

Physician CONNECTION



When Generations Collide

Examining the Impact of the Multigenerational Workforce

By Carie Sherman

The goal of *Physician Connection* is to feature articles by leaders in the medical, legal and risk management professions, and we believe you'll enjoy the in-depth perspectives shared by our authors. We realize the practice of medicine can involve both science and art. A patient's medical history and treatment plan should be based on the patient's condition, appropriate guidelines and procedures, and the physician's clinical opinion. Therefore, the views and opinions expressed are those of the authors and do not reflect the policy or position of PSIC.

Across the country, healthcare providers can be heard muttering, "They just don't get it."

And no, they're not talking about their patients. They're speaking of the people they depend on each day to deliver quality care: They are talking about their co-workers.

Today's healthcare environment employs people that span the generations: We see physicians practicing into their 90s alongside people born in the 1990s. The diversity has benefits, but the frustrations that sometimes arise can impact the satisfaction of your workforce and ultimately affect patient safety.

Medical practices can help build supportive workplaces that benefit employees and patients by learning about the attitudes and styles that each generation exhibits and adapting strategies aimed at improving intergenerational communication.

A Generational Overview

A generation consists of people born and living around the same time period. Often defined by their collective social, historical, and

political experiences, generations are known for their generalized traits, attitudes, and beliefs. In the workplace, the differences between generations are not only apparent—they can cause conflict.

It's Not a New Problem

It may seem like the vast differences between the generations is a modern problem, but according to Christine Gilroy, M.D., it's an issue spanning the ages.

"There's nothing inherently new about the circumstances we find ourselves in," said Dr. Gilroy. "Everything that's being said about the millennials right now was said about Gen X when they entered the workforce. It's part of our perception."

Unfortunately, this fact doesn't

make it any less frustrating.

Eva Agaard, M.D., knows firsthand the challenges that arise in a multigenerational workforce. As a faculty member of an academic medical institution, Dr. Agaard finds herself in constant communication with physicians of all ages.

"I find that the most common differences manifest around communication," said Dr. Agaard. "Some in the more senior generation still love in-person and on-the-phone communication. They will call or just drop by. My own generation likes email—sometimes a bit too much. And younger people seem to primarily communicate via text message."

These various preferences can be difficult to manage. "Sometimes it results in communication breakdowns, frustrations and hurt feelings," said Dr. Agaard.

Left unchecked, these miscommunications often escalate. That's why it's important for healthcare organizations to consider how multiple generations of workers can affect their environments. The first step? Understanding why those differences exist.

A recent national survey reported that more than half of employers experienced tension related to generational differences. More than 70 percent of older employees dismissed the abilities of younger workers, and nearly half of the younger employees dismissed the abilities of their older colleagues.⁹

Continued on page 2

Continued from page 1

Understanding the Big Picture

Generational profiles aren't perfect representations, but they can help us understand what a generation experienced and how their experiences during their formative years impacted their behaviors and values.

The Silent Generation (born before 1945)

Raised during World War II and the Great Depression, the Silent Generation's working behaviors were heavily impacted by the uncertainty of the time.

TRAITS

- Hardworking
- Reliable
- Conservative
- Respect hierarchy and authority
- Possess a high level of "institutional" knowledge—meaning they hold in their heads an understanding of the past experiences of an organization

PERCEPTIONS OF

- Autocratic and inaccessible as leaders
- "By the book"
- Prefer to have the final word

KNOW THIS

Capitalize on the institutional knowledge and wisdom this generation brings to the workforce. Many of the lessons they've learned over their lifetimes are relevant, and younger generations can benefit from their mentorship.

Baby Boomers (1946-1964)

Baby Boomers were born between 1946 and 1964. They make up a large segment of today's workforce. They were raised in a stable economy and are often described as the "me" generation. They have spent their lives "rewriting the rules."¹ Boomers have dominated the workforce for more than 30 years, and as they begin to retire, hospitals and healthcare organizations may be faced with a shortage.²

TRAITS

- Optimistic
- Nostalgic
- Self sufficient
- Work long hours
- Lead by consensus
- Accessible to their teams

PERCEPTIONS OF

- Overly ambitious
- Judgmental
- Workaholics
- Rigid
- People-pleasers

KNOW THIS

Organizations should already be planning how to handle the loss of a major section of the workforce. Keep them in the workforce longer by providing flexible projects they can own. Boomers should also be placed in mentorship roles, as they value relationships and have vast knowledge to pass on to younger generations.

