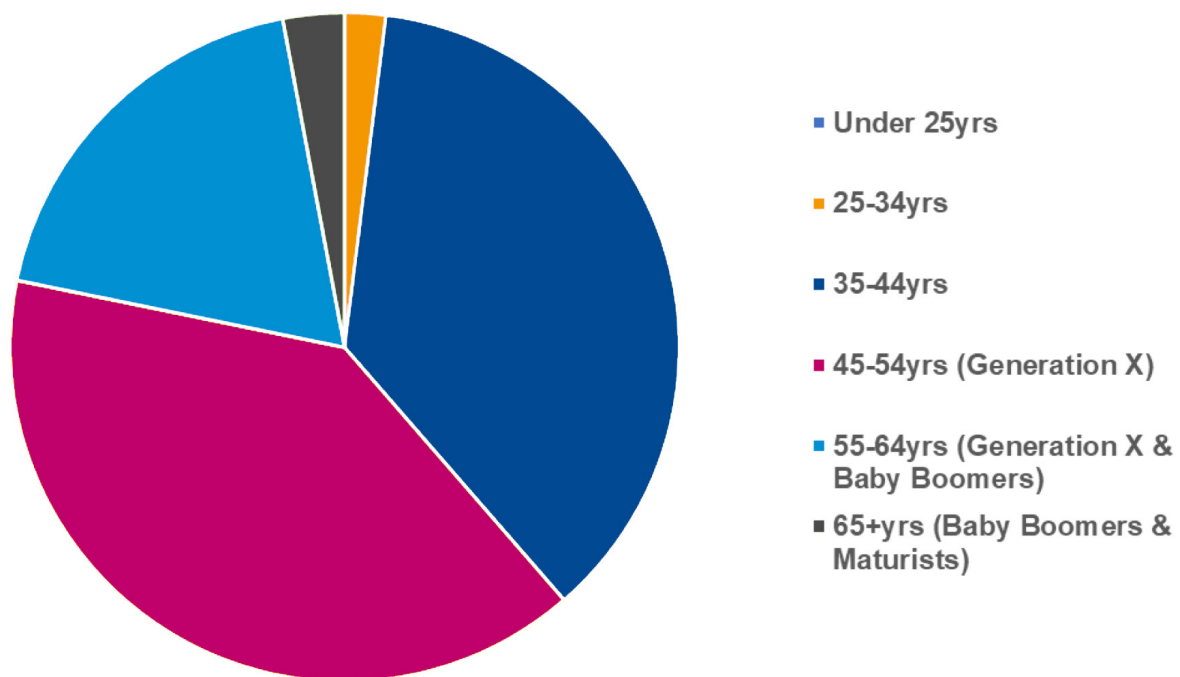


Figure 2. Percentage of consultants (including directors of public health) grouped by age¹⁶

In table 3 below we summarise the findings of two studies looking specifically at generational differences, one within the NHS and the other the private and public sectors. These findings give an indication as to generational attitudes in relation to work and may provide an indication as to what each generation see as priorities.

Table 3. The workforce generational differences identified following engagement with public sector staff⁸ and NHS staff¹⁵

| Generation | NHS workforce | Non-NHS public sector workforce |
|---------------------|--|---|
| Maturists | <i>"Jobs are for life"</i> | No staff from this generation were interviewed as a part of this study |
| Baby Boomers | <i>"Organisational careers are defined by employers"</i> | Working with others - The generation least inclined to desire teamworking The most likely (than any of the working generations) to seek out an employer showing social/ environmental responsibility Flexible working - Traditionally seen as the 'presenteeism' generation that works long office hours, study shows 1/3 of Baby Boomers in the public sector would only join an organisation if it offered flexible working |
| X | <i>"Early 'portfolio' careers loyal to profession not necessarily to employers"</i> | Working with others - The group most likely to be engaged with the organisation if they feel part of a team, but often frustrated that they do not have authority to make their own decisions Flexible working – the ability to work flexibly is a requirement |
| Y | <i>"Digital entrepreneurs [who perceive] that work 'with' organisation and not 'for' them"</i> | Working with others - Prefer to work collaboratively but respond better to opportunities with autonomy and plenty of feedback Flexible working – the ability to work flexibly is a requirement |
| Z | <i>"Career multitaskers will move seamlessly between organisations and popup businesses"⁸</i> | Good multi-taskers with a desire for instant feedback Most likely to recommend their employer than any other generation. Nearly half of those studied intend to stay with their current employer for the next five years. This is especially the case in the public and private sectors. |

There are currently over 100,000 vacancies across NHS trusts and one of the biggest challenges facing the NHS is workforce resilience, capacity and wellbeing and its impact on retention. Key issues such as recruitment and retention of staff are reflected in a number of publications, for example in the Health Education England draft health and care workforce strategy; 'Facing the Facts, Shaping the Future'.¹⁹

To think differently about the problems facing the NHS workforce, Health Education England commissioned the National Workforce Skills Development Unit (the Unit) to bring together an expert reference group. In 2019, the Unit published 'Workforce Stress and the Supportive Organisation Structure: A framework for improvement through reflection, curiosity and change.' This work

identified that in 2017, 38% of NHS Staff reported feeling unwell, due to work related stress which was an increase of 1.3% since 2016. This needs to be viewed in the context that the cost of employee mental ill health accounts for an average of £1,794-£2,174 per employee, thus a major consideration for the NHS.²⁰

Specific generational evidence was sought in a survey comparing the views of Generation Z to the Baby Boomers regarding mental health. This study reported that 55% of Generation Z stated they had taken time out due to feeling stressed or overwhelmed by their workload, compared to 17% of Baby Boomers.⁶ This suggests Generation Z feels or experiences this pressure much more than other generations, or at the very least this generation is more likely to take time off work for this purpose.²

The 2018 NHS staff survey results also provide some insight into how the generations are currently feeling. When the respondent were asked if their *organisation take positive action on health and well-being and whether they had felt unwell during the last 12 months as a result of work-related stress*, those aged 21-30 years (Generations Z and Y) scored the highest as 42.6% of those surveyed said “yes”.²¹

A 2016 ‘Nursing Management’ journal focused on how to retain Baby Boomers in the nursing workforce, highlighted the recurring traits that as a generation, they are loyal, hardworking, take pride in their professional accomplishments and generally intend to remain in the workforce as long as they can. Baby Boomers are more likely to feel pay should be based on length of service rather than merit and therefore the 2018 Agenda for Change pay deal may impact negatively retention of this group, with its focus on performance related pay.

