The role of social identity theory and employer attractiveness in recruiting workers across generations for healthcare organisations: The case of a major private hospital

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Abstract
This paper uses the lens of Social Identity Theory (Ashforth & Mael 1989; Tajfel 1982), from psychology and organisational psychology literature, and the concept of employer branding (Ambler & Barrow 1996; Ewing et al. 2002) from the marketing discipline, to investigate differing perceptions of employer attractiveness across different generations of potential and current employees. This paper presents a case study of a major private hospital in Western Australia which aims to contribute towards a better understanding of how managers can attract workers with increasingly disparate expectations of their working life in a highly “gendered” profession. To date no study has looked at whether a strong employer brand has the same resonance for different individuals within and outside an organisation and across different age groups and levels of experience. The current study is important from an industry perspective for two main reasons. Firstly, the shortage of skilled workers has become a prominent aspect of the Australian economy with calls in the business press for better marketing to prospective employees (Moses 2006). The healthcare industry, not only in Australia but also in many other developed nations, has been particularly badly affected. Secondly, the aging population means that no generation of workers can be ignored in the fight for talent. The demand for trained nurses is increasing at the same time as the supply is declining (Creswell 2005).

Key words: social identity theory, employer brand, healthcare, generations, gender.

1.0 Introduction
In this paper, different perceptions of employer attractiveness across generations of potential and current employees are investigated, using the concept of employer branding (Ambler & Barrow 1996; Ewing et al. 2002) from the marketing literature and Social Identity Theory (Ashforth & Mael 1989; Tajfel 1982) from organisational psychology. From an academic perspective, the interest in the troika of “identity” concepts – firstly at a personal, individual level, as well as at an internal organizational level and outwardly expressed as a corporate identity – has been growing in recent years (Cornelissen, Haslam & Balmer 2007). In fact, the convergence of the issues of identity, reputation and the corporate brand is seen a crisis in strategy (Schultz, Hatch & Holten Larsen 2002) but also an opportunity. Hatch and Schultz (2002) used the metaphor of the “Tower of Babel” to describe the “conceptual confusion” and acknowledge the frustration felt by researchers trying to define key terms. They also suggested that while there is confusion there is also a richness to be found in the research. Another reason for this convergence is the breakdown of boundaries between the internal and external aspects of the firm. Balmer (2001) used the metaphor of a “fog” enveloping business identity studies and made reference to corporate reputation, total corporate communications and corporate branding and the interplay between these concepts. The paper proceeds as follows. Firstly a short introduction to the closely related concepts of employer branding and employer attractiveness are provided. Then, social identity theory is explained. Next, the case study of a major private hospital is introduced and the major findings are presented. The paper concludes with a discussion of the implications - notably the flexibility required to meet the demands of different generations across a highly gendered workforce.
2.0 Literature Review

2.1 The Employer Branding Concept
The term employer branding appears to have been coined by Ambler and Barrow (1996) whose
definition is the “package of functional, economic and psychological benefits provided by
employment and identified with the employing company” (Ambler and Barrow, 1996, p. 187).
Ambler and Barrow (1996) posited that employer branding relates to three main groups of
concepts: corporate culture and identity; internal relationship marketing; and corporate reputation.
Thus employer branding represents a unique synthesis. It is clearly a cross-functional process
ranging across public relations/communication management; marketing (Adamson, 2004; Simms,
2003), advertising (Berthon, Ewing and Li, 2005), human resources management (Brandon, 2005;
Martin et al., 2004), general management and quality management. They also suggested that an
employer brand has a personality and traditional marketing techniques should be, mutatis
mutandis, applicable.

The notion of “employer attractiveness” is closely related to “employer branding” (Berthon, Ewing
& Li 2005). Berthon, Ewing and Li (2005, p. 156) defined employer attractiveness as “the envisioned
benefits that a potential employee sees in working for a specific organisation”. An important
distinction should be made, however, in that Ambler and Barrow’s concept of EB encompasses both
existing employees and potential employees while Berthon, Ewing and Li concentrate on potential
employees. Berthon, Ewing and Li (2005) developed an employer attractiveness scale – and they
stated that the scale’s five factor structure is essentially a refinement and extension of the three
factors proposed by Ambler and Barrow (1996) for employer branding.

