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article

Views of Generation Z regarding care and care careers: a four-country study

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Globally, life expectancy is increasing, as is the need for effective care responses to chronic health conditions, global emergencies and health disparities. Alongside this is a shortage of skilled caregivers. This four-country qualitative study investigates the views of 'care' and 'care careers' of Generation Z (the next generation to join the workforce). Four cross-cultural themes emerged: conceptualising care; objects and subjects of care; recognising the challenges of care; and appreciating care work. Discussed in relation to Tronto's analysis of care, these themes illuminate Generation Z's commitment to care and highlight the need for organisational and political action to attract young people to care careers.

Key words Generation Z • care • care careers • cross-cultural

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Introduction

Global life expectancy is increasing, with people born in 2016 now expected to live, on average, until they are 72 years old (World Health Organisation (2020a). Alongside increasing longevity are a wide range of long-term and debilitating conditions that require competent responses from health and social care services. There is also recognition that countries need to be prepared to respond to global health emergencies, such as pandemics, and to health inequalities that impact negatively on mortality and morbidity. Effective responses, then, are required to meet a wide range of health and social care needs, and to contribute to meeting the United Nations' (2020) Sustainable Development Goals.

In addition to support from families and communities, people experiencing ill-health or disability require input from knowledgeable, skilled and ethical caregivers, such as nurses, social workers and physiotherapists. There is currently a gap between the availability of caregivers and the needs of people for health and social care. It is estimated that 80 million health workers are required to meet the needs of the global population and that there will be a shortfall of 18 million caregivers by 2030 (Schartz, 2020).

Regarding the meaning of 'care', 'caring' and 'caregiving', as readers of this journal are aware, the literature is legion and ever expanding. For the purposes of this article, we favour a definition by Tronto and Fisher (1991: 61):

> On the most general level, we suggest that caring be viewed as a species activity that includes everything we do to maintain, continue and repair 'our world' so that we can live in it as well as possible. That world includes our bodies, our selves and our environment, all of which we seek to interweave in a complex, life-sustaining web.

The increasing need for care provides many interesting and worthwhile opportunities for people of all ages, both as formal caregivers and as informal caregivers in families and as volunteers. Engaging young people – particularly those in Generation Z (born between 1995 and 2015) – in conversations about care is crucial, as they are the care workforce of the future. Little is known of their views about care and care careers. This international project responds to this gap in knowledge by gathering qualitative focus group data regarding Generation Z's views of care and care careers. Researchers replicated a study in England to gain cross-cultural insights regarding views of this generation in four countries: England, Ireland, Japan and Russia.

Background

Increased demand for health and social care and the decline in birth rates contribute to predictions of a future care crisis. A recent report from the (World Health Organisation (2020b) reported a shortage of 6 million nurses globally. The World Economic Forum (2020) states that due to population ageing, 'the demand for caregivers for older adults is going to skyrocket'. The demand for care and the shortfall in the caregiving workforce is a global phenomenon.

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In the UK, life expectancy is now 79.4 years for men and 83.1 years for women (Office for National Statistics, 2020). There is a shortage of over 100,000 healthcare staff, with predictions that, by 2030, there will be a shortfall of 250,000 staff (The Health Foundation, 2018). The National Health Service (NHS) is the largest employer in England, with over 1.1 million (full-time equivalent) staff. In England alone, it is estimated that there are 1.49 million staff working in adult social care (Skills for Care, 2019). However, there are significant challenges with the recruitment and retention of staff. An estimate is that 7.8 per cent of adult social care roles are vacant and there are 122,000 vacancies overall (Skills for Care, 2019).

In Ireland, the trend is similar, with the average lifespan of men increasing to 85.6 years of age and that of women to 88.3 years by 2051 (Central Statistics Office, 2020). The population is predicted to grow at every age group, and services will need to expand in response. However, increases in life expectancy will not apply equally to all social groups in society unless existing health inequalities are eliminated (HSE, 2020). The Irish Nurses and Midwives Organisation (INMO, 2019) reports that the scale of Ireland's nursing shortage is now so apparent that it has become a threat to the delivery of safe and effective care.

In Japan, there is also evidence of increasing requirements for care due to the longevity of the population (average life expectancy is 83 years), alongside a steep decline in fertility (WDA Expert Symposium, 2012). Japan needs 2.5 million staff for long-term care, along with 2 million nurses, by 2025. Those demands exceed the predicted supply capacity (Ministry of Economy, Trade and Industry 2018; Ministry of Health, Labour and Welfare, 2018), with a shortfall expected of 340,000 staff for long-term care, along with 270,000 nurses in healthcare (Ministry of Health, Labour and Welfare, 2018; 2019).

There are similar trends in Russia, with a shortage of nurses and the ageing of the care workforce. The total number of nurses decreased by 1.3 per cent and the number of nurses per 10,000 population decreased by 1.6 per cent in the period from 2014 to 2018. The decline in birth rate will escalate the shortage of caregiving staff (Federal State Statistic Service, 2020; Kasimovskaya and Ivleva, 2020; National Projects 'Health' and 'Demography', 2020).