To improve retention of the Baby Boomers in particular, staff responsible for developing and implementing workforce strategies could factor in flexible schedules that include part-time work, job sharing, and the option to tele-commute. The study suggests that the positive generational traits to be harnessed are Baby Boomers’ commitment to teamwork, their loyalty and high moral values as they normally believe that any worthy goal can be achieved”.²²

An interesting study looking at six Western European countries claimed that the failure of high-income countries such as Ireland to achieve a self-sufficient medical workforce has had global indications, particularly for low-income countries¹⁰. This study took a focussed look at Ireland. In the past decade, Ireland has doubled the number of doctors it trains annually, but because of its failure to retain doctors, it remains heavily reliant on internationally trained doctors to staff its health system. The analysis revealed:

- Between 2008 and 2014, 3,798 doctors migrated from Ireland to five key destination countries Australia, UK, Canada, New Zealand and the U.S which had a significant outflow of doctors.
- To halve its dependence on internationally trained doctors by 2030, in line with World Health Organisation (WHO) recommendations, Ireland must become more adept at retaining doctors.

Findings from this study, with in-depth interviews conducted with 50 early career doctors in Ireland between May and July 2015, discovered that a new generation of doctors (Generation Y, 20-34 years at the time of publication) differ from previous generations in several distinct ways and that their early experiences of training and practice have been in an over-stretched, under-staffed health system and this shaped their decision to remain in Ireland, or to leave.

Perhaps as a result of the distinct challenges, Ireland have faced in an austerity-constrained health system and their awareness of the working conditions available globally, they challenge the traditional view of medicine as a vocation that should be prioritised before family and other commitments. A new generation of doctors have career options that are also strongly shaped by globalisation and by the opportunities presented by emigration.

Understanding the medical workforce from a generational perspective requires the health system to address the concerns of a new generation of doctors, in terms of working conditions, training structures and their desire for work-life balance. This will be an important step towards future-proofing the medical workforce and is essential to achieving medical workforce self-sufficiency.²³ This phenomenon is not exclusive to Ireland, as literature from the UK and the U.S highlights similar issues.²⁴

A 2017 'Human Resources for Health' study, investigated the relative importance of differences in GPs' working hours in relation to gender, age, and employment position. In several countries, the number of hours worked has decreased, raising concern about current and impending workforce shortages. Based on the responses of 1051 Dutch GPs, the authors of this study (Hassel et al) concluded:

- Female GPs consistently worked fewer hours than their male counterparts, regardless of their age and employment position.
- GPs in their fifties worked the highest number of hours, followed by GPs age 60 and older.
- GPs younger than 40 (Generations X and Y) worked the lowest number of hours.

The results indicated that generation and gender were the biggest factor in reduction of by GP hours. Gender appears to be the most important predictor as the largest part of the variation in working hours is explained by a direct effect of this variable. This shorter working week has been ascribed both to the feminisation of the workforce and to a younger generation of GPs (Generations X and Y) who prefer more flexible working arrangements. There is, however, limited insight into how the impact of these factors: generation; gender; feminisation and flexible working interact.²⁵

A project funded by the Birmingham and Solihull Local Education and Training Council (LETC), entitled 'Every Student Counts', was commissioned in response to growing concerns of a group of NHS trusts around the recruitment and retention of nurses and midwives nationally, especially the high turnover rate of band 5 staff. For the 'Every Student Counts' project, over 1,400 final-year and newly qualified nurses and midwives shared their views on factors influencing their decision to work for the NHS, what their expectations of the profession were, and what should be done differently to retain them in the NHS workforce. The early career nurses' needs and expectations are the requirement to have clear career pathways; care and support from leaders and teams; feedback and guidance; flexibility to achieve a good work-life balance; support to deliver quality care, and to feel that they have made a difference.

The LETC project looked at the workforce across Birmingham and Solihull through a generational lens, identifying four generations of staff, the majority falling into Baby Boomers, Generation X and Generation Y. Taking a closer look at the values, beliefs and behaviours of the Generation Y staff the study sought insight into how to adapt approaches in the workplace. They found that Generation Y nurses, children of the Baby Boomers, were considered to have generally been brought up by attentive, workaholic parents who have given them constant praise and recognition. Their work ethic was described as although ambitious, they do not wish to pursue their work at any cost and seek a good work–life balance. Generation Y nurses are likely to have grown up influenced by young entrepreneurs who had demonstrated that you could rise to the top very quickly. Generation Y nurses recognise the importance of education, with many of them qualifying with a degree. While they have high expectations of further education, they will, however, not expect this all to come from employers and are therefore generally not company loyal.