Generation X (1965-1983)

Generation X comprises people born from 1965 through the early 1980s. This generational cohort was heavily influenced by the changing structure of the family—in many families both parents worked. Gen X is made up of "latch key" kids. They witnessed massive corporate layoffs and saw major advancements in technology. This cohort is significantly smaller than the boomers and the millennials.

TRAITS

- Balanced
- Casual
- Creative
- Efficient
- Flexible
- "Work to live"
- Hands-off managers
- Comfortable with change
- Motivated by money

PERCEPTIONS OF

- "Slackers"
- Move on if not valued
- Skeptical
- Rule-breakers
- Not team players

KNOW THIS

Gen X is informal and doesn't like rules; however, they value training and feedback. As the Boomers retire, this generation should be given the training to take on leadership roles. It's important for Gen X to understand how they are perceived (not inclusive, cynical, patronizing). Many perceive Gen X as being neglectful of workplace relationships.



Millennials (1984 and after)

People born after approximately 1984 are commonly referred to as Millennials. They were raised by parents who nurtured and structured their lives. They grew up in a time of instant communication, and they were raised to think in terms of multiculturalism.

TRAITS

- Polite
- Relaxed
- Respectful
- Want to make a difference
- Enjoy collaboration
- Self-inventive
- Individualistic
- Pragmatic

PERCEPTIONS OF

- Entitled
- Impatient
- Distaste for menial work
- Over-confident

KNOW THIS

In general, this generation has little to no experience with the working life. They have been taught that they can do anything and aren't afraid to voice opinions in any circumstance. The unwritten rules other generations follow in the workplace aren't "picked up" by this generation. Many lack skills for dealing with conflict and lack focus in the workplace.

Why Healthcare—and Why Now

Healthcare is evolving. According to a 2013 American Hospital Association report, healthcare organizations that consider how multiple generations can affect the workplace will be better able to handle large-scale challenges.

The report states that prepared organizations will "thrive with a willing and able labor force that can achieve optimal clinical outcomes and patient experience."

Organizations that fail to consider how an intergenerational workforce can impact patient care may experience high turnover, which can result in increased costs associated with recruitment, training and retention. As a result, these organizations are likely to have "lower patient satisfaction scores and worse clinical outcomes."³

Generational Conflict and Patient Safety and Satisfaction

In healthcare environments, certain areas emerge as potential hazards of intergenerational conflict. These include:

Professionalism

Healthcare leaders need to consider how to handle everything from clinical practice ethics and standards to patient privacy.

"It's necessary for employers to flush out areas of professionalism that for older generations were unnecessary," said Dr. Gilroy. "My organization recently had to bring to light several areas where younger physicians seem to struggle."

"We're having conversations about Facebook and what you shouldn't post. We're talking about how to handle situations where patients seek connections with their providers on social media platforms," said Dr. Gilroy.

"I've had patients request to be 'friends' on social networks," said Dr. Gilroy. "To me and others in my generation, it seems like a no-brainer

to keep my professional and personal life separate. But I've worked with millennials who disagree."

Privacy

All medical practices must abide by the rules associated with HIPAA and the HITECH Act. It's likely your practice goes to great lengths to protect identifiable patient data. Yet the changes we're seeing in how we communicate bring about issues of their own.

Physicians using social media to talk about conditions or research need to be cognizant of the data shared. For example, say a physician blogger posts: "I recently saw a patient present to XYZ Hospital for XYZ condition." By giving a timeframe, location and condition, it's possible the patient could be identified.

Physician blogger John Mandrola, M.D., shared in a 2013 blog post⁴ a situation in which he removed all identifying material, only to have the patient's privacy compromised by a well-meaning family member who posted a heartfelt "thanks" for helping her family member.

Generational differences in patient cohorts can also impact privacy. For example, the HITECH Act allows patients to request copies of their records in electronic formats. Tech-savvy millennials may be the first generation that embarks on this right to obtain detailed accounts of their health records, including who accessed the health information.

"We've even realized we need to talk to the younger generations about using healthcare technology appropriately," Dr. Gilroy said. "Using an EHR to gain information about a person you're not treating isn't acceptable."

Communication

Issues of miscommunication surround medical errors.⁵ When you look at the generational profiles, serious gaps in communication preferences and values emerge.