Reports relating to the workforce in health and social care, then, highlight the gap between care staff needed and those available, and predict that the gap will worsen in the years ahead. Workforce shortages in health and social care are a global phenomenon that requires cross-cultural understanding and solutions. As demonstrated, one of the reasons for the increasing need for health and social care services is that people are living longer, presenting care career opportunities for individuals and communities. This is particularly the case with the upcoming workforce, young people labelled 'Generation Z'. The COVID-19 pandemic has brought into sharp relief the need for more caregivers to respond to global health needs (International Labour Organisation, 2020).

'Generation Z' refers to people born between approximately 1995 and 2015. This generation is described as both ambitious and socially responsible. As these young people have grown up in periods of financial and economic turmoil, financial security may be higher on their agenda than those of previous generations. Economic factors that have influenced Generation Z are the growing income gap and the shrinking middle class. The recession of 2008 may have increased stress levels at home (Turner,

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2015). Through media, individuals of Generation Z have been exposed from an early age to information on finances and the volatile economy, the War on Terror, shootings, sexual assault, and social justice movements (Turner, 2015; Seemiller and Grace, 2017; Beck and Wright, 2019; Coggins et al, 2019). They are also living through the unprecedented COVID-19 pandemic and will be acutely aware of global interdependence and the risks of becoming victims and vectors of a potentially lethal virus.

Generation Z is sometimes referred to as the 'iGen', as this is the first generation for whom digital technology has been available since birth, making its members the first true 'digital natives' (Beck and Wright, 2019). Members of Generation Z value education and hard work (Turner, 2015; Schwieger and Ladwig, 2018), and have become self-educators' through the Internet, making their approach to education more self-directed (Coggins et al, 2019). Overall, it is suggested that their characteristics include being: independent, ambitious, realistic, competitive, entrepreneurial, individualistic, driven and resilient. They often prefer to learn and work on their own, for instance, online, so that they can focus and set their own pace (Roseberry-McKibbin, 2017; Seemiller and Grace, 2017; Schwieger and Ladwig, 2018). Many wish to become self-employed and work for themselves (Seemiller and Grace, 2017).

Literature suggests that with regard to the values of Generation Z, helping people appears to be most important, followed by having an interesting, exciting and engaging job, job security, acquiring benefits, and working with agreeable and friendly co-workers. The authority to direct the work of others seems to be least important, followed by prestige, receiving recognition for a job well done, influencing organisational outcomes and challenging one's own abilities (Hampton and Welsh, 2019). Members of Generation Z who aspire to work in care may be engaged through discussions of inclusiveness, tolerance and meaningful work. They may be attracted to institutions that partner with communities, advocate for social justice and incorporate global health (Eckleberry-Hunt et al, 2018). Furthermore, Generation Z medical professionals will want to work for healthcare organisations that stand up for health and, as such, offer a healthy work environment, with, for instance, wellness programmes and fitness facilities (Eckleberry-Hunt et al, 2018).

The initial literature review suggests some general features of Generation Z. It also suggests that the values and aspirations of Generation Z are a good fit for care careers. Despite evidence of young people's participation in care-related family and voluntary activities, there is no clear understanding as to how these young people perceive care, care roles or careers in care. There is also a lack of understanding regarding how Generation Z view the range, challenges and impact of these roles, most particularly across cultures. Our study aimed to remedy this gap in the literature.

Project design

An initial study was conducted in England, which ascertained the feasibility of conducting focus groups with young people within one school regarding their views of care and care careers. Members of Generation Z, in their early teenage years, make choices regarding school subjects for future study, and this will shape their career choices. The England study, funded by the Burdett Trust for Nursing, explored their views of care and care careers. The study was extended to include researchers from Ireland, Japan and Russia.

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Project aim and objectives

The aim of this study was to invite, understand and analyse the views of 13- to 14-year-olds in English, Irish, Japanese and Russian schools. Project participants are members of Generation Z. Our project *aim* was to gain the perspectives of Generation Z on care and care careers. *Objectives* were to: ascertain participants' views of 'care' and 'care careers'; compare young people's understanding of care across cultures regarding what they care about; and ascertain the motivators and barriers to care careers in England, Ireland, Japan and Russia.

Research design

This was a qualitative study, with focus groups conducted with young people in schools in England, Ireland, Japan and Russia. Participants were invited to bring artefacts, for example, a photograph, which symbolised care to the focus group (Harper, 2002: 24). Photographs provide the opportunity for research participants to talk about parts of their everyday life and the thoughts and feelings evoked by them. The method may also promote collaboration, empowerment and mutual trust between researchers and participants (Rose, 2014). As a practice based in the production of knowledge, the use of photos, known as 'photovoice', has three main goals: (1) to enable people to record and reflect their community's strengths and concerns: (2) to promote critical dialogue and knowledge about important issues through large and small group discussion of photographs; and (3) to reach policymakers (Wang and Burris, 1997).

We invited participants to bring to the focus groups photos and other artefacts that represented care to them, and this stimulated discussion around the questions on the semi-structured focus group schedule. The focus group schedule was comprised of 13 questions, including: 'What does "care" means to you?'; 'What do you understand by the term "care career"?'; and 'What do you see as the opportunities/positive aspects and challenges/negative aspects of a care career?'

Recruitment

Mixed-sex schools were purposively sampled in England, Ireland, Japan and Russia, and accessed through research teams' educational contacts. We aimed to have up to four schools, with four focus groups in each per country, with each focus group containing between six and eight 13- to 14-year-olds. Recruitment continued until three to four schools agreed to participate and had recruited sufficient numbers of students to focus groups (for details of schools and participants, see Table 1).