According to the study many of current senior nurses (Generation X) believe that Generation Y nurses lack a work ethic and commitment. In response to these findings, one NHS trust developed a plan to support cohesive generational working and promote retention, including (but not limited to):

- Recruitment into clear preceptorship and professional career pathways with educational support
- Individual skills-based support
- Flexible working.²⁶

The key generational characteristics in relation to retention, from both the NHS and non-NHS workforce have been taken from various studies and presented in table 4. The characteristics have been taken from 'Mind the Gap, 'The Telegraph' and 'CIPD- Gen Up.' Where qualitative data has been presented for the non- NHS workforce this has been taken from the '@CIPD-Gen Up' report, which is a summary of research across six Western European countries: France, Germany, Ireland, Spain, Sweden and the UK comparing attitudes towards retention across four generations, based on feedback received from over 5,500 surveyed employees.²

Table 4. The key generational characteristics in relation to retention, from both the NHS¹⁵ and non-NHS workforce .^{27, 2}

| Generation | NHS workforce | Non-NHS public sector workforce |
|---------------------|--|---|
| Maturists | <i>No staff from this generation were interviewed as a part of this study</i> | <p>Retention is higher among these workers, 60% feel that it would take a lot for them to leave the organisation they work for.</p> <p>More likely to feel motivated to go beyond what is expected and show more passion and pride for what they do.</p> <p>More than other employees, they may consider working beyond retirement age.</p> <p>Many employees seek out personal development opportunities, but Maturists would be less likely to leave their role even if personal development was not available to them</p> <p>Maturists are generally more driven by long-term reward packages</p> |
| Baby Boomers | <p><i>Motivated and driven by career progression</i></p> <p><i>Value early retirement and quality of life after work</i></p> | <p>Retention is also common among these workers, 60% intend to stay with their current employer for at least the next 5 years and feel that it would take a lot for them to leave.</p> <p>Baby Boomers consider personal development opportunities to include internal job moves within their organisation</p> <p>Baby Boomers are generally more motivated by long-term reward packages.</p> |
| X | <i>Enjoy work life balance and protect "family time"</i> | <p>May change of jobs more frequently, as less attached to their current employer than older generations, however, over half still intend to work for their current employer in five years' time.</p> <p>Just over 40% would recommend their employer or would go beyond what is expected.</p> <p>More likely than previous generations to expect flexible working and are willing to work longer hours for more pay or flexibility.</p> <p>Generation X consider personal development opportunities to include internal job moves within their organisation</p> <p>Generation X is generally more focused on shorter term pay/benefits deals</p> |

| | | |
|---|--|--|
| Y | <p><i>Need to feel challenged and have explicit development, supervision and support (Lavoie-Tremblay et al 2010 more likely to exit an organisation due to lack of support, appreciation and flexibility than for any other factors seek flexibility, work-life balance is paramount</i></p> <p><i>Need to see how they are contributing to the 'bigger picture' and society as a whole</i></p> | <p>Working with others - Prefer to work collaboratively but respond better to opportunities with autonomy and plenty of feedback</p> <p>Flexible working – the ability to work flexibly is a requirement</p> |
| Z | <p><i>Ambitious but seek more flexibility than previous generations – insist on work-life balance</i></p> <p><i>Change employment more than previous generations</i></p> | <p>No staff from this generation were interviewed as a part of this study</p> |

The findings in table 4 indicate that Generations X and Y are generally more focused on shorter term pay/benefits deals. However, this could be the repercussion of some employing organisations reducing the offer of final salary pension schemes², an example of this being the post office. As the post office shifted towards privatisation, the final salary pension scheme closed to new employees and the post office consequently found they were reducing the likelihood of long-term commitment of these employees for the reasons of previous generations.²⁷

Within the context of the NHS, the NHS pension scheme has for a long time been an attractive benefit for employees. In recent years there has been a shift with staff commitment to buying into this scheme lessening, a previously significant factor in staff decisions to committing to a career in the NHS long term. A quarter of a million NHS workers have opted out of the pension scheme over the past three years, with experts blaming a “punitive” government tax regime and the current cost of living.²⁷ In 2015 some significant changes to the pension schemes offered by the NHS were introduced. There are now three different sections of NHS Pension Scheme: the 1995 Section, the 2008 Section and the 2015 Section. The 1995 and 2008 Sections of the NHS Pension Scheme pay a final salary pension. The 2015 Section pays an income based on your career average earnings, which in most circumstances is less generous than the final salary scheme.²⁷ An HSJ investigation found 245,561 people opted out of the scheme between 2015 and 2017, with 102,755 opting out in 2016 alone, representing a 78 per cent increase from the previous year. The group with the highest

number of opt-outs is Generation Y (26-35 years), the highest increase in opt-outs were Generation X (46-55-year olds), with a 94 per cent increase in 2016, closely followed by Generations Y and Z. See figure 3 for an illustration of the findings.²⁷