2.2 Social identity theory
Several scholars have noted the importance of social identity theory (SIT) applied to recruitment
and the employer branding process (Backhaus 2004; Backhaus, Stone & Heiner 2002; Backhaus &
Tikoo 2004; Cable & Graham 2000; Goldberg 2003; Turban & Greening 1997). The theory suggests
that people derive their self worth at least in part from membership of certain groups (Tajfel 1982).
Membership of an organisation will influence an individual’s self concept. So “belonging” to an
attractive employer would be seen as advantageous for a potential employee. Ashforth and Mael
(1989) were the first to use SIT in terms of a person’s identification with an organisation. People
may be classified in various categories and people classify themselves according to what social
groups they belong to, known as social classification. Social classification serves two functions. First
it cognitively segments and orders the social environment. Second, social classification enables the
individual to define him or herself in the social environment (Ashforth & Mael 1989). The individual’s
organisation may provide one answer to the question; Who am I (Ashforth & Mael 1989)?
Individuals identify with social categories partly to enhance self esteem and through social
identification and comparison, individuals are argued to partake in the successes and status of the
group. Hence organisations with a positive reputation would be perceived as a more attractive
proposition for potential employees.

Ashforth and Mael apply SIT to organisations across three areas: organisational socialisation, role
conflict and intergroup relations. Under the area of organisational socialisation, Ashforth and Mael
contended that because identification is group specific, organisations make claims to be unique.
They also suggest that this is why a search for a distinctive identity by managers induces
organisations to focus intensely on symbols including: advertising, names and logos, jargon, leaders
and mascots. Ashforth and Mael’s (1989) emphasis on the organisational search for a point of
difference, and its representation/manipulation through symbols including traditions, myths,
metaphors, heroes and physical setting, is echoed in the literature on branding. Their link between
symbolism and identification (Ashforth & Mael 1989) is also mirrored in the literature on corporate
identity.
Role conflict explores the notion that, as most individuals belong to different groups, the different "social identities" that result from belonging to these groups could make inconsistent demands on a person. While most people slide easily from one role to another; when the disparities between roles are made obvious and a person is forced to “don two hats” the ease of cognitively managing two roles is broken down (Ashforth & Mael 1989). Ashforth and Mael use the example of the Challenger disaster where a senior engineer sent the shuttle into space, despite a faulty solid rocket booster, when he was asked to stop thinking like an engineer and think like a manager. Looking at hospital groups, nurses may find a potential role conflict in their dedication to patient care, as a member of the nursing profession, on the one hand, and as a nurse within a private hospital setting the opposing need for efficiency in nursing hours devoted to patents (known in the health industry as “hours per patient day”) to increase revenue. Nurse managers, in particular, who are responsible for staffing, may face this difficulty in cognitively managing different group expectations. This concept of role conflict can also be explored when a large proportion of nurses are part-time workers with family obligations.

A distinction is made between holographic organisations and ideographic organisations (Ashforth & Mael 1989). Holographic organisations have a purpose and identity that is common across departments whereas ideographic organisations have multiple identities across sub-units which may vie for power and status. It is suggested that in the ideographic organisation sub-units can be the primary focus of inter-group conflict. Ashforth and Mael (1989) quote a study of hospitals by Bates and White (1961) that sampled board members, administrators, doctors and nurses from 13 hospitals and found that each group believed it should have more authority than allowed.

Cable and Graham (2000) used SIT to as a basis to suggest that employees and applicants, because of their close affiliation or potential affiliation with an organisation, may have very different perceptions of reputation and reputational attributes than other stakeholders such as consumers or investors. Indeed, their empirical research supported this view. In summary, SIT is of particularly use when looking at the area of employer branding as it explores the important role of identification with the employer by the job applicant or employee. It also has resonance with key ideas in the branding, reputation and identity literature.

