David A Mitchell
MBBS, FRACGP, MPH, is a general practitioner, Medical Services, Torres Strait and Northern Peninsula Area Health Service District, Thursday Island, Queensland.
davidmitchell2000@hotmail.com

Generation Z

Striking the balance: healthy doctors for a healthy community

We have a multigenerational workforce. Popular social science has loosely divided the five living generations into the 'builders' (or matures/veterans),[1] 'baby boomers' and the respective generations 'X', 'Y' and 'Z'.[2] Arguably identity is more keenly formed by generation than by either gender or religion. We have three generations currently engaged in the workforce: the baby boomers, generation X and generation Y (*Table 1*).[2] Each generation is labelled with their own unique traits (*Table 2*).[2–4] All generations bring their generational traits to the medical profession. The baby boomers have traditionally worked longer hours and seen medicine as a tireless vocation. This has made them the workhorses of the profession. Generation X and Y are defined by an increased grasp on technology, mobility and an ideology that seeks a balance in life. Generation Z (born 1991–2006)[2] is likely to follow in aunty Y's footsteps in terms of behaviour. If the current models of medical education continue we can expect our first Z doctor to begin work as an intern in 2017.

This article will examine some of the professional challenges likely to be experienced by generation Z. There is currently more emphasis placed on doctor health and sustainable work environments, for example the drive for safe work hours. Given the generational differences that exist between the 'baby boomers', which is where much of the professional power base of medicine exists, and Z, there are likely to be tensions that significantly affect workforce issues. None the least of these, are likely to be doctor wellbeing and workforce retention.

The challenges

Increased demand from the community

We should expect an increased burden of disease associated with a rapidly aging population. In addition there is a heightened community expectation of the health system and its professionals with medicolegal ramifications. Generation Z will be more cognisant of their individual needs, possibly choosing to work fewer hours, desiring more flexibility in their work and training, and with more scope to undergo career reinvention. The result could be a diminished workforce coping with an even larger medical workload contributed to both by clinical and bureaucratic needs. The impact of this is no less apparent than at the front line of medicine, primary care. The number of working general practitioners is set to remain low until 2012.[5] This is despite the opening of five new medical schools since 2000,[5] and the Australian Commonwealth Government planning to increase this to 19 medical schools producing over 3000 doctors per year by 2011. This is in contrast to the 10 medical schools and 1300 graduates that existed a few years ago.[6]

With workforce shortages set to remain, the challenge lies in finding balance between meeting the health needs of the community and the working expectation of a burgeoning generation of doctors. The paradox is obvious. Our new breed of doctor has higher expectations juxtaposed against patients and communities whose needs are equally on the rise.

Changing professional demographics

The major change in the medical workforce is a decreasing availability of full time clinical practitioners. There are several contributing factors. We have witnessed a feminisation of medicine.[5,7] Current medical school intakes are represented by a 50:50 gender ratio, with some medical schools leaning toward a female majority.[7] More women than men have a preference for working part time and may temporarily leave their careers to establish a family. But feminisation is only one piece of the equation. Working hours have declined for both male and female doctors.[8,9] Although baby boomer GPs are also working less, generation X GPs are working less than boomers at the same respective age.[9] The introduction of postgraduate medicine in the mid 1990s means there is an older cohort of graduating doctors with potentially shorter working lives. There is more scope for nonclinical roles such as management, research, and further

education. Globalisation has led to more young doctors being attracted overseas to lucrative jobs or to explore the exotic (in 2007 this generation Y author worked in East Timor, the Solomon Islands and the Torres Strait). Over the next 20 years baby boomers will ease themselves into retirement removing the bulk of the existing workforce. Along with the generational changes favouring a lifestyle preference, this may contribute to the shortages.

Workforce shortages

The shortages exist on several levels. There is a shortage of full time equivalent clinicians as well as an inadequate distribution of doctors to areas of need. This is not only in remote and rural practice, but also other areas such as primary care and some nonprocedural specialties. Added to this is the gross inequality in health between Indigenous and non-Indigenous Australians.[10]

This will mean that despite an increase in medical graduates and a rise in specialists, we will only see a slight increase in full time equivalent doctors, with full time equivalent GPs remaining low, and chronic shortages in rural areas.[5]

Table 1. Generations making up the Australian workforce

Baby boomers	1945–1964
Generation X	1965–1979
Generation Y	1980–1994
Generation Z*	1994–2009

