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Improving workforce experiences at United States Federally Qualified Health Centers: Exploring the perceived impact of generational diversity on employee engagement

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Abstract

This qualitative study aimed to explore a multigenerational workforce's impact on employee engagement as perceived by Federally Qualified Health Centers' (FQHCs) C-suite executives. It sought to answer one research question: What is the perceived impact of generational diversity on employee engagement of Federally Qualified Health Centers (FQHCs) in the United States? This cross-sectional study was national. Primary data were collected using a self-developed, two-part survey instrument: (1) eight demographic questions and (2) two open-ended, short-answer questions. Cognitive interviews, reviews by five subject matter experts, and a pilot study were completed to ensure the instrument's validity and reliability. Demographic data were analyzed using Minitab V19, and qualitative data were analyzed using MAXQDA V2020. The final sample ($n=81$) represented 6% of the 1,400 U.S. FQHCs and consisted of respondents from all five U.S. geographic regions: Northeast, Southeast, Midwest, Southwest, and West. Of the 81 FQHCs, one-third had a four-generation workforce, and over one-half had a five-generation workforce. A multigenerational workforce was important and necessary because of enhanced work creativity, improved problem solving, and a better representation of FQHCs' diverse patients. Conversely, a multigenerational workforce also presented challenges, including the need to address generation-specific expectations, family dynamics, rewards and recognition, technology proficiency, and learning and training opportunities. Engaging a multigenerational workforce presented benefits and challenges. The benefits included fostering a sense of learning culture, transferring knowledge and skills, and promoting more representative patient communities which FQHC employees served. The challenges included varied expectations, different communication styles, and inter-generation perceptions in healthcare workplaces.

Keywords

Federally Qualified Health Center (FQHC), workforce experiences, generational diversity, employee engagement, multigenerational workforce

Introduction

In 2021, for the first time since 2004, Chief Executive Officers (CEOs) of United States hospitals identified personnel shortages above financial challenges as top issue confronting their organizations.¹ CEOs of federally qualified health centers (FQHCs) face similar personnel challenges while concurrently trying to deliver high quality patient care. FQHCs are safety net providers of healthcare services in medically underserved areas with health professional shortages, typically from outpatient clinics.² Across the United States, over 1,400 FQHCs employ approximately 240,000 individuals, serve nearly 29 million people through more than 13,500 service delivery sites, and charge patients on a sliding scale depending on income.³ The workforce of FQHCs is multigenerational, comprising five generations: Traditionalists, Baby Boomers, Generation Xers, Generation Yers, and Generation Zers.^{4,5}

A multigenerational healthcare workforce presents both opportunities and challenges for engaging employees and improving work experiences. Generational differences in healthcare workplaces provided opportunity for increased collegial collaboration, enhanced idea exchange, and better working relationships among employees, though such differences also resulted in natural conflicts.⁶ Generationally diverse workplaces also created challenges for healthcare leaders.⁴ Leading a multigenerational workforce required healthcare leaders to recognize the imperatives of understanding and addressing the needs of each generation of employees, as well as managing and effectively resolving generational conflicts.⁴ Multigenerational employee engagement provided healthcare leaders the opportunity to establish an environment of increased team communication, collaboration, and synergy, which resulted in organizational competitive advantage.⁷ Healthcare leaders who managed generational differences effectively were

rewarded with a productive, engaged, and appropriately prepared workforce to address future challenges in the healthcare environment.⁷

Nair and Chen conducted a cross-sectional study of 1,202 health centers to determine the association between accreditation and clinical quality measures.⁸ Lavelle et al. explored U.S. Medicare beneficiaries' utilization of healthcare services provided by FQHCs.⁹ Crall et al. explored the improvement in oral healthcare capacity of FQHCs in Los Angeles County.¹⁰ Patrick and Mukherjee conducted a cross-sectional study to explore the work engagement level of healthcare employees in hospitals.¹¹ However, the extant literature is very scant regarding the impact of generational diversity on employee engagement in FQHCs across the United States. Therefore, the current study may help fill an empirical gap.

Methods

The purpose of this qualitative, national, cross-sectional study was to explore FQHC executives' (including Chief Executive Officers, Chief Human Resources Officers, Chief Operating Officers, Chief Financial Officers, or Human Resources Directors) perceived impact of generational diversity on employee engagement in United States FQHCs. It sought to answer one research question: What is the perceived impact of generational diversity on employee engagement of Federally Qualified Health Centers (FQHCs) in the United States? It aimed to validate one proposition: Generational diversity has perceived impact on employee engagement of Federally Qualified Health Centers (FQHCs) in the United States. This section will present the study's conceptual model; discuss its survey instrument, validity, ethical considerations, and reliability as pertained to data collection; explain its target population, participants, and sample; and describe the data analyses procedures.

