

**“TALKIN’ ‘BOUT MY GENERATION” BY ROGER DALTRY – THE WHO**

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Several years ago, the leadership in hospitals and medical practices began taking note of the changing characteristics of physicians entering the profession of medicine. They also began to experience the many challenges inherent in multigenerational work forces; a melting pot of values, ethics, priorities and definitions of success.

Among this amalgam of medical professionals are the traditionalists (also known as the Silent Generation, for their compliance in a paternalistic culture, and those born between 1927 and 1945) who identify with self sacrifice, patriotism and loyalty to institutions and who have been rewarded for these traits. In contrast, Baby Boomers (born post WWII, 1944–1964) are characterized as highly individualistic, preferring values to rules and possessing high tolerance for diversity. They are perceived as “free agents” with less respect for authority than their parents and, perhaps, less trust for organizations.

The older half of today’s “young” doctors (i.e. those born between 1961 and 1978) are collectively known as Generation X. They witnessed their parents spend long hours at work to achieve material success. Gen Xers often came home to empty houses after school. These “latchkey” kids missed time with their parents. The divorce rate skyrocketed in the 1970s. Finally, Gen Xers also watched their parents’ devotion to work ultimately betrayed in the 1980s and early 1990s as corporations downsized. They watched the adults in their lives lose jobs after making long commitments to organizations. The unwritten contract of reciprocity was fractured. Many suggest that this common experience helped mold the cynicism Gen Xers harbor toward organizations. They tend to lend loyalty to principles rather than institutions. As children of baby boomers who were tolerant of diversity, they also expect diversity in race, gender and lifestyle.

While it may have been an uphill battle for Generation X to pave the way for constructive change in how medicine is practiced, for Generation Y (i.e. those born between 1979 and 1994) it is an expectation (often perceived by “mature” physicians as entitlement) to live a balanced life.

Work life balance has been cited as one of the most important considerations among young physicians. According to the 2007 Physician Retention Survey by Cejka Search and the American Medical Group Association, the number of physicians who choose to work part time increased from 13% in 2005 to 19% in 2007. Many of these young doctors are women who historically and statistically speaking are more likely to seek part time and flex time positions in order to fulfill other goals, such as child rearing.

Gen Xers introduced the concept of work life balance to the house of medicine. This generation of physicians leads by example and is demonstrating that it is possible to commit professionally while also appreciating and embracing other priorities in life including devoting time to family, hobbies and importantly, self care.

There has been an evolution in attitude about the limited, precious resource of time. The youngest generation of physicians typifies this changing attitude, one that might take some getting used to. The Association of American Medical Colleges and the American Medical Association recently conducted a survey of US physicians under the age of 50. Young doctors of both genders view “quality of life as essential” and are willing to risk career advancement to achieve it. Seventy-one percent polled identified family and personal time as very important. Two out of three young physicians reported that they were not interested in working longer hours for more pay. It is clear that they are not motivated by traditional carrots like money or climbing up professional pyramids. They would rather live with debt or scale down amenities than not have time with family and friends.

Younger physicians approach medicine in a fundamentally different way than their older peers. To younger physicians, medicine is a profession, not a lifestyle. In contrast, the traditionally trained physician’s devotion to medicine was more of a calling. It was not long ago when interns were forbidden to marry and women were excluded from the profession altogether ostensibly because pregnancy would provide too much distraction from the rigors of medical practice. Unlike generations past, today’s new physicians are insisting on balance between their work and personal lives.

So, how does this play out? Seasoned baby boomers are working alongside tech-savvy twenty-somethings with high expectations but little experience. Caught in the middle are knowledgeable Gen Xers struggling for work life balance as they, like the proverbial middle child, bear the brunt of managing multigenerational conflict.

Conflicts include styles of communication. For older physicians, a beeper at the hip and a Dictaphone work just fine, thank you very much. For the younger cohort of doctors, text messaging and electronic medical records are preferred. This technology allows them to provide continuity of care without being bound by the walls of a hospital or clinic.

The topic of work ethic (or hours) creates a clear clash of cultures between the older and younger generations of physicians. Following the 2002 ruling by the Accreditation Council for Graduate Medical Education (ACGME), residency work hours are restricted to less than 80 hours per week, on average and less than 30 hours of continuous coverage at any one time. The stimulus for the ACGME restrictions was concern for quality of care. The logic was to avoid an inflection point at which extra work time and associated fatigue increased the risk for medical errors.

More seasoned physicians are less likely to view restricted work hours in a positive light. These traditionalists see such changes through a different prism relative to their young peers. Some medical school faculty members perceive the new restrictions as harmful to continuity of care, house staff “bonding” and medical education, particularly for weaker residents who are believed to need a more intensive training experience. The supervising attendings are in a position to absorb the unfinished clinical work.

Others view this ACGME stimulus as a long overdue catalyst for innovations for “creative destruction. Tearing down the old system will allow residencies to re-examine educational programs and create new learning about teamwork, system improvement and patient care.”

Those supporting the ACGME rule observe that residency training has changed dramatically in the last few decades. While residency hours per week have decreased, the work has become more stressful as trainees are required to master greatly expanded diagnostic and therapeutic techniques and contend with business pressure forces (i.e. shorter hospital stays for patients, increased administrative burdens).

Finally, those interested in physician health argue that an 80-hour work week is still no picnic. The long hours continue to limit a physician’s opportunity to engage in physical activity, good nutrition and nurturing relationships. One physician researcher, Erica Frank, MD, has discovered that physicians who engage in self care activities are likely to encourage their patients to do the same. Hence, one can argue that restricting work hours furthers the cause of improving patient care.