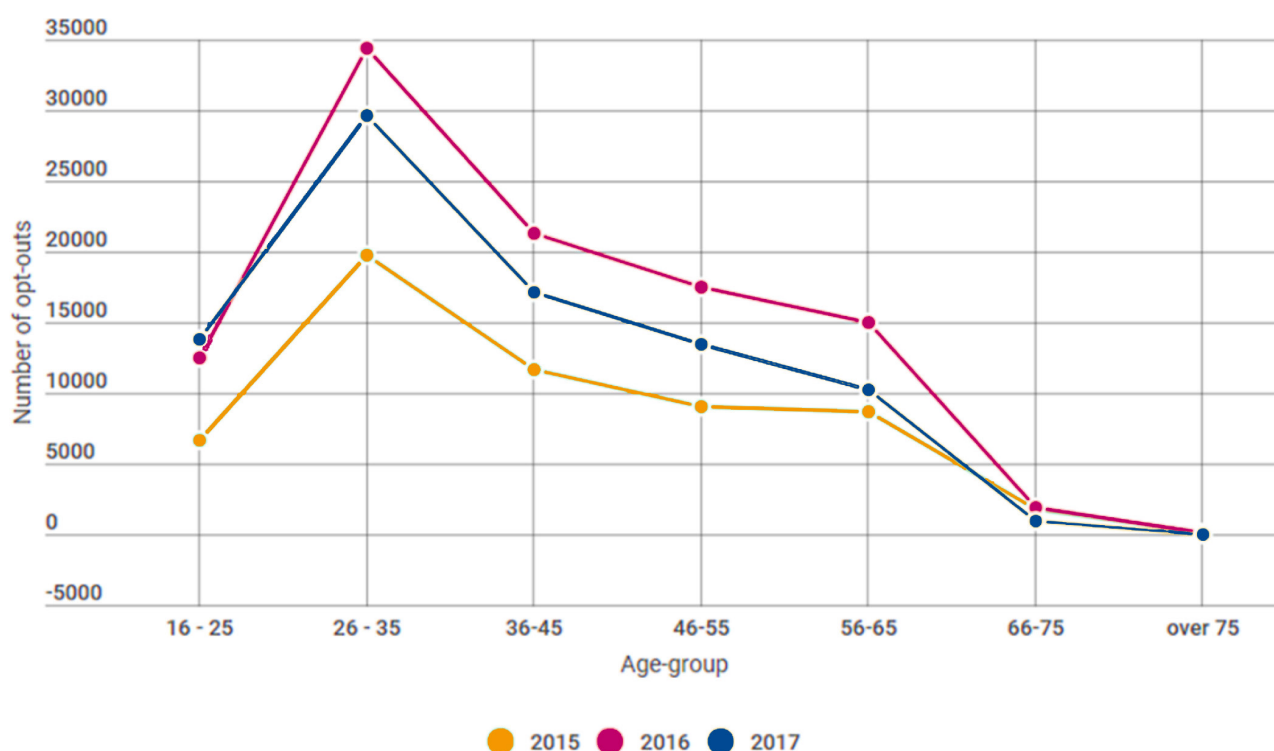


Figure 3. NHS pension scheme opt-outs²⁷

There is evidence to show that the generations differ in how they view their career progression e.g. Maturists take on roles that they intend to commit to long term, whereas Generation Z are reported to more likely to move seamlessly between organisations and 'popup' businesses (career multitaskers). The varying views are defined by an individual's formative years and the nature of the economy when they joined the workforce.² Changing economic circumstances, such as levels of earnings, and the nature of the housing market, are arguably some of the main drivers which have impacted on how the generations view their careers and subsequently how they choose to navigate the job market.²⁸

A 2018 'Timewise' report looking into the need for increased flexible working in the NHS described the staffing crisis in the NHS as having the organisation close to breaking point. The reports suggest large numbers of staff were leaving, with many citing work-life balance as their main reason. They suggested that flexibility could help to tackle these issues, but that there is no clear definition of what flexible working means within the NHS. The report found the organisation currently tends to operate on a request-response model, in which "*flexibility is seen as a problem*" to be accommodated rather than a way to meet the non-work needs of their staff. The variety of roles and ways of working in the NHS adds further complexity, with different solutions needed for shift-based working. The Timewise report highlighted an NHS staff employer survey which found that

75% of the employers surveyed considered permitting staff to work flexibly resulted in a positive effect on retention, and 73% of employers considered the option to work flexibly also improved staff motivation. The same survey found that the highest demand for flexible working comes from the youngest age group (92% of those aged under 35), Generation Y.²⁹

In 2011 and 2012, the consulting firm PWC surveyed 44,000 of its workers around the world to understand what their younger workers wanted. The firm discovered, millennial employees, highly valued work-life balance, but so did their older colleagues. Almost identical percentages of millennial employees and non-millennial workers responded to say they would prefer flexible schedules to accommodate both their personal and professional obligations. The major difference being that the employees in the younger generations were more willing to ask for such changes, but given the opportunity, the older employees valued flexible working just as much. PWC subsequently rolled out a flexibility policy that allowed workers of any age to adjust their schedules to fit with personal priorities. By adding flexible options, PWC was able to accommodate both older and younger workers.¹⁴

The 2018 NHS staff survey results also provide some insight into how the generations are currently feeling. When respondents were asked how satisfied they were with the opportunities for flexible working patterns, those aged 21-30 years (Generations Z and Y) scored the lowest. Only 48.5% of those surveyed claimed to be satisfied or very satisfied with the flexible working options available.²¹

Against the backdrop of NHS staff shortages, improving retention has been cited as a method of achieving relatively quick improvements in staffing numbers (compared with training new staff), reducing vacancies and improving staff stability. In the UK the rate of retention for NHS staff, as measured by staff turnover (the percentage of staff leaving the NHS) has not improved, according to the 2019 Health Foundation report and in some cases has deteriorated in recent years. This analysis is based on an assessment of NHS trust-level staff stability indices. The stability index is a measure of the percentage of staff in a trust at the beginning of a year who remain in their role at the end of the year and NHS staff stability decreased substantially between 2010/11 and 2017/18, across all regions. The median stability index in trusts has reduced from 89% to 85% over the period.³⁰ The research evidence to explain this change includes:

- Existing staff across the generations and the workforce want a better work/life balance alongside continued job satisfaction and professional development and time to care.²
- Work-life balance has increasingly been reported as a driving factor for people leaving the NHS more than two and half times as many people citing it in 2018/19 than in 2011/12.³⁰
- Although flexible working is not a new concept, increased flexibility towards working hours and location may support improving the work life balance for staff. The methods by which this can be offered has varied for example non-clinical NHS staff could work remotely from home or hot desk in various offices where the functionality is available to support this, contributing to cost saving from an estate perspective.³⁰

As the workforce gets older the proportion of part time workers may increase, depending on other economic factors. Across the wider economy currently, women aged over 60 and men aged over 65 (current Baby Boomers) are more likely to work part time, rather than full time,^{31,5} which impacts on the level of capacity within the workforce. It is possible that attitudes towards retirement might vary across future generations. If so, we must recognise that the existing workforce numbers are not

guaranteed, and we cannot assume individuals across the generations will continue with their role either full time or part time until their eligible age of retirement.