Procedure

A project advisory group in England consisted of teachers and students across three different year groups within one secondary school that took part in an initial pilot study. This advisory group developed the engagement and data-collection materials, generated the brand for the project, co-created the participant information sheet and consent form for young people, and presented preliminary results from the pilot study at a university conference.

Once the study and all the supporting materials had been reviewed and granted approval/a favourable ethical opinion by a local research ethics committee in each

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Table 1: Schools and project participants

Countries	Schools	Focus groups	Generation Z participants
Russia	4 (2 urban and 2 rural area)	16 single-sex focus groups	118 (59 boys and 59 girls)
Ireland	4 (2 urban and 2 rural)	16 single-sex focus groups	118 (52 boys and 66 girls)
Japan	3 (all urban)	2 single-sex focus groups and 1 mixed-sex group	21 (10 boys and 11 girls)
England	4 (2 urban and 2 rural)	13 single sex focus groups	86 (32 boys and 54 girls)
Total	15 schools	48 focus groups	343 (153 boys and 190 girls)

of the four countries (see later), the approval of head teachers was sought. With head teacher agreement, an advert for the project was presented to students in participating schools.

Ethical considerations

The project proposal was submitted for ethical review to research ethics committees in each of the four countries, and approval/a favourable ethical opinion was obtained before the project commenced. The following ethical considerations were attended to. First, a participant information sheet (PIS) for young people was prepared in collaboration with members of the project advisory group. An information sheet for parents/guardians was also prepared. The information sheets were distributed to interested students and to parents by school staff. Second, consent forms were prepared in collaboration with school staff for interested students and their parent/guardians. It was made clear on the PISs for students and parents that participation was voluntary and that there would be no negative consequences from non-participation. Third, the project teams have experience of working with young people and were mindful of the possibility of an emotional reaction in focus groups. Should a young person become sad or distressed, one of two researchers facilitating the focus group would have been able to provide immediate support, withdraw the participant from the focus group (if this was desired) and refer the young person to the school pastoral manager if appropriate. Fourth, the researchers wrote a short protocol following a discussion with the project advisory group to ensure that no identifiable photos or artefacts were contributed to the project. The issue of confidentiality and exceptions to this were made clear on the PIS.

Focus groups

Up to four focus groups took place within each participating school during 2018–20. Each group included between six and eight 13- to 14-year-olds. Photos and other artefacts brought in by participating students were used to stimulate and shape discussion in the focus groups around the questions on the semi-structured focus group schedule.

One participant, for example, showed her pendent, which had been given to her as a present and was cherished as a sign of caring/affection for her. Most commonly,

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participants brought in drawings and photos of their pets, and went on to describe how they cared about them. One participant played a song on her phone that signified everyone coming together for the common purpose of helping others.

The semi-structured nature of the focus groups allowed each young person to freely describe their views and experiences, providing rich data for analysis. Focus groups were digitally recorded and transcribed verbatim.

Analysis

Data analysis for this qualitative comparative study comprised two phases.

Phase 1: thematic analysis (within each country)

Initially, transcripts from each country were analysed inductively, separately and in their own language by two members of the research team who collected the data. Using thematic analysis (Braun and Clarke, 2006), analysing inductively enabled the idiographic views of each country to be understood and the unique views of each culture to be explored in depth.

Familiarisation with transcripts was followed by systematic line-by-line coding. Participants' perspectives on the photographs and other artefacts they contributed to the focus group discussions were also coded. Codes were reviewed and refined through constant comparison, then amalgamated, or sometimes expanded, to form themes. The data for each theme were collated and reviewed by a third analyst to ensure the viability of individual themes, that they were clear and distinct from each other, and that they were underpinned by a unifying concept. Final themes representing that county's data as a whole, including their rich descriptions and supporting quotes, were then translated into English for the second phase of analysis.

Phase 2: framework synthesis (across countries)

Phase 2 was a 'synthesis' of findings rather than a primary analysis, as this phase used the translated findings and interpretations of each country's research team as data for synthesis. Framework synthesis, developed from framework analysis (Ritchie and Spencer, 1994), is a highly structured method of synthesis that uses a predefined framework to extract and synthesise findings (Barnett-Page and Thomas, 2009). The advantages of a framework approach to synthesis are its systematic and comprehensive application of an analytic framework to a large quantity of qualitative data, and its transparency of coding, both essential qualities in a study involving research teams in different countries. Final themes were developed with researchers from each country and represent data as a whole.

Findings

Thematic analysis resulted in the construction of four themes encompassing Generation Z's views of care and care careers: conceptualising care; objects and subjects of care; recognising the challenges of care; and appreciating care work. These were underpinned by descriptive sub-themes (see Table 2). The following sections

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Table 2: Themes and sub-themes

Themes	Sub-theme 1	Sub-theme 2	Sub-theme 3
1. Conceptualising care	Necessitating action	Presence in relationships	Operationalising values
2. Objects and subjects of care	Care of family, friends and other humans	Self-care	Care of non-human objects
3. Recognising the challenges of care	Disincentivising care work	Experiencing stress	Managing responsibility
4. Appreciating care work	Appropriate rewards	The diversity of care work	Making a difference

provide more detail of the themes and sub-themes with illustrative quotations from Generation Z participants in four countries (England, Ireland, Japan and Russia).

