



## Generations in the Healthcare Workplace: 8 Tips to Manage Staff Across the Ages

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As we approach the end of another year, we wanted to share with our OMG readers an excellent article about working with people from several generations and how we can learn from both our younger and older peers. This article is written from a Healthcare perspective, but can be applied to people in all industries. Enjoy.

### ***Framing the Issue***

- Multiple generations working side by side in hospitals can create tension.
- Younger staff bring different expectations and goals to the workplace than their older counterparts do.
- Older staff offer experience and institutional knowledge that can be a valuable resource for hospitals.
- Many hospitals have a hard time finding Gen Xers and Millennials interested in moving into leadership roles, and then preparing them to do so.

***Issue: Older workers' experience is underutilized.***

***STRATEGY: Hire a semiretired nurse as a career coach.***

Baptist Health Lexington (Ky.) actually has more than four generations in its nursing workforce; it's got five, from recent graduates barely out of their teens to an 84-year-old nurse who works six-hour shifts. "Her peers rally around her," Lynette Walker, Baptist's Vice President of Human Resources, says of the octogenarian. "They're willing to support her doing shorter shifts in the unit, because she wants to work. They value her experience and what she brings to them as a team member."

The hospital's patient care council comprises both veteran and early-career nurses. "Any time we get a group like that around the table — and they're talking about shared governance models and supporting practice and patient care at the bedside and determining policy — you're going to have some nurturing and mentoring that goes on between the generations," says Mendy Blair, R.N., executive director of administrative services at Baptist Health.

One innovative cross-generational project was hiring a semiretired nurse to work part time as a career coach. Karen Hill, R.N., the hospital's Chief Nursing Officer/Chief Operating Officer, wanted an experienced nurse who could provide newer staffers some professional perspective. A semiretired nurse is ideal because her schedule is flexible; she can self-schedule with the staff and come in as needed. She's also independent of the human resources and education departments, so nurses feel comfortable being candid. "If we have [younger] staff in some units of the hospital who have not explored women's health, or they haven't explored cardiology, she will connect them with people they can shadow to see if that's something that they're really interested in pursuing as they look at career options," Hill says.

***Issue: Younger physicians reject 'boomer' hours.***

***STRATEGY: Change doctors' job descriptions.***

Ten years ago, when we recruited a doctor, I think it was almost an implicit expectation that you would come in and you would work 12, 14, 15 hours," says John Ogunkeye, who has three decades of

physician management experience and recently became CFO of the Accreditation Council for Graduate Medical Education. "That's the way it's always been." That started to change with the arrival of Gen X physicians, who have made it clear that they want a more balanced work and personal life than their older colleagues.

To meet that new reality, Johns Hopkins Medicine changed its business plan, hiring more doctors to work fewer hours — and paying them less. They also made a point of being more explicit in the recruitment process about "here's who we are and here's what we expect of you," including the number of hours per week they would work. "What we found is that when you get people in there without really being very clear about what you expected, it becomes mishmash and they don't stay long," says Ogunkeye, who previously was Executive Director of the Johns Hopkins University School of Medicine Clinical Practice Association.

To nearly everyone's surprise, the less rigorous workweek ended up pleasing physicians across the generations. Some of the older doctors "were getting tired and were starting to say, 'We need to get out of this business,'" Ogunkeye says.

***Issue: Some nurses resist technology; others embrace it.***  
***Strategy: Find user-friendly technology.***

A previous article in this series described how St. Luke's Boise Medical Center in Idaho, was looking into secure texting so nurses and doctors could use their smartphones to communicate without jeopardizing patients' privacy. Florida Hospital Orlando is doing something a little differently: having medical staffs communicate with two-way business radios — in this case, Motorola CL1410s.

"The younger nurses tend to like the technology piece of it, says Patricia Price, R.N., Assistant Vice President of Nursing at Florida Orlando. "They can push the button, talk to everybody, and not have to get on a phone and make multiple calls. All the nurses can talk to each other at one time, no matter where they are in the unit." Some of the more technology-resistant nurses are happy, too, because they don't have to learn yet another piece of complex equipment from scratch; the devices are closer in design to walkie-talkies than smartphones. "It's created more teamwork and cohesion," Price says. "They feel like they're more together and they can communicate."

The strategy also is helping to ease some staff members' IT-phobia as the hospital moves toward adopting more sophisticated technology. It plans to introduce a device similar to an iPhone in two years, Price says.

***Issue: Generations baffle and annoy each other.***  
***Strategy: Offer classes to foster understanding.***

This year, Atlantic Health, Morristown, N.J., made the top three of AARP's Best Employers for Workers Over 50 — in part, for its active efforts to recruit older employees, which comprise 38 percent of its staff. But that doesn't mean it gives short shrift to youth. The health system tries hard to foster a dynamic multigenerational environment, says Kathy Mason, Atlantic's Manager for Organizational Development.