* Likely to start producing doctors by 2017

Table 2. Generational traits

Baby boomers 1945–1964	Strong work ethic Grew up in a period of liberal progression Want a comfortable retirement in the not so distant future The senior hierarchy of the workforce
Generation X 1965–1979	Thought to possess baby boomer envy toward their asset rich elders Notoriously uncommitted (they commit to not commit) Grew up with burgeoning technology
Generation Y 1980–1994	Want a challenging career Flexible but also very mobile If a job doesn't suit they'll find another Technologically savvy Seek balance and community
Generation Z 1994–2009	TBA. Likely to have some similarity to Y

Table 3. Conceptual changes to the workforce that may alleviate workforce shortages

- Exploring the role of nurse substitution and health technicians
- Multidisciplinary teams
- Recognising that remuneration is not enough: retention requires nonfinancial reward
- Doctors working less hours per week but potentially for more years

Planning for now and the future

In order to meet workforce shortages, two key themes need to be met: recruiting and retaining the workforce, and the need for change and new roles to meet workforce needs.[1] While the medical profession remains a popular career choice, it has to compete with many other industries for the best candidates. Many of the competing fields did not previously exist. Once embarked on a medical career doctors need to be adequately retained and utilised in a broad range of fields. But addressing shortages goes beyond merely looking at numbers.

Recognising the likely strengths of generation Z, as well as their shortfalls, should contribute to strategic workforce and health system planning. Creative emphasis on generational traits in training programs may attract generation Z to areas of medical need. For example, offering overseas training rotations may appeal to Z doctors' wanderlust. Similarly, Zs' computer prowess can be harnessed by practice IT systems which counteract bureaucratic escalation and improve efficiency in patient care. Ultimately, engagement with the future medical workforce focusing on their potential generational efficiency is a key to meeting many potential challenges. This is by no means exclusive to the concepts in *Table 3*.

Young doctors are likely to be more receptive to changes to the workforce, particularly if they suit their preference for life balance. Finding the balance is imperative. While this will involve a great deal of dialogue, planning and leadership, it may partly lie in recognising that the competing issues of the doctor and the community aren't always mutually exclusive. Arguably maintaining a healthy lifestyle is the key to a doctor's ability to remain focused in their profession, helping them to deliver a better service and avoiding burn out.

It also relies on recognising that we work in a multigenerational workforce with different points of view. Each has something valid to contribute to the workforce.

Looking beyond

The workforce issues are real and need to be dealt with. The solution partly relies on a better understanding of the emerging generations of young doctors and implementing policy that best utilises their strengths as well as dealing with their shortcomings. Young doctors

are dynamic and talented members of the profession, capable of handling the huge changes needed in order to improve the health system. Recognising this is essential for any future direction.

Summary of important points

- The medical professional is multigenerational.
- Each generation has unique traits which define them and influence how they fit into the workforce.
- Numerous challenges face the workforce including ongoing shortages and high community expectation.
- Shortages are partly influenced by a change in attitude of the younger generation of doctors and a shift in demographic.
- We currently have a relative and absolute shortage of doctors, in particular GPs.
- Addressing the challenges involves understanding the view point of the younger generation of doctors and their preference for a balanced lifestyle.

Conflict of interest: none.

References

1. Alexander J, Ramsay J, Tomson S. Designing the health workforce for the 21st century. Conference Report. Med J Aus 2004;180:7–9.
2. Talent Edge Human Resources. Engaging the next generation. Available at www.assessmentedge.com.au [Accessed September 2007].
3. Generational difference summary. Available at www.youthengagement.sa.edu.au [Accessed September 2007].
4. Willcock S. From GPET: Education models must meet a new generation's need. Available at www.australiandoctor.com.au [Accessed September 2007].
5. Joyce C, McNeil J, Stoelwinder J. More doctors but not enough: Australian medical workforce supply 2001–2012. Med J Aust 2006;184:441–6.
6. Light E. All dressed up... with nowhere to go. Medical Observer 14 July 2006.
7. Brooks P, Lapsley H, Butt D. Medical workforce issues in Australia: 'tomorrows doctors-too few, too far'. Med J Aust 2003;179:206–8.
8. Australian Government. Productivity Commission. Australia's health workforce. Research report. Canberra: Commonwealth of Australia, 2005.
9. Schofield D, Beard J. Baby boomer doctors and nurses: demographic changes and transition to retirement Med J Aust 2005;183:80–3.
10. Australian Government. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2005. Canberra: Commonwealth Department of Health and Aged Care and Australian Institute of Health and Welfare, 2005.

AFP CORRESPONDENCE afp@racgp.org.au