Conceptual Model

Figure 1 depicts the conceptual model of this qualitative study and illustrates how the two study constructs interact with one another. This research study's problem, purpose, and empirical and theoretical literature regarding healthcare administration provided a basis for this model. The model proposed that FQHC chief executive officers (CEOs) and chief human resource officers (CHRO) or human resources directors perceived the impact of generational diversity on employee engagement at FQHCs across the United States.

As shown in this model, the construct, Generational Diversity, was comprised of five dimensions: Traditionalists, Baby Boomers, Generation X, Generation Y, and Generation Z. P represents Proposition and RQ represents Research Question of this qualitative study. The construct, Employee Engagement, was also comprised of

five dimensions: job expectations, organizational support, socialization, job autonomy, and professional development.

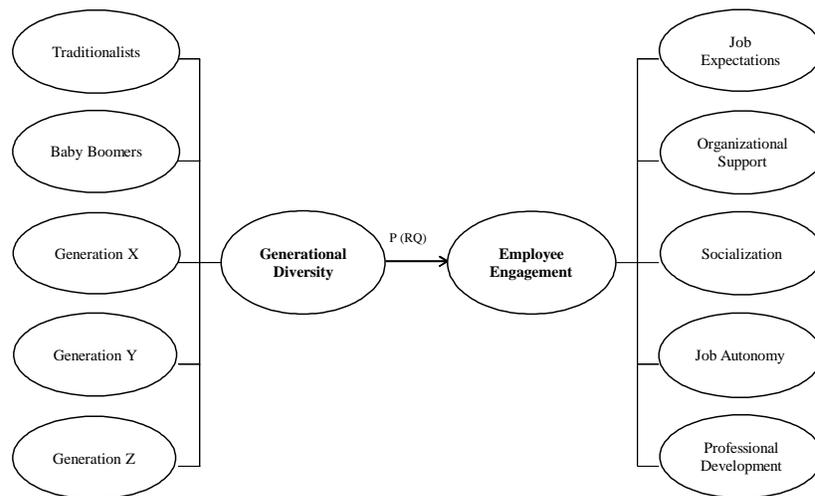
Specifically, Traditionalists were born between 1925 and 1945, Baby Boomers were born between 1946 and 1964, Generation Xers were born between 1965 and 1976, Generation Yers were born between 1977 and 1997, and Generation Zers were born after 1995.⁴⁻⁵ Relative to job expectations, the engagement level was elevated after employees received from their supervisor accurate guidance, timely and candid feedback, and constructive suggestions for improvement.¹² Relative to organizational support, the Organizational Support Theory (OST) indicated that if an organization treated its employees fairly then the employees perceived the organization as caring about them, leading to higher levels of employee engagement.¹³ Relative to socialization, it supported an employee's adjustment in an organization, and was an important process for employees and organizations.¹⁴ Relative to job autonomy, it was an employee's ability to function freely, independently, and with authority to plan work activities, make decisions, and determine how tasks were performed.¹⁵ Relative to professional development, it provided advantages for the organization and the employee, because the organization gained skilled, well-trained staff to implement policies and achieve targets while the employee gained extra knowledge and skills thus became more engaged.¹⁶ (see Figure 1).

Data Collection: Survey Instrument, Validity, Ethical Considerations, and Reliability

Primary data were collected using a self-developed, two-part survey instrument. Specifically, Part 1 was comprised of eight short demographic questions with the first four regarding the study respondents and the last four regarding the FQHC; and Part 2 was comprised of two open-ended, short-answer questions pertaining to generational diversity and employee engagement.

To mitigate cognitive burdens of the study respondents so it would be easier for them to complete the entire survey,¹⁷ three informal cognitive interviews were carried out with a professional colleague, an academic colleague, and a family member who met the study's inclusion criteria. The interviewees were asked to describe whether the survey questions were clear to them, and what their thought process was when formulating an answer to a survey question. The survey instrument was revised to clarify verbiage of the survey questions.

To ensure the face validity of the survey instrument, a panel of five industry subject matter experts who were all CEOs of U.S. FQHCs reviewed the survey instrument and provided feedback. The survey instrument was slightly revised according to their feedback and was then included in the application of Institutional Review Board (IRB).

Figure 1. Conceptual Model of the Study. P = Proposition. RQ = Research Question

A. T. Still University's IRB at Kirksville, MO reviewed this application and approved it.

Subsequently, the survey instrument was pilot tested as a preliminary study to assess its validity and reliability. Ten Chief Executive Officers of United States FQHCs completed the pilot study. No further revisions were made in the survey instrument after the pilot because no respondents in the pilot suggested any changes.