Due to the limited studies looking at the NHS we include below some findings of key generational impact on retention from Non-NHS organisations for comparison²:

- B&Q are a company which claim to be committed to creating a generationally balanced workforce and were the first British company to actively target older workers and have become the company that people think of in connection with generational balance. In 2008, 26% of their workforce was over 50 and 24% are aged 24 and under. B&Q realised that by removing the retirement age and an audit of all other age barriers attracted and retained staff from older generations still wishing to engage in the workforce.
- B&Q offered flexible working for everyone and P&G recognised a growing demand for flexible working as Generations X and Y joined their organisation.
- As Generation X and Y entered the P&G workforce, P&G recognised an increased demand for greater work/life balance. This was recognised as a generational preference, not previously desired to as great a degree, by previous generations. The organisations response to this was to implement a new an online information/ knowledge sharing system called SharePoint which can be accessed anywhere through a link from the company intranet. As a result, P&G were able to offer more people more flexibility around where they worked e.g. location free roles or be based out in the field.

Inevitably different generations will have lived through different experiences that will have impacted on their attitudes towards life. This hypothesis is supported by Health Education England's Strategic Framework (F15) publication which also highlights the importance of 'technology and innovation', and 'social, political, economic, environmental factors', as global drivers for change, shown to be of great significance as cultural developments which have impacted on these generations. Further information is available in appendix C.

In F15 the expectations of people and staff is a clear driver of change. F15 documents that the patients and the wider population that the NHS serves are all individuals with different needs and aspirations. Advances in technology and innovation notwithstanding, the healthcare system would not exist without the people who work for it. So, whilst it is right and proper that we design our services around the needs of current and future patients, we cannot do this in isolation from or in opposition to what we know about staff and their expectations of a working and home life.

F15 allows us to stand back, consider the key drivers of change and the likely characteristics of future patients, and ask ourselves a more fundamental question: What are the high-level characteristics of the future workforce that will be required to meet the anticipated needs of people and patients today and in the future? The F15 'characteristic of the future workforce', focuses on five characteristics:

The 'workforce' will:⁵

1. include the informal support that helps people prevent ill health and manage their own care as appropriate.
2. have the skills, values and behaviours required to provide co-productive and traditional models of care as appropriate.
3. have adaptable skills responsive to evidence and innovation to enable 'whole person' care, with specialisation driven by patient rather than professional needs.
4. have the skills, values, behaviours and support to provide safe, high- quality care wherever and whenever the patient is, at all times and in all settings.
5. deliver the NHS Constitution, be able to bring the highest levels of knowledge and skill at times of basic human need when care and compassion are what matters most.

These characteristics provide a direction of travel to inform our priorities for future investment and the generational implications associated with these drivers.⁵ The third characteristic of the future workforce, *'have adaptable skills responsive to evidence and innovation to enable 'whole person' care, with specialisation driven by patient rather than professional needs,'*⁵ does reinforce the need for the workforce to be adaptable within this increasingly technologically driven environment.

In 2019, 'The Topol review'³² commissioned by the Secretary of State for Health and Social Care explored how to prepare the healthcare workforce, through education and training, to deliver the digital future. The review predicts that:

- Over the next 20 years almost all areas of the workforce will be affected by the adoption of digital technologies within the NHS.
- Due to the adoption of digital technologies, substantial investment in the training of healthcare professionals, as well as the creation of new roles (e.g. data science, data security, ethics, human factors and implementation science) will be required.
- Training needs to support these new roles must be developed, incorporating technology where appropriate and essential.
- Increasing technological advances and directing patients to make use of systems further to support self-management of their own healthcare needs affect others (staff and patients) not so technologically enabled.
- Investment in our existing multigenerational workforce is essential to address skills gaps such as specialist digital skills, including the commissioning of digital technologies through continuous professional development (CPD), sabbaticals and secondments.⁷

Key findings investigations of the generational characteristics impacting on training findings, from 'Mind the Gap' and 'CIPD- Gen Up' have been presented in table 5 below to help us to understand the impact of technology and how this needs to be addressed better through staff training.

Table 5. The key generational impact on training findings have been presented to show a comparison between the information collated from a non-NHS workforce² vs. the NHS workforce⁷

| Generation | NHS workforce | Non-NHS workforce* |
|---------------------|--|---|
| Baby Boomers | <i>Extremely hardworking and a team player</i> | No staff from this generation were interviewed as a part of this study |
| X | <i>Prefer structure and direction</i> | Generation X prefer regular assignments to demonstrate learning. With new people coming into the organisation from Generation X and Y, P&G recognised an increased demand for greater work/life balance within the company. |
| Y | <i>Value mentor schemes, appreciate frequent feedback* and guidance seek out environments that demonstrate team working and a sense of community</i> | The McDonalds workforce is predominantly Generation Y. The training and development had to be adapted to keep them engaged and maximise their performance. Generation Y tends to be superb multi-taskers and so they started to incorporate the latest technology to provide training which facilitates multi-tasking. This generation can quickly absorb information from a myriad of channels that frequently offer information centred around audio-visual stimulation, so this was adopted for training purposes. McDonalds found that within a training environment Generation Y built up an incredibly strong sense of loyalty to friends and to peer groups. The preference of Generation Y is to work collaboratively Generation Y seek autonomy and plenty of feedback. With new people coming into the organisation from Generation X and Y, P&G recognised an increased demand for greater work/life balance within the company. The 'how the four generations work' report states that Generation Y (particularly those employed in the public sector) are more interested than Baby Boomers, generations X and Z. in being given specialist skills training and ample opportunities to grow 'on the job', maximising their value in the employment market. |
| Z | <i>Thrive on instant gratification and prefer information to be delivered in rapid, short bursts or 'sound bites' if it is to be understood</i> | No staff from this generation were interviewed as a part of this study. |

