

LEADING A MULTIGENERATIONAL PRACTICE TEAM

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You have to get different generations communicating so they can appreciate what each seeks and why, as well as identifying what they hold in common. Only through facilitated dialogue, where individuals feel listened to, can different generations within the practice team discover common ground. Tom Catanzaro, DVM, MHA, LHACHE

In very leadership course I have ever staffed, or developed, communication is defined as the "getting and giving of information." In most veterinary practice settings, the doctor has learned to talk "at" the staff members (that is how they were taught in school) rather than with them, and the ownership ensures the manager delegates processes rather than outcome tasks. This is now compounded by the generational differences seen within veterinary practice teams, which gives the organizational behavior and practice culture more stumbling blocks than answers.

For the purposes of this list "Western world" can be taken to mean North America, Europe, South America, and Oceania. However, it should also be noted that many variations may exist within the regions, both geographically and culturally which mean that the list is broadly indicative, but necessarily very general.

The **Silent Generation** (also called **Builders**), also known as the "traditionalists", were born 1925 through 1945. It includes those who were too young to join **the service** during World War II. It includes most of those who fought the **Korean War** and many during the **Vietnam War**.

The **Baby Boomers** are the generation that was born following **World War II**, generally from 1946 to 1964, a time that was marked by an increase in birth rates. The term "baby boomer" is sometimes used in a cultural context. Therefore, it is impossible to achieve broad consensus of a precise date definition. The baby boom has been described variously as a "shockwave" and as "the pig in the python." In general, baby boomers are associated with a rejection or redefinition of traditional values; however, many commentators have disputed the extent of that rejection, noting the widespread continuity of values with older and younger generations. In Europe and North America boomers are widely associated with privilege, as many grew up in a time of affluence. One of the features of Boomers was that they tended to think of themselves as a special generation, very different from those that had come before them. In the 1960s, as the relatively large numbers of young people became teenagers and young adults, they, and those around them, created a very specific rhetoric around their cohort, and the change they were bringing about.

Generation X, commonly abbreviated to **Gen X**, is the generation born after the Western **Post-World War II baby boom**. Demographers, historians and commentators use beginning birth dates from 1965 to 1979. The term has also been used in different times and places for a number of different **subcultures** or **countercultures** since the 1950s.

Generation Y, abbreviated **Gen-Y**, also called "Millennials", or the **Millennial Generation**, are the demographic **cohort** following **Generation X**. Commentators use birth dates ranging from 1980 to 1994.

Generation Z is a name used for the **cohort** of people born from 1995 to 2010 who are distinct from the preceding **Millennial Generation**.

Generation Alpha are born 2010 - ?.

Currently, most multi-doctor veterinary practices have a staff comprised of four generations: traditionalists, baby boomers, Gen-X and Gen-Y. The difference in attitude and in value hierarchy among veterinary practice providers of different generations is so great that practice owners and younger staff often fail to even hear what the other is really saying. The older embers members of the staff believe the younger members have no work ethic, while the younger members of the practice team suggest the old timers should "get a life." But these obstacles can often be removed through facilitated dialogue that builds trust and enhances mutual understanding.

Traditionalist practice owners and Medical Directors were born at the end of World War II, and for them, veterinary medicine was a vocational calling. Their profession and self-identity are one in the same, and in their eyes are analogous to James Herriott, a priest, a rabbi, or other minister of the flock. Traditionalists respect hierarchy; join civic, fraternal, and professional organizations; are seldom computer literate, and would never imagine requesting reimbursement for being on call.

Baby boomer veterinarians learned from the traditionalists, so on the surface, they appear a lot like the guys who taught them their craft, often in ambulatory medicine settings. However, they work with a different set of motivation factors: the acquisition of material wealth is core to their practice approach. That attitude is particularly evident in the latter half of the baby boomer generation. Younger boomers are sometimes labeled the "Jones generation", as in "keeping up with the Jones." For the boomer veterinarian, failing to work generates feelings of guilt. The younger Baby Boomer veterinarians are loyal, do not fear taking on debt, do not tend to accept statements of authority, are not joiners, and are not likely to sacrifice personal pleasures for the good of the group.