Members of the Silent Generation prefer traditional, hierarchical communication and often prefer meeting face-to-face. Boomers are relationship and team-oriented and prefer to establish a rapport in their interactions. Gen Xers prefer informal communication channels and often care little about building a rapport. Millennials want instant communication and feedback and view collaboration as essential.

It's easy to see how miscommunication could occur. Especially because the issues surrounding communication go beyond differing styles and preferences.

"It's about feeling heard," said Dr. Gilroy. "When an issue arises, we don't think 'oh, we have a different communication style.' We feel disrespected and undervalued."

When feelings of being disrespected and undervalued permeate an organization's workforce, the resiliency of your workforce goes down. Patient safety expert J. Bryan Sexton, PhD says lower resiliency leads to burnout.

"The research on burnout in healthcare has shown pretty consistently that about one in three physicians meet the criteria for emotional exhaustion or burnout," said Sexton in an interview with the Agency for Healthcare Research and Quality (AHRQ).⁶ And burnout has been associated with decreases in patient safety and patient satisfaction.⁷

3 Considerations for Creating a Cohesive Intergenerational Workforce

Dr. Gilroy suggests three areas of consideration that medical practices can use to reduce risk and increase worker and patient satisfaction.

1) Framing

The individual and collective values that exist in today's medical practice greatly influence how decisions are made. Dr. Gilroy suggests taking a cue from management lessons of the Mayo Clinic and using a values-based approach to practice management. Every decision made by the staff of the Mayo Clinic is made through a single filter: that "the needs of the patient come first."



Because much of the conflict that arises between generations is values-based, it's important that your workforce understands your practice's core value and that every person is making the best decisions they can as it relates to this value. Differences of opinion will still exist, so it's important to have a process in place that supports the balance between the different perspectives.⁸

2) Expectations

In the medical practice, it's important that all team members understand the practice's expectations, and how each expectation relates to the practice's core value. Dr. Gilroy suggests practices, at a minimum, define expectations associated with the 4 Ps.

- Professionalism. This includes discussions such as, what is and

isn't appropriate use of technology in your practice? How will social media requests from patients be handled?

- Performance. What are key skills and behaviors each person needs to provide evidence of? What benchmarks need to be met?
- Problem solving. What are proven best practices in handling the typical problems that someone in this role will encounter? When is it appropriate to consult a supervisor?
- Passion. What values do successful employees carry into their work?

As you frame your expectations, take your various audiences into account. Consider using a variety of mechanisms to reach your intended audience. For example, Boomers will likely want to maintain paper copies of the practice's policies, while Millennials will likely prefer an online format.*

3) Feedback

No matter the generation, feedback is often regarded as criticism or "being judged." Yet it's through feedback that we experience growth and understand our differences.

Dr. Gilroy says to beware of using "bland approval" as feedback. While nice to hear, statements like "nice work" or "do better" can be misinterpreted. And, there may be unintended consequences.

"It's important to give feedback based on behaviors," said Dr. Gilroy. "For example, it's been shown that kids who are told they are 'smart' experience greater levels of anxiety and are less likely to try new things when compared to kids who are told they 'worked hard' in a specific circumstance."

Dr. Gilroy suggests applying behavioral training to your workplace by:

1. Clarifying the desired behavior.
2. Outlining the components of the behavior.
3. Reinforcing those behaviors immediately, not at the next review.



A Healthy Workforce

The healthcare environment is more diverse than ever. While this diversity can be enriching for patients and providers alike, the potential for conflict between generations looms. By examining the generations at work in your practice, you can go a long way toward keeping your workforce—and patients—happy and healthy.

Carie Sherman is a freelance writer based in Denver, Colorado. She has more than a decade of experience in the professional liability industry and works with a variety of healthcare clients, including the Colorado Hospital Association and the University of Colorado, School of Medicine. Carie Sherman has been published by various publications, including Colorado Parent.

- 1 Zemke, R., Raines, C., & Filipczak, B. (2000). *Generations at work*. New York: Amacon.
- 2 American Hospital Association report: *Workforce 2015* (2009) <http://www.aha.org/advocacy-issues/workfor.....ce/workforce2015.shtml>.
- 3 *Managing an Intergenerational Workforce: Strategies for Healthcare Transformation*, American Hospital Association 2013 Committee on Performance Improvement.
- 4 <http://www.kevinmd.com/blog/2013/05/10-simple-rules-doctors-social-media.html>.
- 5 http://journals.lww.com/journalpatientsafety/Fulltext/2013/09000/A_New_Evidence_based_Estimate_of_Patient_Harms.2.aspx6.
- 6 <http://webmm.ahrq.gov/perspective.aspx?perspectiveID=34>.
- 7 <http://www.aaos.org/news/aaosnow/aug12/managing4.asp>.
- 8 Mila Petrova, MA, BA, Research Fellow and Jeremy Dale, PhD, MA, MBBS, FRCGP, Professor of Primary Care.
- 9 *Managing Today's Multigenerational Workforce*, Lee Hecht Harrison .

