

PROGRAM LEARNING OBJECTIVES:

1. Learn how expectations and communication skills vary in a workforce/patient base, based on "generation," gender, work style preferences, and other factors
2. Learn ways of adapting your communication skills, whatever your generation, for successful encounters with your, staff, students or patients

BACKGROUND Information (from Robert Klein, 12/21/06):

The American workforce is much more diverse today than ever before in history. One of the aspects of diversity, among several, is the age of workers. There are four different generations in the workforce today. Meeting the challenge of managing and/or teaching in a multi-generational workforce while serving a multi-generational patient base creates many issues with communication and expectations. Date ranges below vary based on the articles you read but in general:

- 16% "Veterans" or Matures: born between 1909/22-1943/45 (also called the "Silent Generation") The Picture of Endurance
- 26% Baby Boomers: born between 1943/46-1960 (also referred to as the "Sandwich Generation") Safety in Numbers
- 22% "Xers" or Generation X: born between 1961-1980/81 (also called the "Me Generation") More to Offer Than Technical Skill
- 36% "Nexters", "Netsters", Millennials or GenY-Next Generation: born after 1981 (also called the "Echo Boomers") They Want to Be Seen and Heard

Each of these groups differ in their attitude, expectations and values about work, the workplace environment, styles of teaching and learning, and being served as patients. All generations have much to offer one another, whether as employers or employees, business partners, teachers and students or care giver and patient. Common experiences of each generation frequently define their assumptions and perspectives about work, study and their personal medical care.

Gaps can be bridged between individuals with different generational value systems by developing a better understanding of who they are, what they value, and how to motivate them. Understanding these experiences, both ones own as well as others, is essential for developing the requisite leadership skills to motivate, work, teach, network or serve any individual.

PREMISES re: Workplace Diversity & Communication / Interaction:

1. Each of us has distinct beliefs, expectations, needs, aspirations and styles of communicating and interacting with others at work
2. Because we're each unique, the types of communication and interaction that work well for us may not work well for others
3. We must address others' expectations and accommodate others' styles in order to successfully communicate / interact with (influence) them

I. Expectations and communication skills often tend to vary according to:

Generation:

<u>Veterans</u>	<u>Boomers</u>	<u>Generation X</u>	<u>Generation Y</u>
Loyalty	Success	Balance	Individualism
Endurance	Gratification	Self reliance	Skepticism

Shelton & Shelton, p. 5

Gender:

‘Male Traits’

Strength Assertiveness Challenge Action

‘Female Traits’

Wisdom Supportiveness Nurture Reflection

MALE Gen Xer’s want

opportunity for advancement + opportunity to innovate

FEMALE Gen Xer’s want

- job security + spiritual fulfillment in work

Shelton & Shelton, pp. 109, 119-20

BOTH (male + female Gen Xer’s) want:

- positive relationships with boss
- positive relationships with peers
- interesting work
- opportunities to learn

NEITHER male nor female Gen Xer’s highly value:

- salary
- benefits
- prestige
- status recognition

Shelton & Shelton, pp. 109, 119-20

Education:

Our attitudes toward goals, roles & ground rules vary by what extent our education emphasized:

Individual contribution	Teamwork
Knowledge / training	Experience
Adherence to standards	Initiative / ingenuity
Generalist expertise	Specialist expertise

Culture:

Our medical care needs/wants are often *influenced* by our:

Religious beliefs + values Ethnic + community ties Family traditions + norms

Motivators:

We vary according to what is most important (motivational) to us:

Social service altruism	Theoretical intellectualism	Utilitarian pragmatism
Traditional conservatism	Entrepreneurial individualism	

Motivation Principles:

- We cannot motivate others, we can only create an environment in which others are more likely to become self-motivated
- Everyone can be motivated by something
- People do things for *their* reasons, not *ours*
- Understanding *ourselves* helps us regulate *our own* behavior
- Understanding *others* helps us influence *their* behavior

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Kansas University School of Medicine Leadership Series
 1/2/07 Presentation by Mindi McKenna, PhD, MBA
 “Leading a Diverse / Multi-Generational Workforce and Patient Base”

Style preferences

We vary in how we prefer to deal with:

PROBLEMS: Dominant - Indirect
 PACE: Steady - Urgent

PEOPLE: Interactive - Independent
 PROCEDURES: Compliant – Unconventional

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We all feel different at times:

- Do you ever feel you don’t fit in?
- Are you criticized for failing to conform?
- Do you feel left out of discussions?
- Are you unable to identify with others?
- Are your comments or ideas sometimes ignored, interrupted, or discounted?

