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Chief Complaint
Generational Challenges for Recruitment and Retention in Healthcare

Rob Graham, R.R.T./N.R.C.P.

I dedicate this column to the late Dr. Andrew (Andy) Shennan, the founder of the perinatal program at Women's College Hospital (now at Sunnybrook Health Sciences Centre). To my teacher, my mentor and the man I owe my career as it is to, thank you. You have earned your place where there are no hospitals and no NICUs, where all the babies do is laugh and giggle and sleep.

"A spoonful of sugar helps the medicine go down," says Mary Poppins. If she were a real person, I expect Mary Poppins would also say that "a smile on the face makes work a better place." Evidence from the real world validates these statements, i.e., we use sucrose to alleviate pain during procedures. Studies have shown that happy workers are more efficient than unhappy workers (1).

On a common-sense level, this passes the smell test; people who hate sports are not athletes. Those who hate cooking avoid it when possible. When forced to partake in activities we dislike, that dislike is evident in the result. I fall into the former category (you can trust me when I tell you I will never score the winning goal!)

Low unemployment rates have reduced the pool of skilled and unskilled labour; therefore, employee retention has become more critical. This is not just for economic reasons but is necessary to maintain the capacity to produce goods and provide services. In healthcare, our goods are healthy people who once were sick. While the work and jobs are vastly different, the factors that drive efficiency and employee retention are not.

Two basic paths are available when creating the human infrastructure that is a workplace. One path recognises the value of that infrastructure, while the other sees infrastructure as an assortment of easily replaceable parts. Those parts may be easily replaceable when unemployment rates are high but less so in a labour shortage; this is especially true if the machine they are a part of is as complicated and highly specialised as the NICU.

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Achieving good outcomes in the NICU requires a team of very specialised professionals, each adding strength to the NICU team structure. When all the parts are in sync working toward a common goal, this is a magnificent machine indeed. Whether human or mechanical, machines need regular care and maintenance, especially the human variety. When operating 24-7-365, that care and maintenance is even more essential.

"Kids today!" has been the exasperated observational comment of older generations forever. The hand-wringing and worry about what the next generation will become have not stopped human society from evolving. Each successive generation is influenced by the previous, simply because the social environment we grow up in shapes us. As a result, we become a blend of the past and future as the world around us changes.

The pace of change has always been slow enough that generational differences have not been a major issue; after all, multigenerational cohabitation was (and in some societies still is) the norm. This is no longer the case, particularly in Western society. The blistering pace at which technology has come into our lives has created generations shaped by parents who themselves have (and are) experiencing change at an unprecedented rate but increasing exponentially.

Today's workforce consists of 4 generations: The Baby Boomers (1946-1964), "Gen X" (1965-1980), "Gen Y" (aka Millenials) (1981-1996), and "Gen Z" (1997-2010). Currently, the first 3 of these groups are relatively evenly represented. "Gen Z" accounts for approximately 5% of today's workforce, but with Baby Boomers retiring, that will increase to roughly 30% within the next five years (2).

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Each of these generations has different values shaped by the worlds in which they grew up. Baby Boomers are considered

"work-centric, conservative, and competitive." "Gen Xers" are considered independent and materialistic while having a good work-life balance. "Gen Yers" are described as flexible, questioning, and personal growth-oriented. Finally, "Gen Z" is diverse, open, and collaborative. (2)

The COVID-19 pandemic has arguably influenced "Gen Y" the most. The proliferation of remote work has introduced them to a lifestyle and work-life balance their ancestors could only imagine. Sources as varied as Stanford University (3), Harvard Business Review (4), The Chartered Institute of Personnel and Development (5), and even Forbes (6,7) report higher productivity as well as less sick time and higher job satisfaction when employees are given the flexibility of a work-from-home option. Flexibility is high on the list of desirable employment options for "Gen Y," so these findings make sense. Working from home is not suitable for everyone, and it has challenges. For instance, while productivity increases, health challenges also increase as work-life integration increases, and the decrease in social interaction may have a deleterious effect on some (8). A hybrid approach is likely best.

This brings us to how these generations affect healthcare in general. As the proportion of Generation Y and Z employees increases, what makes the work attractive, fulfilling, and of enough interest to make them want to stay becomes more critical. Flexibility in the hospital environment is virtually non-existent, and rotating shift schedules slowly erode work-life balance and social interaction. Opportunities to attend social functions are severely decreased when someone must work 50% of weekends and 50% of nights. It is just a matter of time before the invitations stop coming.

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It will take managerial brilliance to tackle these issues since they are built into the job, but even if they can be mitigated enough to satisfy Gen Y and Z workers, there are other ways to sour a healthcare professional's job satisfaction, generation notwithstanding.

A sense of purpose, value, and respect are essential to job satisfaction. "Teamwork makes the dream work" is only valid if the team members feel involved and engaged. As is true in any relationship, maintaining a workplace culture that nurtures these feelings is important and easily damaged.

A casual survey of colleagues reveals commonalities that lead to frustration and job dissatisfaction. At the top of the list is not having their knowledge and expertise valued and respected, closely followed by policies that hinder the full scope of practice utilisation. This is a fast track to disenfranchisement and an impediment to personal fulfillment, an excellent way to create a team that does not care. Those who want little responsibility or part of decision-making will gladly stay, while those who do will find someplace where "team" is not just a platitude. One of these groups will produce good outcomes; it is not the former.

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Beyond attitude, other team cooperation and communication failures are destructive. A respiratory therapist may have many ventilated patients to care for. As a profession, we rely heavily on our bedside RN colleagues to inform us of changes in FiO2, transcutaneous readings, and patient behaviour. When this information is not relayed promptly, our jobs become more complex. Since we are responsible for ventilatory management, it also can reflect poorly on our performance.

Another beef is not being called for procedures (especially X-rays) when one has asked to be called. In the case of X-rays, a second pair of hands to monitor and maintain patient positioning is helpful since it is vital when assessing ETT placement.

"Hyperinflation" may well be the hill I die on! When is a picture not worth a thousand words? When that picture is a chest X-ray. A two-dimensional measurement cannot accurately assess three dimensions. After viewing a chest film, I experienced a physician commenting on hyperinflated lung fields. The patient was on high-frequency jet ventilation, and the lungs were inflated to 10 ribs by count. (In my practice, I do not consider this hyperinflation in the absence of signs of cardiovascular compromise.) The lung fields were somewhat hazy, with small patches of possible consolidation. A discussion on compromised cardiac function ensued, followed by a comment on the baby's high urine output. The physiological contradiction was not recognised. My frustration is shared universally amongst my RRT colleagues.

The collegiality of staff physicians is vital to imparting a sense of worth to the paramedical professionals doing the proverbial dirty work. When new physicians are brought into the team, they must buy into the structure and division of responsibilities within the team they oversee.

A top-down, physician-focused, focused, and driven model of care is a recipe for inter-professional dysfunction. It may have worked in the past (not well at that!), but it will drive away a team of generations seeking self-fulfillment, instilled with a sense of curiosity and who question authority. Hire appropriately! Numerous surveys demonstrate that many employees love their jobs but dislike their management. Conversations around the proverbial water cooler typically underscore this point.

A large proportion of hospital management is not only from a physician background but also from Baby Boomers and Gen-Xers. This may be the most significant roadblock to implementing changes necessary in transitioning healthcare into a career attrac-

tive to Gen-Y and Z. In the meantime, the task is convincing them to stay long enough to advance into managerial positions. It is an urgent one.

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