Theme 1: conceptualising care

This first theme captures rich data relating to participants' view of the meaning of care. There was agreement across cultures that 'action', 'presence' and the role of values underpin care.

Sub-theme 1: necessitating action

Participants in each of the four countries described active efforts to fulfil the needs of others, as demonstrated by terms such as 'looking after', 'helping', 'giving moral support', 'providing comfortable conditions' and 'minding', with many examples, ranging from taking care of younger siblings to helping or being helped by parents and grandparents in times of need. An English participant said that care is:

> When you look after people, make sure they're alright and make sure they're feeling well and they're happy.

One of the Japanese participants referred to the reciprocal benefits of care:

> It's good that both people can feel happy because the person who receives care feels glad and the person who does the caring can see that person smile and can receive some words of appreciation.

A Russian Generation Z participant said that "caring" was

> providing comfortable conditions, for example, covering with a blanket, helping to put on slippers, cleaning the room. This is a constant participation in a person's life, support in moral and physical terms, this is a kind of closeness and a manifestation of love.

Eldercare was a strong theme, with participants sharing experiences of helping and caring for their grandparents. This was, overall, a positive experience for them, and they described how it gave them a good feeling and they were happy to help.

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Sub-theme 2: presence in relationships

This sub-theme centred around a state of being and of presence in a relationship, for example, 'being there', 'being available', 'being your best', and also included notions of listening and giving of self:

> 'Being there, always being there to talk to someone if someone needs you.' (Irish participant)

> '[Care] is seeking and providing peace of mind, I think. The reason why I mention seeking and providing together is that although care might be something you can do alone, I think it is something that grows deeper when people are connected to one another.' (Japanese participant)

Some young people made it clear that looking after people required a caring relationship, where people check that the other person is well and happy: A Russian participant referred to care in more philosophical terms: "Caring is a manifestation of humanity and a desire to help others, an opportunity to make someone better. Preserving humanity will make it possible not to become robots."

Sub-theme 3: operationalising values

Values underpinning care emerged as a strong theme in the findings. Altruism was expressed in terms of ensuring the happiness of others, not looking for a reward or requiring payment. Caregiving operationalises values such as love, responsibility, trust and empathy. There was an emphasis on social and emotional inclusion, for example: "Making sure that everyone is involved, and that people don't kind of fall out of the community, like that there are people to look after them and they won't feel alone" (Irish participant). Love, compassion and kindness were referred to as important values underpinning care:

> 'I'm guessing this question isn't generally about caring as in caring for people, as in they need help, but caring as in loving, as in you love that person, you have relationships with people.' (English participant)

> 'Caring is a way of expressing selfless kindness, a manifestation of humanity and compassion; this is the value of caring.' (Russian participant)

Generation Z participants from four countries perceived 'care' in myriad ways, such as in the demonstration of helping behaviours, in being present and as associated with a range of other values, such as love, empathy, kindness, patience and inclusion.

Theme 2: objects and subjects of care

There was consensus among participants in all four countries that the objects and subjects of care were many and various. There was much data foregrounding the

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importance of caring for (and by) family and friends. Participants also demonstrated awareness of their privilege (in living in relatively affluent cultures) and of the need for care for strangers and for other species and the environment.

Sub-theme 1: care of family, friends and other humans

Focus group participants demonstrated that they are not just committed to care for family and friends in principle/theory, but also have experience of care. An English participant, for example, said: "Normally, every summer, I go down to my Nan's [grandmother's] in London for a week, and because she's disabled, I have to kind of care for her quite a lot while I'm there. I have to do shopping for her, have to go out and do things for her." Participants demonstrated awareness of some of the ethical challenges that can arise in balancing care of family and friends with care of others. Participants shared a rationale for a commitment to the care of strangers in not wanting 'bad things' to happen to them. Parents can also be role models:

> 'For example, my mother always approaches an unknown person and checks how he is, when someone is lying on the street or on a bench. People just walk by. Once, my mother saved a man by calling an ambulance: he was lying near the road unconscious, but it turned out that he was in shock due to a fractured femur. I will also help people and I hope that someone unfamiliar will help me or my loved ones, for example, when fainting on the subway.' (Russian participant)

Regarding psychological care from friends, students described experiences of healing and peace of mind through listening to others or being heard. There was also acknowledgement that care can manifest in different ways for different humans. A Japanese participant said:

> 'When it comes to greetings, you know, we also greet the elderly living in this community, and that's also good for their mental health. Like, is that person feeling well at the moment? Lately, many older people have died alone in their homes and things like that, right? So, by engaging them with a cheerful greeting regularly in that way, you know, you can check up on them, and things like that are helpful for them, I think.'

Several groups spoke of role-modelling caring behaviour to set an example for peers likely to take the path towards antisocial behaviour. Others spoke of the importance of not judging bad behaviour without considering the possibility that the person might come from a troubled background.

Sub-theme 2: self-care

Self-care was a significant sub-theme in all data sets. Participants felt that to care for and love oneself was an important part of caring. An Irish participant said: "Make sure you're ok and have good health and well-being. You're not

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worrying just about everyone else, but you're worried about yourself as well." On the physical side, Japanese participants described their experiences of self-care, including treatment of injuries and massaging themselves after exercise. A Russian participant referred to the role of parents in contributing to self-care, for example, in providing clothes.