Target Population, Participants, and Sample

The target population of this qualitative study was comprised of chief executive officers, chief financial officers, chief operations officers, and chief human resources officers or human resources directors of the 1,400 FQHCs in the United States. Study participants were recruited via the membership directory of the National Association of Community Health Centers (NACHC), the website of the Health Resources & Services Administration (HRSA), websites of state primary care associations, and websites of individual FQHCs across the United States.

The self-developed survey was administered via SurveyMonkey. An introductory email including the link to completing this survey was sent to 612 participants. The duration of survey administration was six weeks. Upon conclusion, 81 respondents completed the survey and represented FQHCs located in the five geographic regions of the United States as defined by the National Geographic Society: Northeast, Southwest, West, Southeast, and Midwest.¹⁸

Data Analyses

Data analyses encompassed three phases. First, demographic data were analyzed using descriptive statistics

with Minitab statistical software Version 19 to gain a comprehensive understanding of the final study sample's demographic characteristics. Second, qualitative textual data were organized, coded, analyzed, and visualized using MAXQDA qualitative data analysis software Version 2020. Qualitative data were coded and re-coded using an inductive approach until emergent themes reached saturation. Finally, all emergent themes were connected to visualize an overall description of the phenomenon under study.

Results

This section presents a summary of the study results including the proposition validation. The first is a descriptive analysis of the final study sample. The second is descriptive analyses of demographic characteristics related to study respondents and their respective FQHCs. The third is thematic analyses of qualitative data, which is also the validation of the study's proposition (P): Generational diversity impacts employee engagement of federally qualified health centers (FQHCs) in the United States.

Study Participants

As shown in Table 1, 1,400 (*N*) FQHCs in the United States constituted the study's target population at the end of 2020. A recruitment email with a link to completing the survey was sent to 612 qualified participants. The final study sample was comprised of 81 (*n*=81) respondents who represented 81 FQHCs in the United States. This sample represented nearly 6% of the target population at the end of 2020, and resulted in a survey response rate of more than 13%

Table 1. Final Study Sample Representation (End of 2020)

U.S. Federally Qualified Health Centers	Final Study Sample Size	Study Sample Representation	Number of Surveys Distributed	Survey Response Rate
1,400	81	81/1,400=5.8%	612	81/612=13.2%

Demographic Analyses

Table 2 presents a summary of descriptive statistics for the final study sample. It reported the frequencies and relative frequencies that were determined for each of the seven demographic characteristics: FQHCs’ Full-Time Equivalent (FTE) Size, FQHCs’ Number of Generations, FQHCs’ Region, Respondents’ Position Type, Respondents’ Position Tenure, Respondents’ Gender, and Respondents’ Education Level.

Relative to FQHCs’ FTE size, of 81 FQHCs, 12% had 1-50 FTEs, 16% had 51-100 FTEs, 28% had 101-200 FTEs, 27% had 201-500 FTEs, and 16% had over 500 FTEs. Relative to FQHCs’ Number of Generations of Employees, of 81 FQHCs, 9% had a 3-generation workforce, 33% had a 4-generation workforce, 52% had a 5-generation workforce, and 6% had an undefined number of generations in the workforce. Relative to FQHCs’ Region,¹⁸ of 81 FQHCs, 33% were located in the Midwest, 17% were located in the Northeast, 32% were located in the Southeast, 6% were located in the Southwest, and 11% were located in the West.

Relative to Respondent’s Position Type, of 80 respondents, 58% were CEOs, 1% were CFOs, 34% were CHROs, and 8% were COOs. Relative to Respondent’s Position Tenure (in Years), of 81 respondents, 33% had held their positions for 1-3 years, 26% had held their positions for 4-8 years, 20% had held their positions for 9-15 years, and 20% had held their positions for over 15 years. Relative to Respondent’s Gender, of 81 respondents, 67% were female, and 33% were male (no one responded “Other”). Relative to Respondent’s Education Level, of 81 respondents, 1% had had a high school diploma, 9% had an associate degree, 16% had a bachelor degree, 57% had a master degree, and 17% had a doctoral degree.

Thematic Analyses and Proposition Validation

Thematic analyses of qualitative data were in three steps. In Step 1, results from thematic analyses were organized by major categories, associated concepts, and representative verbatim from the respondents. Tables 3 and 5 show these results. In Step 2, thematic analyses were performed across several demographic characteristics to obtain richer and thicker descriptions of the phenomenon under study. The characteristics included: FQHC Size in FTE, FQHC Number of Generations of Employees, FQHC Region, Respondent’s Position Type, Respondent’s Position Tenure (in Years), Respondent’s Gender, and

Respondent’s Education Level. Tables 4 and 6 show these results as organized by demographic characteristics. In the final Step 3, all emergent themes were connected to visualize an overall description of the phenomenon under study.

