

A 'snowflake'
workforce: what
preparation is
necessary for
working in
healthcare?

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“But why doesn’t anything change?”

“I think we’re in the discovery phase...”

snowflake generation

in British English

noun

informal, derogatory

the generation of people who became adults in or after the 2010s, viewed as being less resilient and more prone to taking offence than previous generations

Collins Dictionary

www.collinsdictionary.com



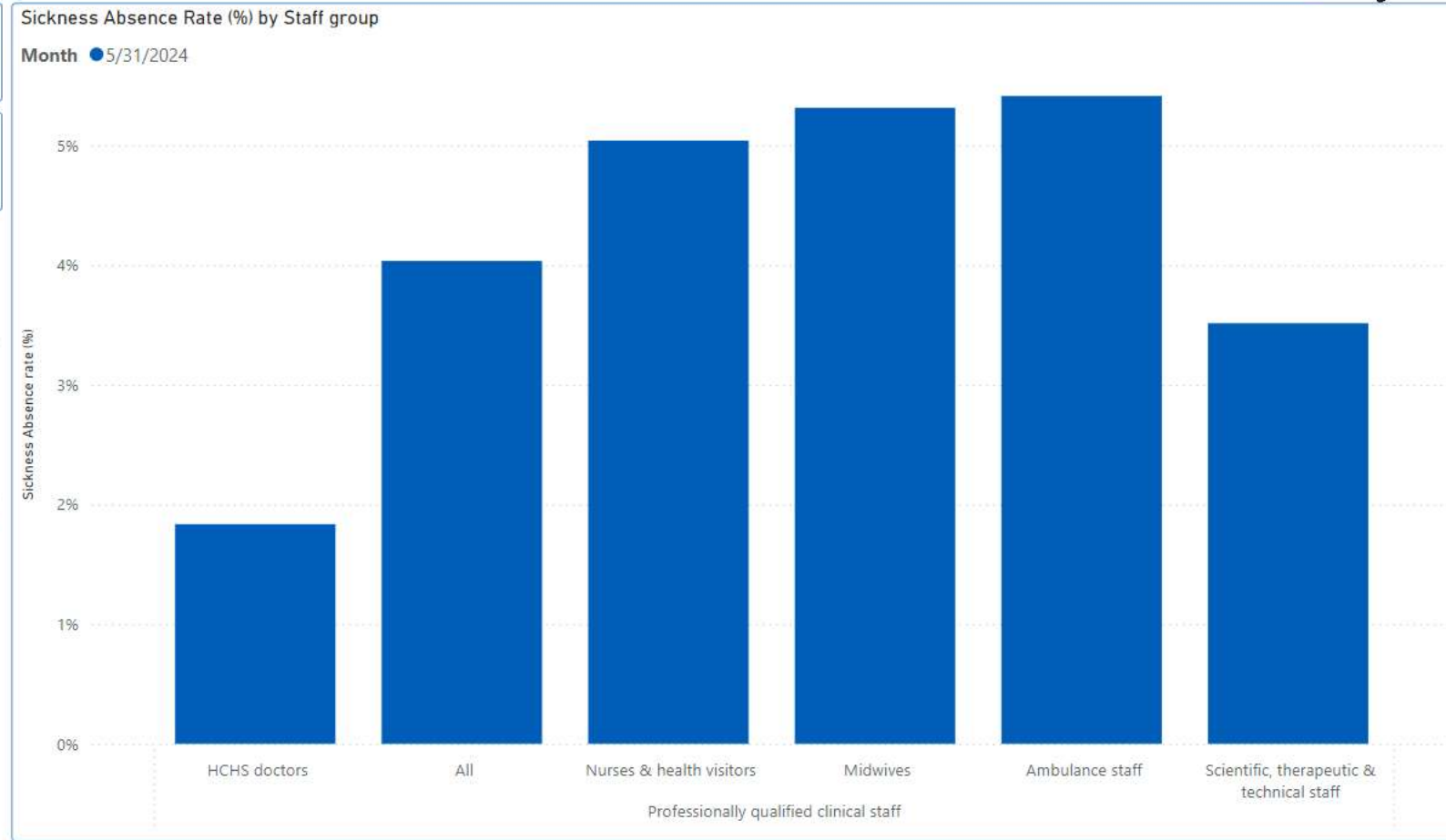
Sickness Absence rates by Main staff group and Staff group Monthly, May 2019 to May 2024



Select staff group
Professionally qualifi...
Select month
5/31/2024

- Hold Ctrl and click to select multiple items in the drop down menu
- Staff group - Use the 'All' option under the Main Staff Group to display totals

Please note: HCHS doctor grades are included in this chart. These are the constituent parts of the 'HCHS doctors' staff group. Further details of HCHS doctor grades can be found in our publications.



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74%

Sickness Absence rates by staff group and reason for absence Monthly, May 2019 to May 2024



The sickness absence as a percentage of all Full Time Equivalent (FTE) days lost is calculated by dividing the sum of FTE days lost due to each reason by the sum of FTE days lost due to all reasons. This differs from other rates reported in this set of visualisations.

Select sickness absence reason

S10 Anxiety/stress/depression/other ...