English participants highlighted the importance of self-care and also referred to the double-edged role of social media:

> 'Some things on social media can be very bad, and there's always cyberbullying and stuff, but I think that that is a big part of social media, but I think social media has, in my opinion, overall, it's more caring than uncaring because it's, I think most people on social media generally try to be kind and supportive, even though there's some that aren't, I think the majority are, which means I think it generally gives more care.'

> 'Caring for yourself is very important because like lack of self-care for yourself can lead to, like, mental illness and, like, worries in yourself, so you've got to put yourself sometimes before other people.'

Irish participants were conscious of the harm of social media in bringing "a lot of people down" and people having more confidence to say things over text when "there's no face" and this can have "a serious impact". Participants also highlighted the advantages of enabling connection with others. An English participant also shared the potential of social media to draw attention to the care of non-human objects, such as the environment. Japanese participants discussed the value of social media in relaying information but did not refer to the negative aspects.

Sub-theme 3: care of non-human objects

Animals, pets and the environment featured highly in participants' views of care. An Irish participant said: "They're [pets are] part of the family really. If anything happened to them, like, they're treated like brothers and sisters or somebody." Japanese participants shared the value of caring for a pet, for example, a pet parrot, which "also cares for me emotionally", and of music, art and the environment:

> 'Forms of art such as music and painting have a healing effect on people, then they can be a common source of care throughout the world.' (Japanese participant)

> 'Maybe not just even people, but also animals, caring for animals and the environment, and things that … like trees, they have a life too.' (English participant)

Generation Z participants in all four countries spoke of wanting an inclusive global society, and the environment was a prominent concern, with participants describing their responsibility for the future. On the whole, participants felt that all people were connected in the need to protect the environment. They felt that older generations

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were not as committed to environmental issues as younger generations. An Irish participant said:

> 'The funny thing is about that was that is, actually, the completely wrong thing because this generation [Z] cares a lot more about the planet than the last one did because more people in the last generation would be completely ignorant and oblivious that they were the ones who were destroying the planet.'

An English participant shared a willingness to act: "I also care about things like the environment, especially as we're going, like, seeing on the news everywhere about plastic pollution and all the effect, and trying to, like, find ways to help towards that, like, things like recycling, because I think it is important also." Russian participants spoke of concern for nature and the planet (endangered animals, ecology and so on), and of hopes for international collaboration to respond to global challenges:

> 'If we talk of global communities, care is the support and caring of one state for another state, the development of the economy, humanitarian and medical assistance. This is humanitarian assistance to other countries where there are military operations. But helping war to develop is not what we call "care".'

> 'Maybe people will be able to rally, unite efforts to overcome difficulties such as natural disasters, environmental problems, endangered species of animals.'

Japanese, Irish and English participants also demonstrated a high level of understanding regarding global and environmental issues, equating care with disaster relief activities, assistance for developing countries and Red Cross activities. Some saw efforts to prevent global warming as a form of care for islands in the Pacific Ocean threatened by rising sea levels. In addition, participants regarded activities to raise funds for these causes as a form of care, and one saw taxation used to fund the construction of care facilities as care. Another referred to initiatives such as paying for plastic carrier bags as caring for the environment.

Theme 3: recognising the challenges of care

Focus group discussions regarding what might dissuade students from choosing a career in care introduced a range of concerns relating to insufficient reward, stress and the potentially burdensome responsibility of a care career.

Sub-theme 1: disincentivising care work

Regarding the question about the challenges of care work, low wages were viewed as one of the main barriers to care work. According to participants, even though care is a career that brings individual satisfaction, this is not enough if salaries are low. The possibility of earning low wages has an impact on care workers and their families, posing challenges that impact young people's decision to decide on a care career. Although

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money was not the main issue for some people, most participants agreed that they wanted to be able to support themselves and their families. An English participant said:

> 'I mean, with salaries, they won't necessarily be that high in a care career. You might be more interested in other careers, which I guess is a negative aspect. Sure, you get to help people and that might bring you satisfaction, but at the end of the day, you need to make enough money to live.'

'Low salary' was a deterrent for Russian, Irish and English participants. However, this was not referred to by Japanese students. This was largely thought to be offset by the job satisfaction that would arise from caring; however, there was general agreement that a liveable wage was required to manage mortgages, childcare and general expenses. An Irish participant said: "You need more pay cos, like, the amount of time that nurses … like, how hard nurses work, they don't get paid for how hard they work." A disincentive to care work that arose in data sets, with the view that this needs to change, related to the role of gender in care, for example:

> 'People also think it's women's job to do it. And it's not just a girl's job to care for someone. And I suppose that is very, because of patriarchal society, years and years ago, but people still think care stands for women, and they are very different words, and they do not go together. I mean, they can, but they don't in general.' (English participant)

In Japan, for example, there were comments that focused on gender, such as "jobs that women do", and comments which suggested that abundant life experience is conducive. A Japanese participant said: "I have a strong image that people around the age of being a housewife and so on do this, and a strong image that women do this more than men." It is likely that this comment was influenced by the social background in Japan, where, historically, women have tended to work in the home, as well as the fact that a large number of women are working in the nursing and care industries because of the ageing of Japanese society and the social advancement of women. Participants spoke about how care careers were often seen as woman's work and that that would be a disincentive to careers such as nursing:

> 'You don't think of a man. If you said, "One of my parents is a nurse", you automatically think the mom is the nurse, or if you were to give job options and it had nurse/doctor, like, if you were a male, you'd be likely to pick the doctor cos it's, like, more … its thought to be … a manly thing?' (Irish participant)

A Russian participant said:

> 'In Russia, the field of care is mainly women's professions. Nurses, babysitters, teachers, social workers and other service providers are mostly women. Perhaps this is due to the fact that every woman is a mother, potentially or in the present. Women are kinder, more empathetic, less squeamish and more merciful than men, I think.'