Tables 3 and 4 (see Appendix) present the results from the thematic analyses of qualitative data that were responses to Open-ended Question 1: What are your views of generational diversity in your own Federally Qualified Health Center (FQHC)? Major themes consisted of prevalence of generational diversity, importance of generational diversity, strength of generational diversity, challenges with communication, challenges with managing multigenerational diversity, value of different perspectives, and differences between older and younger generations. Themes were consistent across demographic characteristics, highlighting respondents’ acknowledgment of generational diversity’s importance and associated challenges.

Tables 5 and 6 (see Appendix) present the results from the thematic analyses of qualitative data that were responses to Open-ended Question 2: What is your perceived impact of generational diversity on employee engagement in your organization (FQHC)? The major themes associated with this question were positive impact, negative impact, communication, robust learning, challenging managing younger workers, and different work ethics, with positive impact as the most common theme across all responses. Notably, themes regarding generational diversity’s positive and negative impact was present across all demographic characteristics.

Taken together, all respondents believed the importance of having a multigenerational workforce. Many respondents viewed generational diversity as positive and necessary, and as a positive and negative impact on employee engagement. Most respondents recognized the benefits of a multigenerational workforce such as enhanced creativity and problem solving. Some respondents pointed out the benefit of having a diverse workforce that reflected the diversity and needs of FQHC patients.

Conversely, all respondents acknowledged the challenges of having a multigenerational workforce such as the need to address generation-specific expectations, including family dynamics, rewards and recognition, technology proficiency, and learning and training needs.

Table 2. Characteristics of Sample FQHCs by FTE Size, Number of Generations, and Region; and Study Respondents' Position Type, Position Tenure, Gender, and Education Level, 2020

FQHC and Respondent Characteristics	<i>n</i>	%
Total Sample	81	100.0
FQHC's Size in FTE^a		
1-50	10	12.34
51-100	13	16.05
101-200	23	28.40
201-500	22	27.16
Over 500	13	16.05
FQHC's Number of Generations of Employee^b		
Three	7	8.64
Four	27	33.33
Five	42	51.85
Other	5	6.17
FQHC's Region^c		
MW	27	33.33
NE	14	17.28
SE	26	32.10
SW	5	6.17
W	9	11.11
Respondent's Position Type^d		
CEO	46	57.50
CFO	1	1.25
CHRO	27	33.75
COO	6	7.50
Respondent's Position Tenure (in Years)		
1-3	27	33.33
4-8	21	25.93
9-15	16	19.75
Over 15	17	20.10
Respondent's Gender		
Female	54	66.67
Male	27	33.33
Respondent's Education Level		
High School	1	1.23
Associate	7	8.64
Bachelor	13	16.05
Master	46	56.80
Doctoral	14	17.28

^a FTE = Full-Time Equivalent clinical and non-clinical staff.

^b There are five cohorts: Traditionalists; Baby Boomers; Generation X; Generation Y; and Generation Z (Insert citation here).

^c Region classification was on the basis of National Geographic Society's five regions of the United States (Midwest; Northeast; Southeast; Southwest; and West).¹⁸

^d One respondent did not provide position information, thus total for this category is 80. Each sample frequency is expressed as % of the total participants ($n = 81$, except for Position Type), and sum of frequencies may not equal 100% because of rounding error.

Some respondents reported that older generations (Traditionalists and Baby Boomers) were sometimes not willing to share their wisdom and experiences to help others although younger generations were open to learning from older generations. Some respondents noted that younger generations were not willing to work as hard as older generations and had higher turnover rates than older generations. Some respondents also noted the challenges related to communication differences (including type of communication preferences, such as email vs. phone) among different generations.

In summary, emergent themes were sufficient for validating the study's proposition. Results from the thematic analyses adequately supported the proposition that generational diversity impacts employee engagement of federally qualified health centers (FQHCs) in the United States.

Discussion

This section presents five components. Specifically, these include discussions of results from data analyses, implications of study findings for healthcare policies and management practices, recommendations for healthcare practitioners, study limitations, and recommendations for future research.

Discussions of Results from Data Analyses

The extant empirical literature regarding a multigenerational workforce and employee engagement often focused on hospitals, health systems, or profession specific such as nursing. For example, Hisel conducted a study to explore work engagement of multigenerational registered nurses, and found the Traditionalist and Baby Boomer cohorts were the most engaged while Gen X and Millennial nurses exhibited the lowest level of engagement.¹⁹ As cohorts of older generations approaching retirement, organizations must identify engagement strategies to address the values and expectations of the younger generations.¹⁹ According to Stevanin et al., registered nurses of Baby Boomer generation experienced lower levels of burnout and higher level of work engagement than nurses of Generations X and Y.²⁰ Nursing leaders were challenged to develop strategies for approaching and supporting generational cohorts on the basis of their unique values and expectations.²⁰

Implications of Study Findings for Healthcare Policies and Management Practices

Several key implications emerged from the results of this national exploratory qualitative study. These implications may be relevant and informative to healthcare policy makers, federally qualified health center leaders, and healthcare administrators. Specific implications follow.