3.0 Methodology

This paper presents a case study of a major private hospital in Western Australia which aims to contribute towards a better understanding of how managers can attract workers with increasingly disparate expectations of their working life in a highly “gendered” profession. To date no study has looked at whether a strong employer brand has the same resonance for different individuals within and outside an organisation and across different age groups and levels of experience. However, as the case study is looking at employer branding, the research does go “beyond” the case, looking at the views of potential graduate applicants for the hospital. Through depth interviews and focus groups involving hospital management and highly skilled nursing professionals, this study investigates what drives perceptions of employer attractiveness. This study investigates two questions in relation to social identity of individuals, organisational identity and corporate identity.

- How do perceptions of employer attractiveness in the private hospital sector differ between nurses of different generations and at different levels of their career – undergraduate, early career, mid-career and at senior levels?

- How do perceptions of employer attractiveness vary between upper managers, line managers and nursing staff and across the management team?

The case study incorporates mainly qualitative data from in-depth interviews and focus groups with nursing employees, managers and directors at different hierarchical and experiential levels within the organisation and prospective nursing employees outside the organisation as well as doctors,
who are not directly employed by the organisation but do work within it and other hospitals. As well as in-depth interviews and focus groups, documentary evidence – including advertising by the organisation and the organisation’s website - have been used in order to triangulate the data (Yin 2003). The nursing profession provides one of the best examples of the challenges resulting from changed generational and gender expectations, as nursing is both a highly gendered profession and one which is dominated by an aging workforce (Preston 2005).

Table 3.1 Coding for interviews

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<thead>
<tr>
<th>Coding for interviews</th>
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<tr>
<td>Interviewees/focus groups</td>
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<td>Executive Director</td>
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<td>Director of Clinical Services</td>
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<td>Director of Corporate Services</td>
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<td>Human Resources Manager</td>
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<td>Marketing and Public Relations Manager</td>
<td>MPR Manager</td>
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<td>Training and Development Manager</td>
<td>TD Manager</td>
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<td>Nurse Manager, Clinical Services</td>
<td>N Manager,CS</td>
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<td>Three medical specialists</td>
<td>MS1, MS2, MS3</td>
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<td>Undergraduate registered nurses: focus group</td>
<td>FG – undergrad RNs</td>
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<td>Undergraduate enrolled nurses: focus group</td>
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<td>Graduate enrolled nurses: focus group</td>
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<td>Graduate registered nurses with six months’ experience: focus group</td>
<td>FG – RNs, 6 mos experience</td>
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<td>Graduate registered nurses with nine months’ experience: focus group</td>
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<td>Nurses with five years’ experience: focus group</td>
<td>FG – RNs, 5 yrs experience</td>
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<td>Clinical nurses with 10 years experience: focus group</td>
<td>FG – CNs, 10 yrs experience</td>
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4.0 Findings and discussion

4.1 Research question one

- How do perceptions of employer attractiveness in the private hospital sector differ between nurses of different generations and at different levels of their career – undergraduate, early career, mid-career and at senior levels?

4.1.2 Support required

For nurses about to graduate and those who had only recently graduated the concept of “support” emerged as one of the key themes. A supportive work environment was seen as synonymous with an attractive employer. The way the undergraduates and early graduates assessed this was often through experience during their undergraduate practical experience, through their interaction with recruiting staff at a hospital as well as through word of mouth.

In the focus group interview conducted with graduate nurses with six months’ experience, the response to the question on what makes an employer attractive was:

Just starting out – knowing you can go to people, knowing people will be approachable and not...
That people actually know you – not just as a number. Feeling valued as a person – not just as an academic number. (FG – RNs, 6 mos experience)

4.1.3 Flexibility – there’s more to life than work
“Support” was commonly the first word mentioned when asked about what makes an attractive employer at undergraduate and recent graduate level for both enrolled and registered nurses. However, for older, more experienced nurses, support was not mentioned. For those with more experience, the concept of “flexibility” (of hours and rosters) was a common theme. The importance of flexibility was not confined to the older, more experienced nurses (who were all women, some with family responsibilities) but across all age groups. The following comment is illustrative of this theme.

I think flexibility of working hours [makes an employer attractive]. Not everybody has got family but people still like to have a life. To have rosters based on requests as well as on operational needs. (FG – CNs, 10 years experience)

At more senior levels, nurses also mentioned the opportunities for career development, but this did not always equate with promotion but rather for knowledge enhancement opportunities and study days.

