Diverse communication styles are most effective for managing multigenerational staff

Because people are living and working longer, 4 generations of employees are now toiling side by side—and not always in harmony. Creating a workplace where all generations can thrive is both challenging and crucial to a manager’s success.

“The biggest challenge and opportunity for growth is to recognize that you have different generations working together for a common purpose,” says Lori Coates, BSN, RN, CNOR, manager of perioperative surgical services at Weiser Memorial Hospital, a critical access hospital in Weiser, Idaho, that averages 60 cases a month. “It affects everything: change, motivation, team building, recruiting, and increasing productivity. A manager needs to pull everybody together.” Here are some ways to do that.

Distinguishing generations

OR managers must understand generational profiles and needs (sidebar). “The generations want different things out of work, and they approach work differently,” says Jerry Henderson, MBA, BSN, RN, CNOR, CASC, assistant vice president for perioperative services at LifeBridge Health/Sinai in Baltimore. “It’s important to get staff to accept that it’s different, not wrong.” LifeBridge Health/Sinai has 26 ORs with an annual volume of more than 20,000 patients. Here’s a closer look at each generation.

Traditionalists and Baby Boomers. These generations like to communicate in person and are sometimes puzzled by younger generations. They also tend to prefer schedules that don’t require them to work more than 8 or 9 hours a day, says Mike Supple, senior vice president for B. E. Smith, a health care executive search and leadership solutions firm in Lenexa, Kansas.

Generation X. This generation wants action and gives OR managers innovative ideas “because they have enough experience to identify the problem, and they are more individualistic—they are driven to solve the problem without worrying about what the group thinks,” says Rose Sherman, EdD, RN, NEA-BC, CNL, FAAN, associate professor in the Christine E. Lynn College of Nursing at Florida Atlantic University in Boca Raton and director of the college’s Nursing Leadership Institute.

Generation X nurses want to “constantly move up,” says Coates. She encourages education and certification, and she provides opportunities for taking on more responsibilities. Advancement doesn’t have to mean a title change, says Christine Ricci, MBA, RN, chief communications officer at B. E. Smith. “Keep expanding their role,” she says. “Give them exposure to things they haven’t done before.”

Generation Y. Generation Y’s time is valuable to them, says Coates. “They want to spend time with their family.” This generation appreciates a handwritten thank-you note and personal recognition. For example, when employees obtain their CNOR certification, their names are added to a plaque that is prominently displayed in the OR.

A common complaint from managers is that members of Generation Y crave constant feedback. “That’s understandable,” says K. Lynn Wieck, PhD, RN, FAAN, the Mary Coulter Dowdy Distinguished Nursing Professor, College of Nursing and Health
Each generation has unique characteristics and expectations

Different generations have different attributes, and it’s important not to stereotype them. A Traditionalist nurse can be an expert on a computer, while a Generation Y nurse might prefer face-to-face communication.

<table>
<thead>
<tr>
<th>Birth date</th>
<th>Traditionalist</th>
<th>Baby boomers</th>
<th>Generation X</th>
<th>Generation Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional status</td>
<td>Semi-retired, retiring, moving into board/emeritus positions</td>
<td>Leaders moving into top leadership roles</td>
<td>Middle managers moving into key operational roles</td>
<td>Entry level and growing; largest segment of the available workforce</td>
</tr>
<tr>
<td>Average employer tenure</td>
<td>More than 9 years</td>
<td>7-10 years</td>
<td>3-5 years</td>
<td>1-3 years</td>
</tr>
<tr>
<td>Contributions</td>
<td>Historical knowledge</td>
<td>Loyal, largest group in workforce</td>
<td>Technology expertise, like to have new experiences and skill sets, value independence</td>
<td>Most technology savvy, seek guidance, respect, and recognition</td>
</tr>
<tr>
<td>Work attitude</td>
<td>Motivated by satisfying work</td>
<td>Derive their identity from work</td>
<td>Want to gain marketable skills</td>
<td>Want to make a difference through their work</td>
</tr>
<tr>
<td>Management strategies</td>
<td>Be respectful and expect to train in technology</td>
<td>Provide public group recognition, reward strong work ethic</td>
<td>Use self-scheduling and self-governance, remember that they may not be accustomed to teamwork</td>
<td>Clearly define work expectations and goals, provide frequent feedback</td>
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Sciences at the University of Texas at Tyler. “They’re needy because as parents we’ve insinuated ourselves into everything they’ve done. We’ve raised them that way.”

Generations X and Y prefer to balance their work and personal lives by working longer hours for a shorter number of days, Supple says.

Giving recognition

Wieck, who has conducted research studies on generational differences, says all generations want personal attention from their managers. “They just want to be appreciated,” she says. “This costs the least and is the easiest to provide.”

Some hospitals have also developed programs to individualize recognition. Henderson says that LifeBridge Health has a points program whereby managers can “print out certificates, assign points, and then give them to employees who can buy things with the points.” Employees can also enter contests to win drawings, or certificates can be used in the cafeteria.

In her research, Wieck also found that the most important incentive for all 4 generations was a cohesive work environment. “That’s something that’s not going to cost you money.”

Managing each generation

Managers must be able to manage each generation. For example, Generation Y nurses like the OR’s team approach and want to be included in decisions, which makes them ideal candidates for task forces and committees, Henderson says, and younger generations tend to be more adaptable to change.
Sherman shares the story of a Baby Boomer manager who noticed that the Generation Y nurses never came into her office to sit down and have coffee, but they were the first to respond to an e-mail or text message. The manager realized she would need to establish a relationship with that generation in a different way, and she set up groups for those who text message.