Generation X are significantly different from traditionalists and baby boomers. For Generation X, managing time and balancing life are primary values; being part of a veterinary team is only a small part of the existence and self-identity. They are equally vested in life or lives outside the practice, and for that reason, prefer known shifts. Gen Xers are transactional and seek immediate stability, looking for what they can get for working the prescribed shift(s). They do not tolerate governance well, have a lack of trust in managers, supervisors/or even practice leadership; they are loyal to principles, not organizations.

THE NEW MILLENNIUM

A unique phenomenon occurred in the American workplace, especially in healthcares settings, as we entered the new millennium. before the new millennium, most leaders and employees shared a common generational attitude - they were most all part of the baby boomer generation. This congruence of generational attitudes clearly led to a more positive work environment and a more aligned and engaged work force, yet as we entered the new millennium, it all started to unravel.

Although Baby Boomers will continue being the primary practice owners and Gen Y associates, colleagues, and staff coming into their sphere of influence. The trend

slowed when the GFC struck, and baby boomer retirements were postponed, but the economic restraints are changing again, in time, the generational shift will occur to Gen-X and Gen-Y values.

When Baby Boomers entered the veterinary workplace, the leadership was dominated by traditionalists who saw duty, loyalty, and sacrifice for the good of the practice as part of the definition of their practice existence. baby boomers saw working hard as a means to personal growth, career development, and an extension of their ambition. As Baby boomers began to dominate the workplace, it led to tensions, and even the split in expectations of "early baby boomers" from "late baby boomers" . . . the disengagement from the practice workforce was perceived by many traditionalists as disloyalty, and major discord followed.

<p style="text-align: center;">USA Population Snapshot at Time of the GFC Traditionalists 9% Baby Boomers 26% Gen X 20% Gen Y 28% Other (before 1930, after 1999) 17%</p> <p style="text-align: center;">USA Healthcare Work Force Snapshot at Time of the GFC Traditionalists 8% Baby Boomers 52% Gen X 23% Gen Y 17%</p>
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Generational differences impact communication styles, technology needs professional development processes, workplace expectations, compensation & benefit needs, desired leadership styles, and the effectiveness of reward and recognition systems. Generations tend to agree on achievement and a desire for credible, trustworthy leadership.

Practice leaders who understood that their management styles needed to change thrived in the new multi-generational environment, while those who continued using approaches and techniques from their own past found their ability to lead and motivate greatly diminished; in fact, many of the older styles have been reclassified as "Bullying", and legal workplace actions are being taken at an ever increasing rate.

Today, progressive practice leadership needs to take specific steps to stop the perception of Bullying and prepare for the changing dynamics of the modern veterinary healthcare team.

STEP ONE - Acknowledge the Need for Personal and Organizational Change.

When managed and led appropriately, a multigenerational practice team can be the springboard for greater collaboration, unique exchange of ideas, and a more productive practice. While I outlined the generations earlier, the Gen Z is not yet in the veterinary workforce, except for maybe a work-study student, yet they will cause another shift in leadership and organizational behavior change needs.

Just as the days of one-doctor veterinary practices are coming to a close, so is the traditional doctor-centered healthcare delivery systems. Veterinary extenders are needed in today's competitive professional marketplace, which requires different training system than the traditional "see one, do one, teach one" attitude of the baby Boomers and Traditionalists. Training to level of trust is a slow and often computer based staff development program, requiring practice duty time be adjusted since Gen X and Gen Y seldom take work home. Assigning small but meaningful application projects to newly trained staff requires time and resources be allocated, as well as the "question being the best answer" in many cases; these efforts require special public recognition, for the effort, the milestones reached, and the success measures met in the process. The next step is program accountability, aligned with the interest area(s) of the developing staff member ; again, time, and resources will be required, as well as mentor support (never bullying).