Select staff group

Professionally qualified clinical staff

Select month

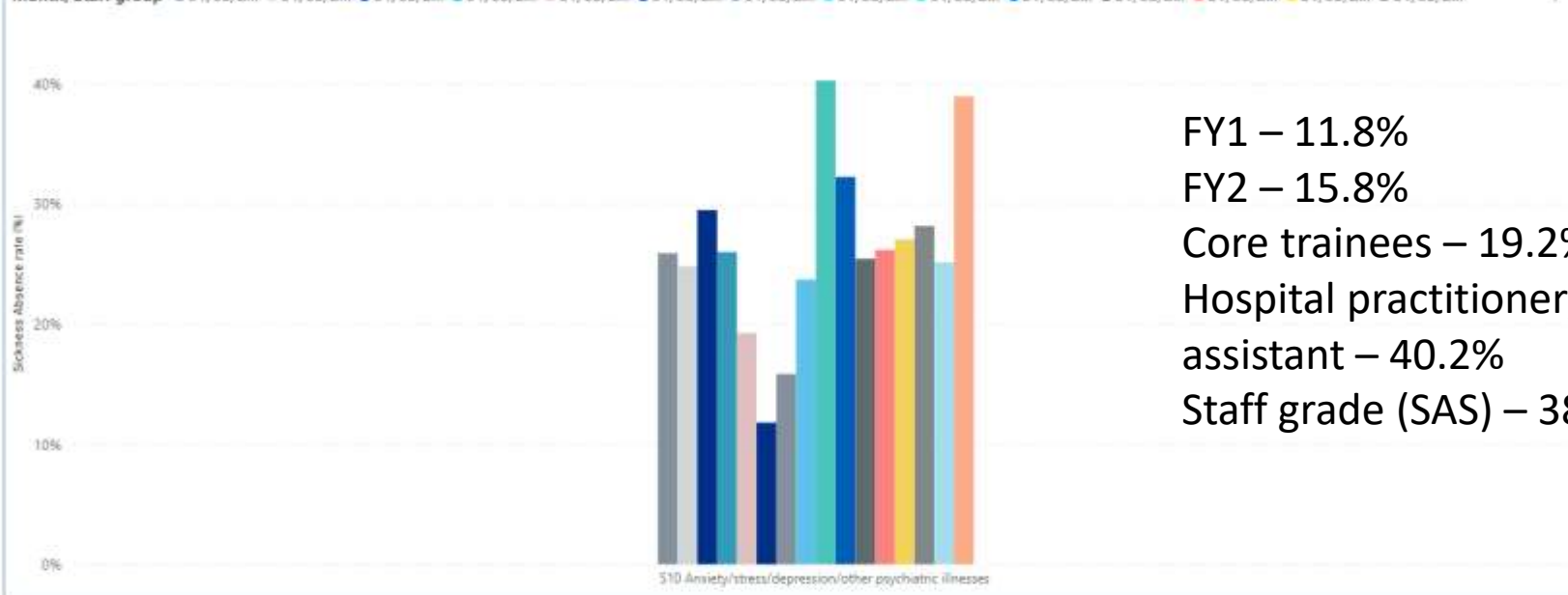
31/05/2024

Hold Ctrl and click to select multiple items in the drop down menu

Staff group - Use the 'All' option under the Main Staff Group to display totals

Sickness absence as a percentage of all Full Time Equivalent (FTE) days lost, by reason

Month, Staff group ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2... ● 31/05/2...



FY1 – 11.8%
FY2 – 15.8%
Core trainees – 19.2%
Hospital practitioner/clinical assistant – 40.2%
Staff grade (SAS) – 38.9%

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74%

Microsoft Power BI

5 of 5

16°C
Cloudy



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09/10/2024



During the medical degree: how are students prepared for working life?



Part of formal curriculum but also the hidden curriculum



Increased exposure to clinical environment year on year



Largely formalised in policy under the banner of professionalism and guided by e.g. General Medical Council (GMC) regulations



Relies on student engagement and self-management



'Wellbeing' interventions vary across medical schools and include arts based interventions, some psychoeducation. Often as part of an optional offering *or* mandatory for students who have failed exams etc

Tensions

- Medical students more likely to experience psychological distress than other undergrads
- Less likely to access student support services
- Going into a challenging profession
- Being in your 20s!
- Cultural challenges – from home culture, but also work culture, media – e.g. being referred to as the snowflake generation, Covid, struggles in NHS
- Generation gap

Why this and why now?

- Generation theory often applied in health professions training
- But...like all heuristics, it misses much – social pressures, individuality and intersectional issues
- It's important for us to recognise the strengths and vulnerabilities for all of us – remember the health workforce is actually pretty young – in the UK 30% is over 50 but most people retire at 60.
 - 42% of consultant grade doctors aged between 45 – 54
 - 62% of specialty and associate specialist doctors 35 - 54

Is burnout the biggest issue?



Over time, and with changes in circumstance burnout can develop with its concomitant symptoms of less available emotional energy



Part of which will make it hard to be a good teacher or mentor



Do we need to adjust expectations of newer qualified staff and more senior staff to have better conversations about training and managing the experience of being at work?



Is part of the issue in training that senior staff are just exhausted and short of time and patience to 'carry' more junior staff?



Do we need to be more explicit about the benefits of offering training and mentorship as an opportunity to have more reparative experiences and positive relationships?