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Sub-theme 2: experiencing stress

All Generation Z participants recognised the intrinsic value of care; however, they also referred to the problem of stress and other similar reactions experienced by care providers, explaining that increased stress can lead to problems such as overwork and even abuse of care recipients. Japanese participants said:

> 'I don't really want to get a qualification or anything. I imagine that a job related to care would be really hard work, there's a lot of stress and it's stressful. On TV recently, I heard that those people are overworked and that care-related jobs have a lot of overtime, so I thought I wouldn't really want to do that.'

Work atmosphere and conditions were discussed. These related to the comfort of both the patient and the staff. Irish participants referred to news of large numbers of people on trollies in emergency departments, for example:

> 'If you are walking back down the corridor and you see lots of people just against the wall, some of them looking pale or sick, and you would want them to be in a bed and so they feel like they are actually getting better, not just sitting there waiting for them to get better.'

This was true in the English data too:

> 'I know, like, my aunty, she had to work on, she has to work like Christmas Eve or sometimes even on Christmas Day, she has to go in sometimes, and that can be quite hard because you, even though you see these people every day, you also want to spend time with your family.'

Russian participants referred to a "lack of time and energy for one's life" and "choice between work and family":

> 'If you want to build a career in the field of caring, you will have to make a choice between family and work. These professions involve you 24/7. You give all of yourself to work – both physically and emotionally – you don't have enough strength for your loved ones and family cares.'

Sub-theme 2: managing responsibility

The possibility of harming a care recipient was a sub-theme, as was the difficulty of having to break bad news to family. Participants viewed this as off-putting:

> 'I think something that might put me off is if, you know, like, if you're a doctor or even a social worker, someone is extremely depressed and on the verge of committing suicide or, like, you're doing surgery and trying to save someone, something that would put me off is, like, if they still do it and you've done your very best. That would put me off as "Did I not

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> do my job right?" or "Did I not do it good enough? Is it my fault?"' (Irish participant)

English participants both shared concern regarding stressful situations in care and also referred to the potential burden of responsibility:

> 'Their [care recipients'] moods always change, and they're in one of the moods where they're quite aggressive but you don't know that, so you go over and knock on the door, and they come out really aggressive towards you, and you could get injured from that, but then it could also affect you like mentally and stuff.'

> 'I guess knowing that people are suffering, you don't, or you can't, do anything about it, or you could do something about it but you didn't perform it correctly, so it's like living with the conscience of not being able to do anything for other people.'

Theme 4: appreciating care work

The final theme relates to Generation Z participants' appreciation of care work and their views of the scope of this work. There were many data referring to tangible appropriate rewards, to the diversity of care work and to the significance of making a difference in a future career.

Sub-theme 1: appropriate rewards

Participants noted that money is a factor to consider when people choose a career. Better salaries, status and professional prestige would, for example, make a care career more appealing. English participants shared their perspectives of the role of pay/salary in future career choices, though also stating that this should not be the main consideration, as you can be "proud of yourself" and happy to help people:

> 'If you don't know what you want to do and you're looking into jobs and there's a job with quite high pay, you're probably going to want to do it because it's money.'

> 'Some people judge people on their status or how much they're earning. I think it's definitely not a good thing, but some people might be worried about "Oh, I don't care about what people might think differently of me" or "If I have a certain job, people will think this about me." I think status is very, it shouldn't define who you are or what you're earning. Never mind who you are, there's a lot more to a person than just what they're earning.'

According to Russian participants, appropriate rewards that could incentivise Generation Z to develop careers in care could also include "the opportunity to improve someone's quality of life", "the opportunity to learn professional care for loved ones", to hear "interesting stories and experiences" and to have "the prestige of a professional". This is further supported by positive representations of "famous doctor[s]" in film, books and images. An Irish participant said: "I think it can be

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rewarding as well because if you've saved a patient, you've made them better, it's a real, kind of like, it's a good part of your job." A Japanese participant referred to care jobs as "jobs that make people happy", and a Russian participant shared the following view:

> 'Care work gives you the opportunity to improve the quality of life of your patients, ease their suffering or even save their lives; you can improve your skills and learn how to take care of your loved ones professionally. Such professions are respected in society, they are prestigious, and it's good if you get a decent salary for your work.'

Sub-theme 2: the diversity of care work

Participants in all four countries identified a wide range of activities that, in their view, qualified as care work. Russian participants, for example, listed nurses, doctors, social workers, caretakers, teachers, volunteers, nannies, rescue services, veterinarians, psychologists, law enforcement agencies and "any profession which has a caring side". This, they thought, also included waiters, cleaners, hairdressers and trainers.