First, this study's results suggested that a multigenerational workforce enabled a learning organization that promoted knowledge management and knowledge transfer. Specifically, older generations may bring wisdom and experiences which younger generations have not yet developed, and then share with the younger generations. In one example, older generations may have dealt with certain workflow challenges and developed their own solutions (e.g., what to do when a physician is running behind) which they can share with younger generations. In another example, older generations may be more embedded in the community than younger generations and may be more familiar with certain strengths and challenges of community members. Older generations can share these experiences with younger generations to better serve the patient population. Younger generations may be able to share technology knowledge and expertise (e.g., how to use the electronic patient portal to communicate with patients) with older generations.

Additionally, some members of older generations reported that younger generations had more experience and openness to diversity. Younger generations may be able to share their openness and knowledge (e.g., addressing gender diversity by asking each patient their preferred pronouns) with the older generations to better serve patients. Suomaki et al. suggested collaborative team efforts and knowledge sharing as predictors of engagement across generation, and affirmed learning and development opportunities as the greatest influencer on employee engagement.²¹

Second, results from the current study indicated that a multigenerational workforce promoted informal leadership development through mentoring and coaching relationships and mentoring and coaching were critical components of building collaborative intergenerational teams. Leaders of United States FQHCs indicated mentoring and coaching as an option for leadership development, particularly for younger generations. This finding in the context of U.S. FQHCs filled an empirical gap, because the finding enhanced the findings of prior studies but no prior studies were in the context of U.S. FQHCs. Two prior findings were in the nursing context: mentoring was necessary to achieve knowledge transfer among generations; and mentoring was an opportunity to create a culture of increased team morale, mutual respect, shared experiences, and positive role models.²²⁻²³ One prior finding was in a health system: mentoring as a leadership development process was effective in developing future leaders.²⁴

Third, the current study's results indicated that a multigenerational workforce promoted better patient care delivery to a diverse patient base. This finding aligned with that of Clark who found that a multigenerational workforce provided numerous benefits as related to

patient care delivery.²⁵ Before medical technology was readily available, Traditionalists and Baby Boomers often relied on their professional experiences to recognize signs and symptoms of a patient's medical condition without using monitors or clinical equipment. As a result, providers in the Traditionalist and Baby Boomer generations could provide patient care without largely relying on technology. In contrast, Generations X and Y were technologically savvy and might offer assistance to older generations relative to technology in patient care. Acknowledging and understanding the advantages of generational differences might result in better patient care, better outcomes, and increased patient satisfaction, which might further lead to improved workforce experiences. Finally, the current study's results indicated that U.S. FQHCs' multigenerational workforce presented diverse views and expectations, particularly toward workload and work-life balance; and there were noticeable differences in values and expectations across generational cohorts. These findings aligned with those of Moore et al.²⁶ Specifically, Generation Y placed more value on work-life balance than its older generations, flexible schedules, and leisure, considering their personal life more important than work. Conversely, Baby Boomers placed a higher value on their job than their younger generations and considered their work and position as top priorities. Furthermore, Generation X placed high value on work-life balance and lacked loyalty, yet their careers held a place of high priority. Finally, Veterans placed a higher value on loyalty and flexibility to accommodate issues of declining health and a desire to continue working. These findings may suggest a natural tension among generations in a workforce.

However, it may provide a cross-generation learning opportunity. For example, Generation X could share reasons why they are more likely to "job hop" by sharing the growing evidence that their income is more likely to grow by changing jobs frequently, rather than staying with the same employer, and how income has become increasingly important given the growing costs of housing, food, and rising student debt. Additionally, Baby Boomers could share the benefits of their lived experiences in working for the same company and share the lessons they have learned throughout their careers.

In summary, multigenerational diversity presented several specific benefits: fostering a sense of learning culture, transferring knowledge and skills, and promoting more representative patient communities which FQHC employees served. Nevertheless, several challenges were still present regarding greater generational diversity: varied expectations, different communication styles, and perceptions of each generation in the workplace.

Recommendations for Healthcare Practitioners

Four recommendations for healthcare practitioners emerged from the findings of this national study. The recommendations include improving communication of a multigenerational healthcare workforce, realigning human resources (HR) policies and tailoring management training for healthcare workforce, developing formal and informal mentorship in healthcare workforce, and implementing generation-specific strategies for healthcare workforce recruitment and retention. A discussion of each recommendation follows.