A Peacock in the Land of Penguins p. 115

When do YOU find it difficult to recognize or respect those whose styles are different from yours?

Each style adds value:

Dominant Style

Forward looking
 Challenge-oriented
 Initiator, organizer

Interactive Style

Enthusiastic
 Creative
 Negotiator

Steady Style

Dependable
 Patient
 Logical

Compliant Style

Conscientious
 Detailed
 Problem Solver

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There is an ideal environment for each style:

Dominant Style

Freedom to innovate
 Challenging work

Interactive Style

People contact
 Ideas are heard

Steady Style

Time to change
 Little conflict

Compliant Style

Small group
 Private setting

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When our styles are exaggerated under stress, we may be seen as:

Dominant Style

Demanding
 Argumentative

Interactive Style

Overly optimistic
 Unrealistic

Steady Style

Hesitant
 Inflexible

Compliant Style

Picky
 Critical

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When do YOU find it difficult to *listen attentively* or to *express yourself clearly*?

“I find it especially challenging to [listen / speak] to people who _____
 [are / say / do what?]

because doing so often make me _____
 [feel / think / want / expect what?]

II. How to adapt our communication, for successful encounters with others:

Flexing:

By *flexing we temporarily* modify our style to communicate and interact more successfully with others

When do YOU find it difficult to adapt your style to communicate / connect well with others?

“I find it especially challenging to interact with others when _____
[what situational factors are present?]

because doing so often makes me _____ .
[feel / think / want / expect what?]

To adapt your style:

1. **ANTICIPATE** Issues (misunderstandings, unsatisfying interactions, lack of influence)
2. **ANALYZE** Issues (underlying causes, not just symptoms, of a problem)
3. **ADDRESS** Issues (remedy the situation to affect change and achieve improved results)

1. ANTICIPATE - Gain awareness, in advance, of potential issues based on:

- Your expectations and communication / interaction style (what patterns of success do you enjoy, what difficulties or disappointing outcomes do you experience?)
- Others’ expectations and communication / interaction style (particularly, their beliefs and needs that vary significantly from yours)
- Situational factors that make communication / interaction challenging (being rushed, fatigued, feeling threatened, intimidated, etc.)

Rationale - Anticipating challenges in advance will help you prepare for encounters, and thus better:

- Accurately label the challenge, see it clearly vs. emotionally (with bias or distortion)
- Identify alternative approaches and choose how you will handle the situation
- Focus on high priority situations (those which are most problematic, or could most improve)

2. ANALYZE Issues (by assessing, while in the midst of an encounter):

- What is / is not working well?
- What are you / they doing to exacerbate the issue?
- What situational factors are contributing to the issue?

Analyze differences (or similarities) that may be causing issues:

Generation Gender Education Culture Motivations Style

Evidence Basis, References & Additional Suggested Readings

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About MINDI MCKENNA, PhD, MBA

Through her faculty role in *Rockhurst University's* Helzberg School of Management Health Care Leadership MBA Program, and her role as Executive Director of the *Healthcare Leadership Group*, Dr. McKenna helps physicians become more effective and fulfilled leaders. She speaks at medical conferences and CME programs on communication, teamwork, professionalism, and leadership. She is author of two books – “*High Tech Medicine*,” and “*Physicians as Leaders*,” with co-author Perry Pugno, MD, MPH, CPE. Her research has been published in many medical and management journals. Dr. McKenna’s 25+ years healthcare experience includes previous responsibilities as Director, Organizational Development and National Accounts for Marion Labs; Vice President, Marketing for Cerner Corporation; and CEO for eHealthCoach.

To contact Mindi McKenna, email her at: mindi.mckenna@rockhurst.edu or mindi@healthcare-leadership.com.