Japanese participants shared similar views regarding the scope of care and included, for example, kindergarten teachers. They saw care providers as "kind-hearted and honest", and this also involved self-sacrifice: "I think that people who do care jobs have a willingness to put other people first and to think about others even if there is self-sacrifice involved." Irish students identified nurses, doctors and care workers as examples of care providers, and some participants identified non-medical professionals such as teachers, lawyers and counsellors. In addition, some students identified professions for which care-related qualifications are not necessary, such as sports trainers and piano teachers. However, students spoke about how inner qualities (virtues), such as kindness and compassion, are essential for care providers. English participants also shared a broad understanding of care work, which also included, for example, police, social workers, managers, the army and builders: "I guess every job has an element of care in it because even a builder is caring because he might be building something for someone who needs it, so, like, I guess, you're always caring and just not realising it."

Overall, participants did not differentiate between care work and care careers. Some suggested voluntary care as being work and paid care as a career, while others associated university education with a career, but many cited the same answers for both questions. Generation Z's broad understanding shows that they have differing views as to what can be considered care work and what cannot be considered a care career. Boundaries between care work and other kinds of work are not always clear.

Participants had a strong sense of the ethical underpinning of care and the need to consider people's motivations for working in care, especially in terms of remuneration. For some participants, if you help people and your motivation is to make a profit, this cannot be considered care work. Other participants pointed out that if your acts are wrong, even if your aim is to help people, it cannot be considered care. In Ireland, participants spoke in highly negative terms about charities that mismanaged funds or paid their executives too highly, resulting in funds not reaching their intended recipients: "I think it could be even worse for volunteers, they put all the work in and they try to raise all this money and then they just find out that it's not actually going [to the intended project]."

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Sub-theme 3: making a difference

There was agreement across countries that care is overwhelmingly a positive concept. This was directly expressed in terms of feelings associated with both giving and receiving care. However, the idea of giving care elicited a much greater response than receiving it. Giving care was a source of happiness and good feelings, self-fulfilment, satisfaction, and a sense of achievement.

As articulated by one English participant: "care is about anything that has value for us"; therefore, the scope of care is broad and deep. For many participants, care is its own reward. An Irish participant said: "Oh, it's the nicest feeling, even if it's only keeping them company, making them laugh, it's nice like. It's very rewarding." Irish participants also spoke about reciprocity in a care career and the role of trust:

> 'When you're giving a care career, you know when to take care of yourself probably, and then you will be able to teach other people to take care of you when you are in the same situation as the people you are caring for.'

> 'It must be really nice as well, as a lot of people trust you, a lot of people put their trust in you to take care of them, and that must feel really nice as well.'

A Japanese participant said: "I think we can feel a sense of accomplishment or joy when we help someone to feel better." Generation Z participants in all countries perceived care not as a one-directional process of giving and receiving, but rather as having positive effects in a reciprocal sense, and they regarded the joy obtained through caring as one of the essential elements of care. Russian participants referred to "the joy of doing a good deed", of "overcoming the loneliness of patients" and of seeing "someone's improvement in life". They also referred to the "opportunity to work abroad":

> 'A positive aspect of such professions is the feeling that someone needs you, that you are proud of yourself, that you are doing a good job and that you receive gratitude from the patient. Career development here can be the opportunity to work abroad, where I think the prestige of these professions and salary are higher.'

Discussion

Generation Z participants' responses demonstrated a strong appreciation of, and insight regarding, the value and implications of care. The literature on care and caregiving is legion. There is much in the data, for example, that resonates with Joan Tronto's (1993) elements of care (caring about, taking care of, caregiving and care receiving). There was no doubt that Generation Z participants *care about* a wide range of human and non-human issues, for example, families, friends, communities, other species and the environment. There was reference to *taking care of* with regard to donations to charities, and an awareness that participants are taken care of by parents, guardians and others. Many participants had direct experience of *caregiving* with regard to family members (particularly for grandparents and siblings) and also, in some instances, of

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voluntary work in their communities. There was also an acknowledgement of the role of gratitude and appreciation that comes from *care receiving*.

The ethical elements of care, as described by Tronto (1993), were also much in evidence, as Generation Z participants alluded to attentiveness (becoming aware of the needs of others), responsibility (which comes with caring about other humans, other species and the environment), competence (relating to the knowledge and skill required for a diverse range of care work) and responsiveness (participants' experience and expectations regarding the responses of themselves and others as care recipients). Participants understood that caregiving strengthens relational bonds. They spoke about making a difference and the importance of giving back to the family and community.

The outcomes of care and of caring were appreciated as good for both individuals and the community, and the negative feelings associated with the concept were to do with poor outcomes, such as being unable to prevent a death or making a mistake. This was mitigated by the idea of having done one's best in the circumstances. There was reference to making an individual's time happy, which is possible even if approaching the end of life.

Generation Z participants identified a wide range of occupations as 'care work' or 'care careers'. These included, for example, health and social caregivers, the police, the army, builders, teachers, waiters, cleaners, and hairdressers. They also referred to appreciation of the importance of care in relation to humans, other species and the environment. The definition of caring by Fisher and Tronto (1991: 61), quoted earlier, captures well the diversity of care detailed by Generation Z participants.

Regarding the challenges of formal caregiving, participants referred to inadequate salaries (though not Japanese participants), stress, squeamishness and what was presented as a burden of professional responsibility. As Tronto (1993: 117) writes:

> Care is difficult work, but it is the work that sustains life. That care-givers value care is neither false consciousness nor romantic but a proper reflection of value in human life.… When we look at the distribution of rewards as money and prestige, it is clear that we value much else before care. Care is devalued as work in our society and thus it is easily reduced to a lesser place in our values.