One of the best places for workers of different generations to get a dialogue going is the organizational development series the hospital offers on topics ranging from management skills and finance to social and emotional intelligence. Generational differences in approaches and perceptions come up organically during class discussions and breakout sessions.

"We have a stress management class, and one of the things that they bring up is how generations have learned differently and do things differently, and we create stress because we do not understand these

differences," Mason says. In class, "they're not just learning from the instructor — they're hearing different ways that people approach things because of the generation they're from."

The hospital will call on more seasoned staff members to teach classes as part of its in-house faculty academy. "When departments want a program, we can tap into our faculty subject matter experts on-site instead of going to the outside, because we have a lot of knowledge in this organization — a lot of longevity," Mason says. "It's a transfer of knowledge from people who've been here a while."

***Issue: A lack of real-world experience.***

***Strategy: Community outreach pairs residents with seasoned physicians.***

Twenty-seven years ago, Leon Root, former Chief of Pediatric Orthopedics at the Hospital for Special Surgery in New York City, started a pediatric outreach program at schools in underserved areas of the city. Initially, clinicians did musculoskeletal screenings, but they've widened their net to more general health issues like dental problems and obesity, and arrange follow-up care if needed.

In the past seven or eight years, Root has brought along pediatric residents to help veteran physicians with the screenings. "It's a wonderful experience for the residents for several reasons," he says. "First, getting them out of the hospital and seeing what goes on around the city — I think that's important with experience in general. Secondly, they see a lot of normal kids. The more you know what's normal, the more you recognize what's abnormal. So they pick up who has to be treated and who doesn't."

They also practice their nonverbal cues, like taking off their white coats and positioning themselves so they don't seem as big and scary. "This is an opportunity for the residents to sit down with children and look at them and make contact. Make the child relax with them," Root says. "You're friendly with them. You ask what their names are. You make a nice comment about the way they look. And whatever you do, you do it very gently. 'Let's jump up and down. Let's walk here.' You try to take the fear away."

The residents love the program, says Root, who brings lunch for the group before they visit their scheduled school on Fridays — a small gesture that his young recruits particularly appreciate.

***Issue: Millennials crave instant acknowledgement.***

***Strategy: Rack up points to earn rewards.***

Younger employees want to be rewarded for a job well done and they want it "fast and easy and at their fingertips," says Andrea Hamilton, Retention Coordinator at Covenant Health in Lubbock, Texas. So Covenant set up a program in which employees earn points for their good work, cashing them in to buy everything "from diapers to an Alaska cruise" through a program from corporate rewards firm Michael C. Fina.

Hamilton says the points program helped to improve Covenant's patient satisfaction scores. The scores have gone up annually since 2009, when the health system began offering employees extra points for achieving five-star ratings in HCAHPS surveys.

***Issue: Mass advertising fails to fill jobs.***

***Strategy: Use a targeted social media plan.***

Recruiting on social media doesn't mean posting a job on LinkedIn, says Jay Kuhns, Vice President for Human Resources at All Children's Hospital in St. Petersburg, FL. The hospital has a targeted advertising plan through Facebook that reaches cities with freestanding children's hospitals "because they have the talent that we need," he says. "Very specific ads pop up only on individual walls." Kuhns also seizes the opportunity to do Twitter chats that target professionals with a specific skill set. And he keeps the content fresh on Pinterest and LinkedIn.

The hospital's Facebook recruiting page includes stories on leadership and maintaining work-life balance, a day-in-the-work-life blog by an All Children's nurse, and envy-inducing photographs of ocean views, palm trees and leisure activities in the Tampa Bay area.

***Issue: Too few young staff aiming for leadership.  
Strategy: Create an Emerging Leaders group.***

The vacancy and turnover rates at Lawrence (Kan.) Memorial Hospital are very low. Yet Gene Meyer, the hospital's CEO, worries about the future, when health care administrative jobs may become even more complex and qualified people may be hard to find. To spark some interest in leadership, the hospital recently created an Emerging Leaders group for employees in non-managerial roles. Participants partake in continuing education classes and attend an annual all-day forum with internal and external topics on leadership and the state of health care.

"We really want to groom some people for the future, to be leaders in our organization," says Meyer. "And we're working hard to try to do that. This group largely comprises folks in their 20s and early 30s. We're really trying to attract that population into having an interest in leadership."

In addition, the LMH Fellowship Program gives select volunteers from a cross section of departments the chance to step out of their normal work setting, shadow staff in other departments, and learn more about the hospital and the community. Those who graduate from the program are given more administrative responsibility.