

## *Recruiting Generation X Physicians*

*“Today’s youth are disrespectful and undisciplined.” — Plato, circa 400 B.C.*

It seems that every generation has a chip on its shoulder regarding the previous one, a trend that goes back at least to Plato’s time. But are people really that different from one generation to the next? Fundamentally, no, but nuances in behavior and tastes obviously exist between generations that can cause misunderstanding and conflict.

This holds true in health care staffing, where the new generation of physicians — “Generation X” — often exhibit different values and behaviors than Baby Boom doctors. Understanding these differences and knowing how to deal with them can be essential to building sound medical staff development and recruitment plans.

Sociologists have different ways of defining “Generation X,” often classifying it as consisting of people born between 1964 and 1975. Our experience indicates that residents and practicing physicians exhibiting Generation X behaviors are generally between 26 and 36 years old.

What are the traits of Generation X physicians that separate them from doctors of previous eras? We have identified eight general characteristics that appear to define Generation X physicians.

- They are more likely to be female
- Lifestyle is their core concern
- They seek immediate stability
- They do not seek hierarchical dominance
- They are technically savvy
- They have a skills-based mindset
- They are loyal to principles, not organizations
- They seek conflict resolution

Each of these areas has particular implications for recruiting and retention that staffing professionals should consider.

## **Female physicians**

While over 75% of all physicians are male; about 40% of all Generation X physicians are female. In addition, female Generation X physicians dominate the ranks of certain residency programs. Approximately 50% or more of family practice, psychiatry, dermatology, pediatrics, and OB/GYN residents are female.

Female physicians work seven fewer hours per week than male physicians, according to the AMA, and see slightly fewer patients. Many prefer to work part time or have flexible work schedules in order to balance medicine with their families. Therefore, more FTEs may be required as females begin to assume a greater number of positions on the medical staff. More importantly, female Generation X physicians are often married to physicians or to other professionals. This greatly restricts the geographic flexibility of young female physicians, unless the professional needs of their spouses can be accommodated.

## **Lifestyle**

Generation X physicians approach medicine in a fundamentally different way than older physicians. To younger physicians, medicine is a profession, not a lifestyle. Generation X physicians view lifestyle as what happens outside the office or hospital, whereas older physicians blur the distinction between home and work. Generation X physicians seek defined practice hours, limited call, reasonable patient loads, and set vacations. If not satisfied, they will seek alternative settings that promote quality of life, such as charting days, which are days exclusively devoted to completing paperwork. Charting days allow physicians to focus on seeing patients the majority of the week, while taking one day to complete charts and other paperwork without distractions. Reduced call and practice sharing — an increasingly popular option in which two physicians work the same practice — also appeal to Generation X physicians.

## **Immediate stability**

Generation X physicians are seeking stable situations as soon as the ordeal of

medical education and training is over. They are less likely now to be attracted to entrepreneurial environments, in which they must bear the load of both running a business and seeing patients, than many older physicians were. Younger physicians prefer group practice settings or hospital employment where management structure and stability are provided. Immediate stability also means being relieved of educational debt, obtaining a secure, guaranteed salary, and working in a stable practice environment.

### **Hierarchical dominance**

Generation X physicians want to focus on their practices and on patient relationships vs. getting involved in the sometimes chaotic world of medical politics. However, they will seek leadership roles if it is apparent that real patient care issues are at stake, rather than medical “politics as usual.” To involve Generation X physicians in leadership roles, it is important that they see that larger goals will be accomplished than the personal aggrandizement of a select group of physicians.

### **Technically savvy**

Much of the medical and cultural information Generation X physicians have absorbed has come through the Internet, and they assume that Internet technology will be integrated into the workplace. Employers need to get wired and not overlook the obvious – such as Internet access in the physician’s lounge, palm technologies, and high-speed T1 lines – to ensure younger physicians have the access they expect, and so they can communicate with peers and administrators through e-mail. Moreover, it is critical that employers be aware of how their communities are represented on the Internet. Generation X physicians will research a community online, and any negativity they find there will turn them off.

### **Skill-based**

Generation X physicians are used to using all of their skills in academic medicine, and they want to use all their knowledge in practice. For example, a young pulmonologist trained in sleep medicine will want to use that skill, even if the local sleep lab is “owned” by an established neurologist. Even in the face of turf wars, ways should be found to accommodate the special interests of Generation X

physicians, or they are likely to move on.

### **Loyal to principles**

Like their peers, Generation X physicians saw their parents downsized in the Eighties and early Nineties. They therefore are leery of investing their loyalties in an organization. Their loyalties are generally to principles, not institutions, and it is important to them that they be able to maintain those principles, most of which are tied to patient care issues. Rather than mold themselves to organizational beliefs they do not share, they will seek locations that are compatible with their beliefs.

### **Conflict resolution**

The majority of older physicians grew up in single income families in which the mother was the homemaker. Most Generation X physicians, by contrast, come from two income homes or from single-parent environments. They have endured conflict and division at home and prefer not to encounter it at work. Rather than traditional medical politics, which can be adversarial, they prefer conflict resolution. They also appreciate a nonadversarial management style.

Much has been written about the supply of physicians in the United States and whether or not we have too many or too few physicians. Often these arguments focus on patient demographics, payment systems, disease incidence, medical education, and related issues. Rarely do people consider physicians themselves and the way they have changed.

The fact is, doctors today are different. They have different priorities, different practice patterns, and face different challenges than their forbearers. Recruiters who acknowledge these changes and make an effort to accommodate the needs of Generation X physicians greatly enhance their chances of success.