The results of the 2018 NHS staff survey, that includes one question regarding feedback also provide some insight into how the generations are currently feeling. When asked 'to what extent do you agree or disagree... My immediate manager (who may be referred to as your 'line manager') gives me clear feedback on my work.' Those aged 16 -40 (Generations Z and Y) scored the highest. Aged 16-20 (67.9%), 21-30 (63.7%), 31-40 (63.3%), agree / strongly agree. ²¹

Those born between the mid-1990s and early 2000s (Generation Z) are currently aged between 16 and 23 years and are the country's most technology literate adults. They tend to access their information through diverse, immediate channels and platforms. A 2018 online survey completed by 500 Generation Z and 500 Baby Boomers reported that the majority (60%) of the surveyed Generation Z consult 'Dr Google' to check symptoms before making an appointment with a GP, compared to 31% of Baby Boomers. This access allows them to have more insight into health-related issues regarding prevention and treatment without the need to consult a healthcare professional as their first port of call.⁶ They can access their information through diverse, immediate channels and platforms⁶ and so have more insight into health-related issues regarding prevention and treatment. Higher levels of knowledge correlate to a lower level of satisfaction for Generation Z, who express a greater need for a more personalised service to help them feel supported. More than a quarter of Generation Z (26%) feel the NHS is responsible for their health, compared to 10% of Baby Boomers.⁶

It is imperative that the multigenerational workforce is educated and trained so that they can respond to the full spectrum of needs in society and to be able to meet the demands of well informed and engaged patients. They also need to support and advise patients and carers who are not informed or active, whether by choice or exclusion due to lack of capability to access technology that will allow insight into this supporting information.⁵

The need for technological skills were also found in an online survey distributed to practicing genetics counsellors (GC) and genetic counselling students to elicit opinions about the perceived characteristics or skills of genetic counsellors in each generation. These research findings demonstrate attributes which match those typically described in the U.S. literature about non-GC cohorts. Given the increased introduction of virtual patient consultations in the healthcare environment, it should not be overlooked, for recruitment and training purposes, that survey findings suggest GC Baby Boomers were least likely to be described as "*comfortable with phone or skype counselling*".³³ Consequently it is important to identify what impact the introduction of technology has on each specific workforce generation and in particular put measures in place to provide training and support for staff that might be less confident adapting to these new ways of working.

On the job training in a range of areas including technology has proven crucial in staff retention. The LTP states that, "*many of those leaving the NHS would remain if they were offered improved development opportunities and more control over their working lives.*"³ Although it is positive that Generation Y is keen to 'grow on the job', this may lead to increased movement of individuals, and perhaps not solely Generation Y, from roles if these upskilling opportunities are not available. There has been a recent reduction in CPD for NHS staff.³⁰ The central investment in ongoing training and development for existing staff is now a third of its 2014/15 value, with £84m dedicated to workforce development in 2018/19. This is £2bn lower than it would have been had 2006/7 levels been maintained. This spending is part of Health Education England's budget, and no additional investment will be confirmed for future years until the 2019 Spending Review.³⁰

For the workforce to develop at a rate allowing incorporation of new emerging technologies, it is a requirement for the workforce to embrace CPD. At an AARP summit on the Future of Work for All Generations, companies as varied as Morgan Stanley, Sodexo, BlackRock, Marsh & McLennan and Samsung highlighted their move towards workforce policies focused on the importance of inclusion of all ages, education/ training and reskilling.¹⁴ Generation Y generally seems to be particularly keen on being given specialist skills training and ample opportunities to grow 'on the job', maximising their value in the employment market.²

The evidence of generational differences on adoption of technology have been presented in table 6 below. The responses from the participants surveyed are generally perceived as representative of the post-Maturist generations and their views on technology in the workplace:⁷

Table 6. Evidence of generational differences on adoption of technology amongst NHS staff⁷

| Generation | NHS workforce |
|---------------------|--|
| Baby Boomers | <i>"Technology is developing. I will either play a part in its development or deny its importance."</i> |
| X | <i>"I am techno literate, but I don't live and breathe it."</i> |
| Y | <p><i>"I need mentorship, coaching and reassurance. My development relies on support and feedback."</i></p> <p><i>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. However, this has led them to have a shorter attention span than their predecessors, craving stimulation and becoming bored easily.</i></p> <p><i>In the workplace their ability to multitask could be underestimated or even perceived as being 'easily distracted' or lacking focus.</i></p> <p><i>They prefer to work in organisations that embrace technology, where they use it to help them to be more productive and efficient.</i></p> <p><i>They prefer to engage in communication that is quick and via e-mail, text and social networks.</i></p> |
| Z | <p><i>"Everything should be inter-connected. I get frustrated at manual methods of working I want one device to access everything."</i></p> <p><i>The 'digital natives' are the most technologically literate generation. They expect to use computer systems at work and feel confident to do so.</i></p> |

Again, as there is a lack of research into the NHS and generational issues, we include below the findings how attitudes to technology has been addressed by organisations within the private and public sector:

- B&Q found that despite common stereotypes about older workers (Generation X and Baby Boomers), they do in fact openly embrace change and new technology which contradicts popular generational technology bias against Baby Boomers.
- The McDonalds workforce is predominantly Generation Y and this generation can quickly absorb information from a myriad of channels that frequently offer information centred around audio-visual stimulation and so this was adopted for training also.²

Conclusions

This deep dive summarises grey literature and evidence published within the last 11 years, focusing on generational differences within the workforce, and its impact on the NHS workforce in particular. There are limited research studies specifically investigating the generational impact on the NHS workforce, the main study being 'Mind the Gap'. Some dedicated primary research into generational differences in the current NHS workforce and those in clinical education programmes would be most useful to add to the current body of knowledge.