In keeping with Tronto's reinforcement of the value of care, Generation Z participants had much appreciation of the benefits and rewards of care, for example, of being able to help people and to give and share happiness and joy.

Regarding the implications of this study for the recruitment and retention of future health and social care professionals from Generation Z, attention needs to be paid to findings that support commitment to care and to the challenges and opportunities demonstrated by the data. The Internet focus of Generation Z, for example, was evident in the data in discussions of the benefits and challenges of social media. Engagement with broader environmental considerations has potential for further globalisation through massive Internet collaborations (Bryan, 2011).

The impact of heavy workloads and inadequate pay came up frequently in our focus groups. There was a mixture of concern regarding the stress of heavy workloads and being able to live and support a family on what is currently an inadequate wage. In Ireland, for example, first-time buyers are extremely disadvantaged in terms of house

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purchases. This is a current news topic, as the government is discussing legislation to prevent developers controlling the market. We acknowledge that our findings may have been different if we had collected our data in 2020/21. For example, the pandemic both highlighted and intensified the poor mental health of caregivers, and awareness of the levels of burnout/stress experienced by the care workforce may impact the views of Generation Z. That said, there has been an increased number of applications to education programmes for healthcare careers, which suggests that the pandemic may have had a positive impact on recruitment to the workforce.

Recognition of the positive impact of care professionals during the COVID-19 pandemic, as evidenced in England by public clapping (Wood and Skeggs, 2020), may have a positive impact on recruitment and retention. Generation Z's proficiency with online engagement may also render them particularly well suited to the hybrid university educational approaches of the pandemic.

As discussed previously, Generation Z has been referred to as the 'iGen' and members of the first true generation of 'digital natives' (Beck and Wright, 2019). They are said to value education and hard work (Turner, 2015; Schwieger and Ladwig, 2018) and to have become self-educators' through the Internet, which makes their approach to education more self-directed (Coggins et al, 2019). Although it is not possible to ascertain if the Generation Z participants in our study are, indeed, independent, ambitious, realistic, competitive, entrepreneurial, individualistic, driven and resilient, given their strong assertions of commitment to values, it is possible that they may be more attracted to leadership positions (Coggins et al, 2019) in values-based practices where they can make a difference. It should also be noted that the impact of family and cultural values on participants' views of care and care careers is likely to be significant.

A recent report published in the UK *Guardian* newspaper regarding Generation Z's responses to the pandemic detailed a wide range of views of 16- to 25-year-olds from 30 European countries. Findings revealed a good deal of anger and despondency regarding the impact of the COVID-19 pandemic, as well as much learning regarding what they value and how they can be more politically active. Some young people recognised that they had matured and now wished to embark on a meaningful career. As one young woman said: 'Seeing how healthcare professionals have been able to cope with the immense amount of professionalism is so remarkable, it has inspired me' (Butler et al, 2021).

Conclusion

Our study findings accord with literature that supports Generation Z's focus on helping people and valuing the care of other humans, other species and the environment. It seems likely that Generation Z who enter care careers will seek employment with organisations that are committed to health and, as such, offer a healthy work environment, with, for instance, wellness programmes and fitness facilities (Eckleberry-Hunt et al, 2018).

In response to study findings, our recommendations are fivefold: (1) the integration of strategies that enhance care workforce well-being support in care education and practice; (2) the creative dissemination of recruitment information regarding the diversity of caregivers and careers; (3) sharing stories of the value and rewards of care careers; (4) political action to increase salaries and conditions

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for the care workforce; and (5) further research to keep abreast of young people's views of care careers:

1. In the light of participants' views of the importance of self-care, reassurance and specific strategies to promote and sustain well-being in 'response to stress and emotional and ethical challenges, should be built into education curricula, in-service education and care services.
2. To increase awareness of the diversity of caregivers and care careers, and to dispel stereotypes, recruitment information in a range of media formats should include representation of caregivers of different genders, ages and cultural backgrounds. There should also be specific information about the wide range of roles and career opportunities in health and social care. The inclusion of technology generally is recommended to attract Generation Z students to healthcare education programmes and to enhance recruitment and retention.
3. Arthur Frank (Frank, 2010) writes that 'stories work with people, for people, and always stories work *on* people, affecting what people see as real, as possible, as worth doing or best avoided'. Relaying – again, via a range of media formats – the stories of care recipients and caregivers regarding the positive impact of care in promoting the flourishing of individuals, families and communities draws attention to the value of care careers.
4. In response to Generation Z's understandable concern with salary and good work conditions, those in care organisations need to continue to lobby politicians and policy leaders for improved rewards to recruit and retain young people to care careers, particularly those from diverse communities.
5. Further research is necessary to ascertain the views of young people and to underpin recruitment and retention strategies with evidence. This is particularly important during and after global health emergencies, such as the COVID-19 pandemic, which is likely to impact perceptions of care careers.

Overall, organisational and political will also needs to be generated and sustained to ensure that this next generation of caregivers feel cared for and rewarded appropriately. It is in the interests of all of us in our global community to respond to and harness the impressive commitment to care of Generation Z.

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Conflicts of interest

The authors declare that there are no conflicts of interests in relation to this study.

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