4.1.4 The importance of relationships
For many of the recently graduated nurses, employer attractiveness was often judged by the relationship they had with the organisation prior to joining. For younger nurses, the relationships are mostly through practical work experience (or “pracs”) while they are still at university and later through agency nursing and that these relationships are an important way to judge employer attractiveness, prior to applying for a position. The relationship of the hospital with its current staff was also seen as important in generating positive word of mouth, which, of course, would then influence its reputation.

In response to a question to a focus group of recently graduated registered nurses on why they joined the case hospital when they knew the pay was better at public hospitals the following comment illustrated the importance of familiarity – or an existing relationship.

Most of us - I had a prac here – I knew the paperwork, I knew the wards, I knew some of the staff – you talked to other grads on the programme.

The more senior nurses recognised that in nursing it was possible to “try before you buy” by doing agency work. Interestingly, management who were responsible for managing the employer branding process were in no doubt as to the importance of relationships. The Training and Development Manager, who is largely responsible for recruiting the graduates into the hospital’s specialised graduate programme as well as co-ordinating the practicums during the nurses’ undergraduate degree, recognised the need to give the students a positive experience to help in recruiting them when they graduated. Her view shows clearly that relationships must come first and the reputation is second.

So it’s really down to interaction - so while we have got a captive audience with students coming through we make an effort to make it is as good a learning environment as possible. But there’s also that human touch of making sure they feel important and that’s how they are welcomed in the organisation. And we are looking at future strategies for capturing that audience. We know from all the jingles and jangles and posters and things might attract a small proportion [but] it’s the word of mouth. (TD Manager)
4.1.5 The importance of first impressions
For most potential employees, unless they have done a practicum or internship prior to employment, their first relationship-based encounter with an employer is through the application for the position and interview process. To use Carlzon’s (1987) moment of truth concept, from the services marketing literature, the interview is a key “moment of truth” in the delivery of the employer brand to potential employees. For the undergraduate and graduate nurses, the interview certainly was a key decider in their search for an attractive employer. In fact, several commented on the friendly nature of the interviews at the case hospital (and certain other hospitals) and contrasted this with some rather daunting interviews at other, particularly, Government hospitals

I actually applied at the public ones first and I didn’t like the interview process there. (FG – undergrad RNs, respondent 2)
Oh yeah – terrible. (FG – undergrad RNs, respondent 3)
Yeah – it was very cold and they didn’t want to look at any academic results. (FG – undergrad RNs, respondent 1)

The HR Manager at the case hospital recognised the importance of making the recruitment process as simple as possible and emphasised the development of a positive relationship early on. In fact, her view was of a “passive” job seeker and felt recruitment was actually like “selling a car”.

It was very much how can we make life easier for you as a grad applying for the job so then [in the past] we would send out a whole lot of paperwork so we felt no, no we want to kept talking to them – because it’s very easy for them not to accept it whereas if we ring them up and say: “Why what is it? Well did you know we can do this for you or let me know how we can overcome that for you”...so it was very much that approach. (HR Manager)

4.1.6 Relationships damaged on the inside
If the recruitment process leading up to employment could be viewed as courtship, then the “marriage” part of the relationship, when the nurse becomes an employee, is critical in the final judgement on a company’s employer attractiveness. Comments from employees showed that the employer brand equity could be badly damaged once they are hired, by failure to live up to the brand promise. As Keller points out, one of the “seven deadly sins of brand management” (2003, p. 736) is a broken brand promise which can see a firm worse off than if it had set no expectations at all. Setting brand expectations too high and then not delivering is a common – but deadly – mistake (Keller 2003). The relationship side of the employer branding equation, can certainly be damaged by not delivering on advertised functional benefits. At the case hospital, these functional benefits, taken from the company website, are promoted as:

- Competitive pay and conditions
- Flexible salary packaging
- Flexible banking payments
- Employee assistance programmes
- Free parking
- On-site childcare coordinator
- School holiday programs for children
- Paid parental leave
- Close to public transport
- Library on site
- Gymnasium with subsidised membership
- Subsidised massage & beauty therapies
- Enjoyable social events
- Employee wellness programs
- Corporate private healthcare rates.
The overall response from most of the focus groups was a concern that organisations do over-promise when it comes to recruitment.