Improving communication of a multigenerational healthcare workforce

Verbal and written communication among generational cohorts resulted in conflicts that affected workforce experiences of the U.S. FQHCs. However, miscommunication is not unique to a multigenerational healthcare workforce, but an ongoing challenge in the current healthcare workplaces. Therefore, several strategies such as strengthening conflict management skills, developing trust, and building multigenerational teams may benefit healthcare organizations with a multigenerational workforce, and those looking to cultivate a healthier work environment to enable better workforce experiences. Establishing a multigenerational affinity group may also help build bridges and strengthen communication among generational cohorts and create a greater sense of common community among employees of different generations, resulting in more joyful workforce experiences. Furthermore, these strategies may promote enhanced learning and collaboration among generational cohorts.

Realigning HR policies and tailoring management training for healthcare workforce

There is a need to establish HR policies that address the unique needs of each generation, and develop tailored, generation-specific management training programs for a multigenerational healthcare workforce. Realigning HR policies to address specific expectations of each generation may help improve employee engagement and individual employee performance, resulting in elevated workforce experiences. For example, developing HR policies that reflect flexible work hours and work-life balance, which are more important to Generations X and Y, may increase employee engagement in FQHCs. Management training specifically focused on the values, needs, expectations, and motivations of each generation is essential to ensure organizational managers and leaders will possess the critical skills required to lead a multigenerational workforce.

Developing formal and informal mentorship in healthcare workforce

It is important to establish formal and informal mentoring and leadership development for improving the experiences of a multigenerational healthcare workforce. There is also

an urgent need for learning and knowledge transfer among generational cohorts. Developing mentorships to increase collaboration and intergenerational learning may also help resolve some of the natural conflict occurring among generations. Healthcare employees of each generation bring to the workplace their unique strengths and challenges. Formal and informal mentorship opportunities create retention and career development for rising healthcare leaders.²⁷ Mentoring relationships between senior leaders and Generations X and Y provide a structured pathway for development and frequent feedback. Informal leadership development relationships between current senior leaders and future leaders enable discussion of ideas, action plans, challenges, and opportunities; and promote strengthened relationships, enhanced communication, and leadership development.²⁷

Implementing generation-specific strategies to recruit and retain healthcare workforce

Recruiting employees whose mission, vision, and values aligned with those of their organizations can help promote work with joy and improve the experiences of the healthcare workforce. Employee retention strategies of healthcare organizations need to be generation specific and appealing because employees in different generations have different views, actions, priorities, and levels of loyalty to their organizations. For example, retention strategies related to compensation, staffing, communication, transparency, leadership presence, and nursing leadership support were necessary to retain nurses.²⁸ Furthermore, considering the lifecycle of an employee may also help prevent employee turnover and improve employee engagement. One example will be to identify what attracted a new employee to the organization at the beginning of their employment: high salary, good healthcare benefits, generous vacation policies, etc. Another example will be to survey longstanding employees regarding why they have stayed at an organization. These efforts collectively may yield important insights to inform organizational policies: for instances, continuing or improving healthcare benefits if employees are attracted to such benefits; or changing mismatched management style or a lack of promotion opportunities if employees leave.

Study Limitations

This qualitative study was national in scope. Its data were cross-sectional, providing a snapshot description of the phenomenon under study. It applied a phenomenology framework. The study presented two major limitations. First, U.S. FQHCs' CEOs, CHROs, HR Directors, or other executives completed the self-developed survey instrument. The impact of generational diversity on employee engagement at U.S. FQHCs reflected the perceptions of these FQHC executive leaders. These perceptions might embed personal and professional biases of these leaders. Moreover, the perceptions of FQHC

executive leaders might not be representative of those of FQHC employees, because the perceptions of FQHC executive leaders could differ from those of FQHC employees.

Second, this study focused on federally qualified health centers (FQHCs) in the United States. The approximately 1,400 FQHCs in the United States had over 13,500 service delivery sites, serving 1 in 11 people across the country.³ However, the FQHCs only represented a small proportion of the United States' healthcare delivery system. Therefore, findings from this study may not be representative of other healthcare providers such as hospitals, medical practices, and nursing homes.

Recommendations for Future Research

First, future research regarding the perceived impact of generational diversity on employee engagement can collect data directly from employees of FQHCs, providing actual levels of engagement rather than perceptions of FQHC executive leadership. Surveying FQHC employees directly may yield more relevant and actionable insights into how to improve the experiences of a multigenerational workforce so FQHC employees will find joy in their work of providing quality care to patients.

Second, future research regarding the perceived impact of generational diversity on employee engagement may focus on safety net hospitals across the United States. Similar to FQHCs, safety net hospitals are often located in underserved communities, serve largely uninsured, underinsured, or Medicare populations that are also racial and ethnic minorities, and are struggling to provide quality patient care. Understanding how multigenerational employee engagement in safety net hospitals may improve their workforce experiences and lead to better quality of patient care.