There has been a scarcity of empirical research to validate generational differences in the European context. Most of this previous generational research has been US-centric and the U.S demographic is different to the UK's.²

There are a number of studies researching the generational differences in the workplace in the public and private sectors, attempting to provide evidence of generational trends, some convincingly. Examples of findings are that Baby Boomers seem to prefer communication to be face-to-face rather than virtual and that they are more likely to feel pay should be based on length of service, rather than merit. Generation X are described as seeking a change of jobs more frequently than the older generations, however they appear to be willing to work longer hours for more pay or flexibility. Generations X and Y are comfortable with training to be online and Generation Z are very comfortable with technology, expecting to use it within their working environment.

Some companies have acknowledged and embraced generational assumptions to improve staff relations, such as:

- With new people coming into the organisation from Generation X and Y, P&G recognised an increased demand for greater work-life balance within the company and as a result P&G offered more flexibility around where they worked e.g. location free roles or field-based roles.
- McDonalds found that their predominantly Generation Y workforce seek out opportunities to develop and therefore provide mentoring and coaching support to facilitate this.

Other companies have taken a different approach, such as B&Q successfully challenged the common myth that Baby boomers are generally described unwilling to adapt to use technology. They proved that if supported, this cohort were more than willing to embrace technology in the workplace.

The NHS is a large organisation with a workforce spanning five generations, employing 1.7 million people across the UK. The age gap between colleagues can reach up to 50 years and so there is inevitably variation between the values, drivers and needs of these different generations.⁸ above For example a 20 year old (Generation Z) and a 60 year old (Baby Boomer) might work for the same organisation but it is inevitable they will have different values and needs particularly outside of work.¹ The author of the 2015 Hay Group report, Tania Lennon states: *"Each of us changes and develops in response to the ongoing change in the world around us. Creating climates that truly embrace diversity and promote mutual understanding will help to overcome any perceived differences."*¹⁰

Employers and educators of the future NHS workforce could look to address the expectations of the different generational groups and take a number of approaches to target recruitment. Offering a variety of career pathways, such as apprenticeships or return to practice routes, will appealing to some, as will applying a range of options to deliver training and promote role retention.

In the context of advances in technology and changes in society more generally, good practical solutions for employers may include:

- Increase flexibility in working and training practices
- Review career advancement opportunities to ensure that these allow for changing expectations
- Look at diverse ways of communicating to ensure all generations can be fully engaged and that no-one is 'left out'.

It is important to recognise that preparation must be made for the generations returning (Maturists and Baby Boomers) and those joining the workforce (Generation Z and eventually Generation alpha (children of Generation Y)). As Baby Boomers reach retirement it is vital to support their transfer of knowledge and experience to the future workforce using methods such as structured mentoring programmes, strategically establishing job knowledge transfer positions, and potential incorporation into the clinical ladder or bonus structure.²²

Finally, there is a common public conception that there are generational differences which are expressed in the working environment. However, there is evidence in numerous research reports that differences are as much a factor of personal circumstance, individual choice and the social and economic environment surrounding an individual acting as the main drivers for change. This deep dive has evidenced that, given the opportunity, all generations seek out support, flexibility, appreciation and work that matters, in the workplace.

Appendix A

| | 1950 | | 1960 | 1970 | | 1980 | 1990 | 2000 |
|----------------|--------------------------------------|---------------------------------|--|--|------------------------------------|---------------------------------|--------------------|------|
| China | | Post-50s generation (1950-1959) | Post-60s generation (1960-1969) | Post-70s generation (1970-1979) | Post-80s generation (1980-1989) | Post-90s generation (1990-1999) | | |
| India | "Traditional" generation (1948-1968) | | | "Non-Traditional" generation (1969-1980) | Gen Y (1981-onward) | | | |
| South Korea | | "475" generation (1950-1959) | "386" generation (1960-1969) | Gen X and Gen Y (1970-onward) | | | | |
| Japan | 1st Baby Boomer (1946-1950) | Danso generation (1951-1960) | Shinjinrui generation (1961-1970) | 2nd Baby Boomer (1971-1975) | Post Bubble (1976-1987) | Shinjinrui Junior (1986-1995) | Yutori (1987-2002) | |
| Russia | Baby Boomers (1943-1964) | | Gen X (1965-1983) | | Gen Y (Gen "Pu") (1983-2000) | | | |
| Bulgaria | Post War generation (1945-1965) | | Communist generation (1965-1980) | | Democracy generation (1980-onward) | | | |
| Czech Republic | Baby Boomers (1946-1964) | | Generation X-"Husak's Children generation" (1965-1982) | | Generation Y (1983-2000) | | | |
| South Africa | Baby Boomers (1943-1970) | | | Gen X (1970-1989) | | Gen Y (1990-2000+) | | |
| Brazil | Baby Boomers (1946-1964) | | Gen X (1965-1980) | | Gen Y (1981-2001) | | | |
| U.S. | Baby Boomers (1943-1964) | | Gen X (1965-1980) | | Gen Y (1981-2001) | | | |

Figure A. Deloitte Insights: Ages and attitudes among the global workforce

Appendix B

Case Study 1 - McDonalds

In 2008 the Generation Y cohort made up almost 75% of the McDonalds workforce. Training and development are recognised as a key career anchor for this generation and if organisations get this right Generation Y are more likely to be attracted to a company and be retained within the workforce.