The structure of the medical team is also evolving from a clear hierarchy to a multidisciplinary lattice of team members. There can be struggles around power. For older physicians, experience trumps all. For younger physicians, good ideas should have enough clout to challenge traditional practices. There exists a constant push and pull between maintaining the status quo and embracing innovation. New leaders have to balance the interpersonal dynamics and the power relations at work to avoid the slow simmering of conflict that can dissolve medical practices.

One of the primary hurdles to creating harmony in a multigenerational workforce is to identify unifying commonalities before attempting to address any divisive issues. For all generations of physicians, uniting factors include a desire for respect, a need for appreciation, a commitment to providing quality patient care and a personal sense of efficacy. The key is keeping everyone focused on similar goals and values.

As a proud member of the Baby Boomer generation, I am tempted to engage in the proverbial competitive discussion with my Gen X and Gen Y colleagues about who walked the longest, in the deepest snow, perhaps barefoot, to get to school. However, my generation has strived to influence others through humanitarian and idealistic considerations and I will draw on those principles now.

The Department of Health recently funded follow-up to the major Policy Studies Institute at the University of Westminster (PSI) study, "Doctors and Their Careers," published in 1988. The study found considerable evidence that the medical career structure has been slow to adapt to the accelerated changes which have swept health services. There has also been a failure to respond to the stark reality of the changing profile of medical manpower in which 50 percent entering medical school are women, more than half of whom intend to work part time for at least a period of their careers. The study concludes that the overwhelming evidence of increasing disillusionment among both men and women doctors in the new generation needs urgent attention.

For two decades the number of physician-scientists has not kept pace with the overall growth of the medical research community. A survey found a statistically significant decline in the percentage of matriculating and graduating medical students, both men and women, who expressed strong research career intentions during the decade between 1987 and 1997. Moreover, matriculating and graduating women were significantly less likely than men to indicate strong research career intentions. These trends have been observed for medical schools overall, including research-intensive ones.

While women students participating in the Medical Scientist Training Program and the Howard Hughes Medical Institute/National Institutes of Health-sponsored Cloisters Program has increased, their numbers lag far behind the growth in the female population of medical schools. (Note: Between 1970 and 2004, the number of first year female medical students increased from 11% to 50%.) Because women comprise an increasing majority in specialties such as pediatrics and gynecology, efforts must be made to increase their interest in research so that scientific advances in these fields do not falter. Ultimately, failure to increase the number of women physician-scientists will put at risk the very patients who depend on the ever larger female physician population.

Recruiting young physicians into research tracks should be a high priority for institutional leaders. To stem their decline, institutions must modify tenure tracks so that medical research can combine a rewarding career with time for family obligations and other outside interests.

Baby boomers, while idealistic, can also be selfish. I am no exception. The predictions of a future physician glut are proving untrue. In the next 20 years, one in three doctors is likely to retire. The younger physicians following in our footsteps will take on the challenge of treating 71 million baby boomers. You do the math! If I become ill, I want a happy, refreshed, altruistic, and highly skilled doctor at my bedside.

If younger physicians continue to work fewer hours, job sharing and flexible schedules must become more commonplace. More full time equivalents (FTEs) may be required. Further advances in information technology such as tele-medical services will need to be expanded. Medical training will need to include interdisciplinary training with nurses, pharmacists and other health professionals to create a more cohesive team-based approach to medicine which in turn will enhance continuity of care. There will be a need for semi-retired physicians who are seeking to stay involved in medicine, perhaps at a less demanding pace.

The methods by which society manages and nurtures young doctors and medical students must continue to evolve. The human and economic resources invested in training doctors are far too important to be wasted. The Colorado Physician Health Program (CPHP) is committed to supporting this generation of physicians through a variety of mechanisms.

CPHP has maintained a strong commitment to providing education on physician health and wellness during the physicians' and physician assistants' training years (residency, medical school and physician assistant schools), in an effort to improve early identification of health risks or prevent them. CPHP currently has contracts to serve numerous training programs throughout Colorado. These contracts allow students and residents to access CPHP services confidentially, at no cost.

CPHP provides an annual orientation to physician health as well as CPHP services to all training programs as well as any specified presentation topics, such as Physician Stress Management and Occupational Hazards of Physicians. In addition to providing direct services to individuals in the training programs, the school or program may consult about potential

referrals or systems solutions to problems they have encountered among their students or trainees. CPHP Executive Director and/or Medical Director make annual visits to all training program directors to review CPHP services, discuss best avenues to educate students/residents, and dialogue regarding any concerns or questions that they may have.

CPHP partners with the University of Colorado at Denver (UC Denver) Medical School to provide targeted education to second-year medical students during their studies in human behavior. In addition to a lecture given by the CPHP Medical Director, CPHP clients volunteer to lead small group discussions regarding their personal experiences with illness and their involvement with CPHP. CPHP also instructs third-year medical students regarding substance use disorders in physicians. Additionally, CPHP works with fourth-year medical students in a psychiatry elective by allowing students to meet individually with a CPHP Associate/Medical Director to learn about treating substance use disorders. Also, CPHP information is included in the UC Denver House staff handbook.

CPHP recognizes the importance of specific physician health education to the younger physicians. This group especially seeks presentations that are applicable for their spouse and family. In an effort to meet this need, CPHP has conducted Balancing Families and Relationships presentations for physicians and their spouses at the Resident and Medical Student Alliance Meetings at UC Denver on a regular basis. CPHP will continue to strive to meet the unique needs of the younger physicians, improve awareness of the importance of physician wellness and remain committed to all the generations of physicians and physician assistants.

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