Yeah, yep *(Lots of nods of agreement)*. They have to – otherwise they wouldn’t get anyone. They can’t say: Tiny gym; crap rosters. *(Lots of laughter)* (FG – RNs, 9mos experience)

Another comment from the graduates related to lifestyle (functional) benefits offered sums up a similar disappointment in the reality.

They offer that they have got all these lifestyle benefits which didn’t really live up to it. Like they offer that they have a gym. When they advertise jobs for [the case hospital] they say they have five star benefits and the gym is this little thing, this tiny little thing that the patients use. Like if that lived up to it it would be better as well because that did draw a few people thought that’s going to make the lifestyle easier. (FG – RNs, 9mos experience)

The clinical nurses were in agreement on the issue of over-promising. However, while there was a disconnect between the advertising promise and the reality, the more senior nurses had been with the company for some time and did not express a real desire to leave, perhaps because this advertising had taken place after they had been recruited.

Yes *(General agreement)*. They promise the world. In all the ads I mean it says “Flexible rostering.” And all that sort of stuff “Join the stars *(said in a sarcastic tone)*” *(lots of laughter)* Once you get in….It’s pathetic! (FG - CNs, 10 yrs experience)

With the focus group with graduate registered nurses with six months’ experience, one of the respondents did not feel that the case hospital had over-promised. The nurse’s response was “Some do. Not here.” However, other respondents in the same group felt differently.

Leading up to the interview they promise everything and then you rock up to the interview and they’re not actually flexible and they don’t actually want to keep you. (FG – RNs, 6 mos experience)

It’s been a huge adjustment. The hours. And you don’t just get enough of the prac as a student. You do Monday to Friday and it’s just not the reality (FG – RNSs, 6 mos experience)

This quote shows that it perhaps is not just the over-promising of advertising campaigns but the change in expectations placed upon graduates compared to their student experience. As students, they only had to work Monday to Friday for their practical work experience but once in the “real” workforce, the graduates had to work longer and more “unsocial” hours on shifts across weekends and at night.

**4.1.7 The promise of flexibility, the reality of rosters**

The organisation’s promotional slogan aimed at jobseekers, which features across the hospital website, is: “We know there’s more to life than work”. It could be argued that inherent in this slogan is a recognition that staff want to have flexibility (or at least some control) in their work hours. However, a major failure in the delivery of the brand promise at the case hospital appears to be a perception that rostering and lack of choice are key concerns for nursing employees once they join.

In the interviews, it was also interesting to note resentment from younger nurses without children who felt that there was some favouritism to more flexible rosters for those with children.
You have to have kids – that’s ridiculous. It [rostering] varies – some wards are really good I think but other wards are a bit...they are understaffed. I understand that there’s not much they can do cos they’re understaffed but then that’s not our fault. They will just lose more staff. You get overworked...It just affects everything because if you never know when you’re working you can’t plan anything. Like I have got a 21st in two months – I, well, I will request it off and hopefully I will get it off. Sometimes you work right up to the Friday and you don’t know the following Tuesday what you are working. (FG – RNs, 9 mos experience)

4.1.8 The need for respect
Continuing the theme of the importance of relationship development and maintenance for a strong employer brand, the issue of “respect” emerged as a key factor. “Respect” was desired by potential and existing nursing staff, but it was acknowledged there may be a lack of respect for nurses. There was a sense that recruitment of doctors had always taken priority for management, at least up until recently. It became evident that a major challenge – or perhaps an opportunity – for being an attractive employer for nurses in the health industry was the culture and history of the professions of nursing and medicine, in particular the questions of power and respect.

The following comments were elicited from the focus group with senior clinical nurses.

If you want a lot of money don’t be a nurse – do something else....Generally actually we are underpaid. We are undervalued and overworked. There are not enough avenues for promotion. Within this organisation, or...? Across the board. In any other industry if you had a situation with so many demands – it is so ordinary. The salary is poor – A lollypop man can turn a sign around, wear short shorts and get $100,000. Who’s the mug? It’s not him!