Therefore, training and development not only plays a fundamental part in helping McDonalds to effectively attract, engage and retain such a large proportion of its workforce but is also critical in maintaining high levels of customer service and quality.

With such a large percentage of employees from one generation, McDonalds developed a bespoke training and development offering, accommodating the needs, expectations and behaviours of Generation Y.

- McDonalds claim a key success to this approach was the recognition and acceptance that Generation Y employees were different. The training and development had to be adapted to keep them engaged and maximise their performance.
- When McDonalds explored exactly what this difference looked like, they found Generation Y to be superb multi-taskers, with the ability to quickly absorb information from a myriad of channels that frequently offer information centred around audio-visual stimulation.
- GenY have built up an incredibly strong sense of loyalty to friends and to peer groups. McDonalds therefore found that within a training environment, the preference of Generation Y is to work collaboratively.
- Generation Y seek out immediate feedback

McDonalds redesigned their training programmes taking these distinct behaviours into account ensuring their programmes:

- use the latest technology to provide training which facilitates multi-tasking
- are filled with audio-visual information
- allow a collaborative approach
- provide opportunities for instant feedback

A study conducted by the academic Adrian Furnham showed that 90% of McDonalds' staff showed high levels of employee engagement. The key contributing factors in this high level of engagement among McDonalds employees were the opportunities for training and development offered by the organisation.

Case Study 2 - BNP (Banque Nationale de Paris) Paribas Case study

In 2008 BNP Paribas announced their Multi-generational Accelerated Growth Programme. This programme was created to address the lack of staff available to meet the demands of this growing organisation. Due to competition for a small pool of skilled Financial Services employees, they launched a 2-year development programme for 15 people. This is aimed at attracting people from as wide a pool as possible from school leavers and university leavers, to parents returning to work and older workers changing career. BNP Paribas recognised the need to provide a range of different learning methods to appeal to different groups, particularly as the intake covered multiple generations. The programme to could be adapted various learning needs they had identified during their planning stage, such as, Generation X be given assignments and Generation Y are given autonomy and plenty of feedback. The programme is still in existence 10 years after which is still in existence.^{2,36}

Case study 3 - B&Q (Block & Quayle) Case study

B&Q are a company which claim to be committed to creating a generationally balanced workforce and were the first British company to employ older workers and have become the company that people think of in connection with generational balance. In 2008, 26% of their workforce was over 50 and 24% are aged 24 and under. B&Q opened two stores in 1989 entirely staffed by over 50s and benchmarked one of these stores against four other Supercentres. The key actions and drivers behind this achievement have been consistent but have developed over the years:

- using the encouraging results comparing store performance, to drive cultural change and proactive recruitment of older workers
- removing the retirement age and an audit of all other age barriers
- research among all over 50s staff across the country which reflected the wider social benefits as well as the financial security
- providing flexible working for everyone, irrespective of age, length of service or caring responsibility
- regular review of attraction and workforce statistics
- process that drives recruitment on ability and not age
- learning and development framework offering choice and flexibility around how and when you learn
- regular feedback and views from the workforce via their information and consultation forum and employee sessions with the CEO
- diversity champions within all stores
- diversity e-learning programme based on their core value of treating people with respect

The older workers proved to be great coaches/mentors and role models to younger, less experienced staff and B&Q found that despite common stereotypes about older workers, they do in fact openly embrace change and new technology.

Case study 4 - P&G (Procter & Gamble) Case Study

With new people coming into the organisation from Generation X and Y, P&G recognised an increased demand for greater work/life balance within the company, which is recognised as a generational preference, not previously desired to as great a degree by previous generations. The organisations response to this was to implement a new an online information/ knowledge sharing system called SharePoint was introduced which can be accessed anywhere through a link from the company intranet. As a result, P&G were able to offer more people more flexibility around where they worked e.g. location free roles or be based are out in the field.

Appendix C

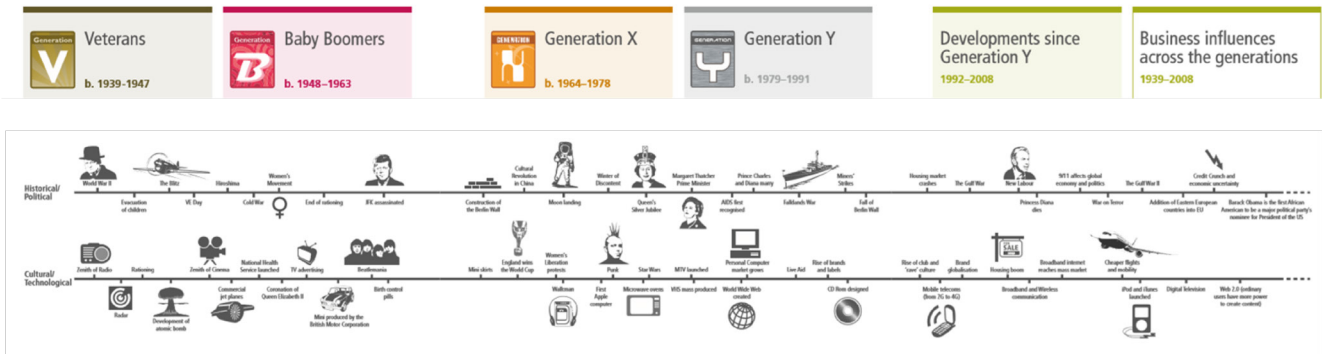


Figure B. Deloitte Insights: Ages and attitudes among the global workforce³²

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