No single style or approach exists for successfully leading the multigenerational practice team. The leadership must adapt to meet the individual needs of all generations. Leading while preventing intergenerational conflict requires encouraging self-identification within the practice team, and subsequent training opportunities. Acknowledging generational differences enables a greater appreciation for values, characteristics, and experiences that help shape the work ethic, motivation, and ideology of the practice team members. Developing innovative solutions to address the value-based needs of each group makes it possible for practice leaders to improve the organizational practice culture, staff motivation, and personal engagement.

STEP TWO - Develop Specific Strategic Assessments and Responses

To optimize human capital, today's veterinary practice leadership must understand what attracts, engages, and retains distinct generations that comprise the modern practice healthcare delivery team. Key human capital components that will drive the engagement and motivational culture of the practice team include:

- Meaningful recognition for contributions
- A 'safe haven' work environment (no bullying, no yelling, no throwing things)
- Compensation and benefit programs that are not linked to tenure, rather they are linked to program development and specific skill-based programs.
- Using escalating continuing education benefit rewards for greater practice contributions in program development, will yield greater contributions.
- Performance planning for the future, rather than performance appraisals of the past, supported by skilled and caring mentors, recognize the differing attitudes about motivation (e.g., annual assessment processes will need to be replaced by quarterly planning efforts). HINT: performance appraisal process is a one-on-one coaching/mentoring time, to improve the individual's skill, knowledge and/or confidence.
- Flexible scheduling that challenges the current concepts of traditional shifts and location of work.
- Adaptable technology to address differing communication needs and styles.
- Mentoring programs designed to enhance Gen-X and Gen-Y concepts of self-image, commitment and ambition.
- Creative reward and recognition systems, focused on lifestyle, for individuals and team groups.

STEP THREE - Time Implementation Right!

In life, as in making leadership decisions, timing is everything! Strategic assessment leads to strategic response, which comes from analyzing and reporting on catchment area demographics and trends. New metrics are needed for measuring progress and achievement of new programs; old metrics give rise to regression and frustration.

Most successful practices survey their staff on a regular basis to determine organizational climate, as well as assess the intergenerational issues and healthcare delivery program effectiveness. These surveys should be designed to take advantage of knowledge, strategies, and tactics related generational differences and SOC compliance perceptions in the practice's team-based healthcare delivery programs, for instance (but not inclusive):

- ❖ Referral rate from veterinarian to in-house nutritional counselors for non-5 BSC and other nutritional needs (85% of patients seen would be almost perfect, but 10% more than last month would be a realistic goal)
- ❖ Referral rate from veterinarian to in-house behavior counselors for basic behavior management family fit consult (recorded by doctor, and by patients seen).
- ❖ Referral rate from veterinarian to QOL counselors for senior pets entering their golden years (recorded by doctor, and by patients seen).
- ❖ Referral rate from veterinarian to attending nurse for all prescriptions, to follow-up with client at half way point to ensure adherence and possible questions (recorded by doctor, and by patients seen).
- ❖ Referral rate from veterinarian to attending nurse for deferred care, to follow-up with client as patient advocate and for possible questions (recorded by doctor, and by patients seen).
- ❖ Referral rate from veterinarian to attending nurse for OA patients with photonic pen potential (recorded by doctor, and by patients seen).
- ❖ Nutritional return rate, and cross sell of approved treats (recorded by nurse technician, and by patients on program).
- ❖ Parasite prevention and control follow-up based on medications dispensed refill rate expectation (hopefully, by assigned nurse technician).

By recognizing the need to change, by developing plans now that may require months to train staff and implement effectively, and by engaging each person in a distinct generational modality, "where they live", practice leaders can best meet their responsibility to their associates and team members - creating the right environment, enhanced organizational climate, and individual opportunities for self-esteem while delivering high levels of client-centered patient advocacy for clinical, operational, and financial excellence.