TIPS & TRICKS

8 Tips for Encouraging Generational Understanding

1. Provide training and resources to help individuals understand the values and beliefs associated with each generation.
2. Ensure people understand that such information should be used to promote general understanding.
3. Encourage people to understand their own generation's traits and how these traits are perceived by others.
4. Discuss how the generational cohorts of patients might impact the practice in terms of safety, professionalism, communication, and privacy.
5. Help staff recognize their own "knee jerk" reactions to circumstances in which another person's values or behavior differs from their own.
6. When discussing conflict, focus on behaviors and avoid personal attacks.
7. Encourage flexibility as it relates to communication styles and methods. Don't force communication methods, but help everyone understand situations that may warrant using a method that goes against their tendency.
8. Develop strategies for retention and mechanisms of reward/recognition that support a diverse workforce.*

**The AHA provides a comprehensive guide to a multigenerational workforce, including specific strategies aimed at each generation. The 46-page guide can be downloaded at www.aha.org.*



Scan to visit the risk management section of psicinsurance.com/physicians

PSIC Hosting Complimentary Risk Management Webinars – Register Online Today!

PSIC is hosting a complimentary series of six lunchtime webinars to keep you updated on healthcare-related topics. These webinars are approved for premium credits!

Our webinar presenters have a broad knowledge of healthcare and health IT challenges, trends and innovations. We are pleased to share this expertise with you through this series of complimentary webinars.

OCTOBER 13 • 12:00 – 1:00 P.M. (Central Time)

Risk and Legal Issues for Advanced Practice Nurses and Physician Assistants

Presented by Vicky Vance, JD, Tucker Ellis & West LLP

According to the American Association of Nurse Practitioners (AANP), "... the number of nurse practitioners licensed in the United States has nearly doubled over the last 10 years." And, according to the American Academy of Physician Assistants, "(PAs) are also one of the country's fastest-growing professions, increasing by more than 200 percent over the last decade, as patients and the healthcare industry recognize and seek the added value PAs bring to the healthcare team." Webinar participants will heed the lessons learned from closed cases to identify risk management practice strategies and recognize current trends in regulatory enforcement actions against healthcare providers.

OCTOBER 20 • 12:00 – 1:00 P.M. (Central Time)

How a Mock HIPAA Audit Can Identify Gaps in Preparedness

Presented by Susan Lucci, RHIA, CHPS, CHDS, AHDI-F, Just Associates, Inc

Attendees will listen and learn from an expert on the expectations and what is at stake in the next round of Office of Civil Rights (OCR) audits. Ms. Lucci will outline a step-by-step process of early preparedness that can be achieved now to resolve gaps identified by conducting a mock OCR audit. This webinar will also identify likely areas of OCR focus and help participants develop successful strategies for ongoing HIPAA compliance. Requirements for HIPAA compliance in privacy, security and breach notification along with relaying current breach activity and increasing fines will also be discussed. And, participants will breakdown the challenges of readiness for the next round of OCR audits, outline the components of a mock OCR audit, identify the process for preparing for OCR audit compliance, and explain the benefits of gap detection and early resolution.

Visit: www.psicinsurance.com/physicianwebinars
to learn more and to register!



Send all inquiries, address changes and correspondence to:
Physician Connection, P.O. Box 9118, Des Moines, IA 50306
Toll-Free 1-888-336-2642

Internet – www.psicinsurance.com/physicians
Email – riskmanagement@psicinsurance.com

Physician Connection is published for policyholders of Professional Solutions Insurance Company. Articles may not be reprinted, in part or in whole, without the prior, express consent of Professional Solutions Insurance Company.

Information provided in *Physician Connection* is offered solely for general information and educational purposes. All names used in *Physician Connection* are fictional. Any relationship to actual people is purely unintentional. It is not offered as, nor does it represent, legal advice. Neither does *Physician Connection* constitute a guideline, practice parameter or standard of care. You should not act or rely upon this information without seeking the advice of an attorney.