Finally, future research may focus on how multigenerational workforce experiences affect patient experiences of FQHCs across the United States. The study may fill an empirical gap by providing insights into how the experiences of healthcare workforce intersect with the experiences of patients whom they serve and interact with in the entire continuum of human experiences.

Concluding Comments

The verbatim narratives of two study respondents seem to be fitting remarks to conclude this qualitative research report. The first verbatim was by Respondent Number 12 and stated: "I think generational diversity is important for us to be successful at work and it can add to our bottom line in distinct, tangible ways. It is also an opportunity to develop young employees into leaders. We serve a diverse demographic population and having diverse employees

support a significant part of our patient demographic base helps us to relate to all patients and is a significant advantage on us being successful.” The second verbatim was by Respondent Number 1 and stated: “We have had a positive impact across generations, employees can teach each other new ways of approaching things and more efficient ways of doing business.”

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Appendix

Table 3. Thematic Results for the First Open-Ended Survey Question^a

Major Categories	Associated Concepts	Representative Verbatim
Diversity/ Diverse	Important, Work Styles, Robust learning environment, Tangible results, Necessary, Strength, Respectful	<ul style="list-style-type: none"> - “Beneficial since the community served is so diverse” - “Generational diversity presents great learning opportunities” - “Diversity of staff enhances both quality of services and excitement and innovative spirit of work culture” - “Representation of all age groups to create a robust learning environment” - “Recognize the advantage of having a highly diverse staff”
Generational/ Generation(s)	Significant advantage, Attitudes of acceptance, Balance, Excitement, Innovation	<ul style="list-style-type: none"> - “Having all five generations brings a wealth of diversity in work styles, problem solving, etc.” - “Each generation has knowledge to offer and different perspectives” - “Important to have different generations because they all bring different ideas” - “All five generations it is a challenge to address differing expectations”
Different/ Differences	Perspectives, Expectations, Different ideas, Experiences, Understand	<ul style="list-style-type: none"> - “Each generation has great differences they bring to the workplace” - “Many different ideas and viewpoints” - “Diversity allows us to see things from different perspectives” - “More conflicts due to generational differences than any other difference”
Positive	Embrace, Enhance, Learning opportunities, Advantage, Healthy mix	<ul style="list-style-type: none"> - “Embrace it and recognize each generation has own uniqueness and strengths” - “Stronger, cohesive learning environment” - “Generational diversity is important for us to be successful” - “Generational diversity has made our organization more respectful of differing views”
Younger	Tech savvy, Development, Energy, Technology	<ul style="list-style-type: none"> - “Tech savvy staff help patients navigate technology” - “New-school thinking” - “Higher rates of turnover” - “Not willing to work as hard”
Age/Older	Experience, Mentoring, Institutional knowledge	<ul style="list-style-type: none"> - “Older generations learn from younger generations” - “Value of institutional knowledge and mentoring” - “Older generations more mission oriented” - “Older employees job satisfaction is internally derived”

^a The first open-ended survey question: “What are your views of generational diversity in your own Federally Qualified Health Center in the United States?”

Table 4. Thematic Results for the First Open-Ended Survey Question^a by FQHC Characteristics (FTE Size, Number of Generations, and Region) and Respondent Characteristics (Position Type, Position Tenure, Gender, and Education Level), 2020

FQHC and Respondent Characteristics^b	Major Themes and Concepts
FQHC's Size in FTE 1	
1-50	--Important, necessary, strength, balanced
51-100	--Important, challenging, exciting, robust
101-200	--Important, embrace it, understand, imperative
201-500	--Important, necessary, challenges
Over 500	--Important, makes us better, embrace
FQHC's Number of Generations of Employees	
Three	--Important, positive, energy, communication
Four	--Important, different ideas, embrace it, necessary
Five	--Important, challenge, embrace
Other	--Support, robust environment
FQHC's Region^c	
MW	--Important, robust environment, embrace
NE	--Important, different perspectives, excitement, innovative spirit
SE	--Important, necessary, great learning opportunities
SW	--Important, different ideas
W	--Important, challenging, exciting, unique and different strengths
Respondent's Position Type	
CEO	--Important, robust learning environment, absolutely necessary
CFO	--Lack of succession planning,
CHRO	--Important, different perspectives, embrace it
COO	--Different perspectives, learning opportunities
Respondent's Position Tenure (in Years)	
1-3	--Important, different ideas, strength, positive
4-8	--Important, challenges, imperative
9-15	--Important, strengths, exciting, respectful of differing views
Over 15	--Important, necessary, different perspectives
Respondent's Gender	
Female	--Important, embrace it, different perspectives
Male	--Important, robust learning, different perspectives
Respondent's Education Level	
High School	--Seasoned staff above and beyond, younger staff just do their job
Associate	--Important, embrace it, great differences
Bachelor	--Important, different viewpoints
Master	--Important, inclusive, necessary
Doctoral	--Important, necessary, challenging, embrace it

^aThe first open-ended survey question: "What are your views of generational diversity in your own Federally Qualified Health Center in the United States?"