When you consider it’s a documented fact that nursing is one of the most dangerous professions – we should get paid danger money. (FG – CNs, 10 yrs experience)

This comment shows that while salary could be seen purely as an economic benefit, it also has a symbolic quality as it shows that the concepts of “respect” and salary are interlinked.

A graduate summed up her frustrations as the reality of nursing hit her: “I didn’t do three and a half years to wipe people’s bottoms.” (FG – RNs, 9 mos experience). However, those nurses who commented positively said it was definitely the support for their professional skills that made a difference. The Nurse Recruitment Manager (herself from a nursing background), who has recently changed her title to Nurse Manager – Clinical Services, felt that the most important thing in attracting nurses was respect. “That’s the reason I’ve been here so long – you are not just treated as a number here – we don’t do salary packaging, but I would rather have the respect and not be treated as a number.” (NManager, CS) [Note: the case hospital does offer limited salary packing, within the regulations of Australian taxation laws. However, Australian State Government-run hospitals and those which are run by Church-related organisations are able to offer more generous salary packaging benefits because of taxation rulings.]

The notion of respect is important, ignored and poorly defined in marketing circles (Costley, Friend & Babis 2005). However, it appears to be a major factor that certainly warrants more attention in relation to the concept of employer branding.

4.1.9 Reputation and social identity theory
Across undergraduates, graduates, more experienced nurses and management, a common theme was of those hospitals with negative reputations being unattractive rather than talking of hospitals with exceptional reputations being magnets. The focus group with the senior, experienced clinical nurses provoked a reaction that could be linked to the concept of social identity theory. As
discussed previously, social identity theory states that people’s identity and self esteem are partly determined by their membership of social organisations, such as the organisation they work for or their specific workgroup (Lievens, Van Hoye & Ansee 

Lievens, Van Hoye and Ansee discuss the “cocktail party test” where people’s reaction in a social situation (such as a cocktail party) to where you work will have an impact on your own feelings about the organisation. The nurses’ views seem to tie into this theory as they suggest that they don’t want to work for a hospital that others disapprove of.

I guess you need to be able to tell people that you work at a good place – I guess if it’s got a bad reputation then you think the nurses are bad...It gives you a sense of security.

I guess there are certain hospitals you wouldn’t work at because they have got negative publicity. Some hospitals have a lot of adverse publicity. The negative can be a driver away. (FG – CNs, 10 yrs experience)

The enrolled nurse graduates also spoke of deciding not to work at a hospital because of its negative reputation.

4.2 Research question two

- How do perceptions of employer attractiveness and organisational identity vary between upper managers, line managers and nursing staff and across the management team?

While support was seen as key by the less experienced nurses and flexibility of hours as well as respect were seen as relevant across all levels of experience, these key elements espoused by the nurses themselves did not always match the views of senior management on what made an attractive employer. For the Director of Clinical Services, the importance of a match of specialties was seen as vital. Both the Executive Director and the Director of Medical Services felt that a “fun” environment was important. However, the Executive Director did acknowledge that, for nurses, respect was key.

Doctors would want to have good patient care – doctors would want their instructions are to be followed, want to be able to get their patients in – staff to know them – ‘the way I like to do things’; pre-empt what it is this they want...Nurses would want other people to treat them with respect – not to be treated like dirt. (E Director)

Interestingly, the marketing public relations manager, who had only recently commenced working in the health public relations/marketing field (but with senior experience in other areas), was extremely insightful and honest about this challenge.

5.0 Conclusion

In summary, empirical findings from this case study reveal that perceptions of what make an attractive employer vary across the generations and levels of experience. For recent graduates, the notion of support is crucial. Perhaps for different reasons, the concept of flexibility of the employer and some control over hours and rosters is vital for all ages. Relationships prior to recruitment and the importance of managing the “moments of truth” during the recruitment process have been identified. Avoiding over-promising is also vital. “Respect” is a key theme for nurses at all levels. The empirical findings also identified different views across senior managers and at different levels of the organisation of what makes an attractive employer. In trying to manage a consistent corporate identity for the organisation these differences could prove a challenge. As a single case study this research clearly has limitations. However, if employers are to survive the skills shortage, it is imperative that organisation have flexible and ever-changing strategies to deal with intergenerational and gender expectations across organisations in the highly female workforce of the health profession.
References