To leverage generation differences, Ricci suggests managers encourage mentorship among the generations. “Mentorship helps Generations X and Y appreciate the experience, knowledge, and wisdom that the Baby Boomer or Traditionalist brings,” she says. Another strategy, advocated in the Harvard Business Review article “Mentoring Millennials,” is reverse mentoring, where a member of the younger generation mentors a manager. For instance, a manager who needs to learn more about social media might select a Generation Y nurse as a mentor. Reverse mentoring not only provides positive feedback for younger nurses but also gives them insight into the manager’s role.

Supple says another technique for leveraging differences is to “take a process and have representation from each generation discuss how to improve it.” This allows a creative approach that often results in many good ideas.

Managing each generation includes offering a menu of benefits. The top priorities for older generations are retirement plans and cutting back on hours, while younger nurses are looking for what Wieck calls “high-dollar” opportunities, such as overtime, extra shifts, and call premium pay. “They’re paying back loans and have kids, so they need the money,” she says.

**Fostering communication**

A simple strategy for dealing with generational differences is to talk about them. For example, if a Generation Y nurse is asking for constant feedback, Wieck says it is a good idea to say something like, “I know you’re used to having a lot of input, but I’m used to my generation, where we expect to be independent. Let’s talk about how we can meet in the middle.”

OR managers also need to adapt to generational styles of communication. Generations X and Y are accustomed to sharing their opinions. Empowering staff nurse councils can help provide an opportunity for them to give their input. Wieck recommends rotating at least part of the council each year to ensure all generations are represented.

Although Baby Boomers and Traditionalists are used to communicating in meetings, Wieck says younger generations want to post on Facebook or send a text message. OR managers need to strike a balance. In addition to meetings, for example, a manager could create an internal web-based communication page.

Wieck also recommends using e-mail or text messages as coaching tools, sending a message such as, “You have made so much progress. I think you need to work on your knowledge of medications specific to the OR, so I’ve signed you up for the next medication education day.” Of course, serious performance problems should be discussed in person.

With younger generations, John Olmstead, MBA, RN, CNOR, FACHE, director of the surgical services and emergency department at Community Hospital in Munster, Indiana, says managers have to be “much more direct and much more clear in their communication; it needs to be a closed-loop communication.” For example, the manager may need to specify that a nurse who has completed a case should complete 3 case carts and let the manager know when that task is done.

Managers and staff must understand that mobile devices are useful, but they need to be used within established parameters. For example, Olmstead says, nurses are not permitted to use computer tablets in front of patients.
Providing education

Educational programs on generational differences can help staff understand that their generation’s perspective isn’t necessarily the same as those of other generations. “Staff really enjoy learning about the generations,” Sherman says. “They can apply that at work, but also at home with their family.”

Henderson says that during orientation, all staff attend a 4-hour class on lateral violence, which includes generational differences. “You can refer back to the class and what they learned when talking about generational issues,” she says. “It gives you a common language for discussion.

“We challenge people not to make assumptions about motivations,” adds Henderson. “Don’t judge someone by your own standards.” Managers can also provide education by helping staff role-play how to approach someone of a different generation if a conflict exists: “Walk them through it. Ask them, ‘have you thought about where else they might be coming from?’”

One common source of friction is the perception of job commitment. “The older generation says the younger generation isn’t as committed,” says Henderson, “but if you talk to the younger nurses, you find that it’s not that they don’t want to work, it’s just that they want to voice a different way of doing things and don’t feel they are heard.”

Olmstead says part of the perception can be traced to the fact that younger generations “don’t link their identity to a job.” That includes not just nurses, but also physicians, lab technicians, and other hospital workers. Olmstead, who is a Generation X manager, notes that commitment is often a function of life situation rather than generation. For example, young nurses who are new to their career are often more flexible, but nurses with young children or older parents are not.

Another issue is work ethic; older generations believe younger generations don’t work as hard as they do. But Ricci says, “All generations are equally productive, but they just do it differently.” If given a project, for instance, older generations tend to plan in more detail how they will approach it and rely less on technology. Younger generations will likely be more informal and spontaneous in their approach and may tap into technology; for example, they may send tweets to communicate progress.

Addressing call

In a study of OR managers, Sherman found that Generation Y nurses are particularly resistant to taking call. “The OR is really going to have to look at on-call and how they have done it historically,” she says. “It’s competing with other specialty areas that have tremendous flexibility and don’t require call.”

To address the challenge of coverage for late procedures, Lorna Eberle, BSN, RN, CNOR, director of perioperative services at Providence St. Peter Hospital in Olympia, Washington, is using more internal per diem staff. Perioperative services include 11 ORs with an annual volume of 8,500 patients a year.

The OR staff voted that the per diem staff, who must work a minimum of 6 shifts a month, do not have to take call—a strategy designed to attract more per diem nurses and surgical technologists. Eberle has 3 per diem RN staff who are near the end of their careers but aren’t ready to retire and don’t need benefits.

Understanding needs

Understanding generational differences is essential for retaining staff. “If they can’t get what they want and what is important to them out of the job, the younger generation will leave,” says Henderson. “You can’t look at that as being wrong; that’s the very thing that also allows them to adjust to changes in the workforce.”

Ultimately, however, managers must consider the individual and the generation,
Coates says, “I try to know what each employee likes and what motivates them.”
—Cynthia Saver, MS, RN

Cynthia Saver, a freelance writer, is president, CLS Development, Inc, Columbia, Maryland.

References