^b Obtained from the self-developed survey instrument for this qualitative study.

^c MW=Midwest, NE=Northeast, SE=Southeast, SW=Southwest, and W=West.¹⁸

Table 5. Thematic Results for the Second Open-Ended Survey Question^a

Major Categories	Associated Concepts	Representative Verbatim
Diversity/Diverse	Important, Work ethic, Robust culture	<ul style="list-style-type: none"> - “Diversity creates a more robust culture” - “Negative impact” - “More creative teams, greater success, and better performance” - “I’m not sure it impacts engagement”
Generational/ Generation(s)	Positive impact, challenging	<ul style="list-style-type: none"> - “Across generations employees can teach each other new ways of doing things” - “Positive impact across generations” - “Challenging to manage expectations of multigenerational employees”
Different/Differences	Work ethic, Expectations	<ul style="list-style-type: none"> - “Different work ethic and value different things” - “Different generations have different work priorities” - “Expectations are different among age groups” - “Different generations don’t always understand each other”
Positive	Benefit, Maximize positives, Employee engagement	<ul style="list-style-type: none"> - “Benefit as it allows individuals to better interact, learn from, teach and mentor” - “Positive impact because it offers a wealth of perspective” - “Positive impact of generational diversity on employee engagement” - “I don’t think it is positive or negative”
Younger	Communication, Challenging, Innovative	<ul style="list-style-type: none"> - “Negative impact on communication because they rather text or email” - “Want to try new innovative ways to solve complex problems” - “More difficult to engage” - “Younger workers teach their coaches”
Age/Older	Mentoring, Institutional knowledge, Work ethic, Wisdom	<ul style="list-style-type: none"> - “Older employees mentor and create succession opportunities” - “Older staff function as in-house coaches and encourage engagement” - “Older generations have different work ethic than younger generation”

^aThe second open-ended survey question: “What is your perceived impact of generational diversity on employee engagement in your organization (FQHC)?”

Table 6. Thematic Results for the Second Open-Ended Survey Question^a by FQHC Characteristics (FTE Size, Number of Generations, and Region) and Respondent Characteristics (Position Type, Position Tenure, Gender, and Education Level), 2020

FQHC and Respondent Characteristics^b	Major Themes and Concepts
FQHC's Size in FTE ¹	
1-5	Positive impact, robust culture, challenging
51-100	Positive perspective, negative impact,
101-200	Positive impact, miscommunication, creative teams and better performance
201-500	Positive impact, both positive and negative
Over 500	Positive impact, negative impact, negative
FQHC's Number of Generations of Employees	
Three...	Positive impact, benefit, difficult, challenging
Four	Positive impact, negative impact, miscommunication, more creative teams
Five....	Positive impact, negative impact
Other	
FQHC's Region^c	
MW....	Positive impact, negative impact, overall positive
NE.....	Positive impact, culture of respect, negative impact
SE	Positive impact, negative impact, opportunity for understanding, strength
SW	Positive impact, both positive and negative
W	Positive impact, both positive and negative
Respondent's Position Type	
CEO	Positive impact, more engagement at manager level, challenging to manage multigenerational workforce
CEO....	Positive impact, engaged employees
CHRO	Positive impact, bonus to have different generations interacting, both positive and negative
COO	Positive impact, different generations working together in harmony
Respondent's Position Tenure (in Years)	
1-3.....	Positive impact, negative impact, does not impact engagement
4-8.....	Positive impact, both positive and negative
9-15.....	Positive impact, both positive and negative
Over 15	Positive impact, benefit, both positive and negative
Respondent's Gender	
Female	Positive impact, challenge to manage different expectations, values and expectations differ by generation
Male	Positive impact, both positive and negative
Respondent's Education Level	
High School.....	Positive impact
Associate	Positive impact, difficult because of different work ethics, challenging
Bachelor.....	Positive impact, different work ethics, negative impact
Master	Positive impact, negative impact, does not impact engagement, positive and negative
Doctoral	Positive impact, miscommunication causes negative

^a The second open-ended survey question: "What is your perceived impact of generational diversity on employee engagement in your organization (FQHC)?"

^b Obtained from the self-developed survey instrument for this qualitative study.

^c MW=Midwest, NE=Northeast, SE=Southeast, SW=Southwest, and W=West.¹⁸