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Forging Multigenerational Teams in Radiology

by Kris Kyes
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A satisfied generation X worker is getting more than a paycheck—and is doing more than following instructions, according to Lisa Landry, MBA, MRT(N), Children’s Hospital of Michigan, Detroit. Landry is a member of generation X, so she brought an insider’s knowledge to “Satisfying Generation X: Building Effective Teams and Promoting Consensus Decision Making,” which she presented on August 12 in Las Vegas, Nevada, at the 2009 annual meeting of AHRA: The Association for Medical Imaging Management.

Decentralized decision making is supported by the team concept, provided there is completely open discussion of which tasks are necessary, who will perform them, when they should be completed, and how their effects will be measured. Managers must be careful not to create a parent-child relationship with the team, aiming for interaction among adults instead and overcoming any urges to control the team.

Today, as the eldest members of the baby-boom generation reach retirement age, most of the people on the payroll of any imaging department or practice now come from that generation or from the two following generations, X and Y. This means, Landry notes, that employees from the silent generation (born between the mid-1920s and the mid-1940s), who may automatically bow to convention and authority and tend to accept orders without questioning them, are now rare, and most are approaching retirement.

Many imaging executives have considerable experience in working with the baby boomers who followed the silent generation into the field, but they might be less familiar with the needs of the generation X members who now constitute a large segment of their staffs. In addition, they need to understand generational differences in order to make functioning teams that can bring out the best in all working generations.

Landry says that ensuring the commitment of employees to the goals of the department/practice depends on the decision-making opportunities that those workers are given, with a team setting being the best way to gain their participation. An environment of trust that focuses on results (rather than methods) can help turn staff members into teammates who share an investment in the group’s success. In addition, she notes, effectiveness is boosted by having the team members first make group decisions to solve problems and then track the outcomes of their actions, making adjustments until the team’s initial goals have been met.

Building a working multigenerational team, however, depends on fostering a positive atmosphere (which also leads to greater job satisfaction and improved productivity). The goals of the organization are supported by strong relationships among the individuals within it, and those relationships, Landry says, are built on understanding. Because many executives have schedules too hectic to permit getting to know individual staff members well, it becomes necessary to generalize in deciding what employees can offer—and expect from—the organization.

One can, Landry says, use shortcuts in understanding one’s staff and colleagues. One of the most useful of these shortcuts is the generational membership of the individual. Expecting their complete adherence to a stereotype is not useful, but people from the same generation are nonetheless likely to have several things in common in their tastes, aspirations, strengths, and needs. Knowing these similarities can help a well-informed manager become a better guide and mentor.

Generational Characteristics

The baby-boom generation (born between the mid-1940s and the early 1960s) is characterized, Landry says, by materialism and by workaholic tendencies, with a drive to achieve and a generally optimistic attitude. Baby boomers question authority, but are nonetheless often impressed by people in positions of authority.

Generation X (born between the mid-1960s and the late 1970s) is highly focused on quality of life. This generation’s members are comfortable, both personally and professionally, with accelerating technological change, and they often express concern over global warming and the environmental impact of their actions at work and outside it.

Looking over the shoulder of a generation X employee while he or she works is likely to be interpreted as insulting, and rigid work requirements (with the exercise of authority for its own sake) are disliked by this group. These workers do best, Landry says, when they are informed of the outcome desired, but left free to decide for themselves how they will achieve it. Because of this preference, they are usually good at solving problems, and they often work well in teams.

They also need to know (and support) the meaning of the workplace activities for which they are responsible or to which they contribute; their work should make a positive difference in the world. They often seem mature beyond their years, and Landry describes them as craving opportunities to learn.

Members of generation X not only expect feedback on their performance, but expect that feedback to be immediate and ongoing (as well as accurate and comprehensive). They give feedback freely as well, and their valuable input should be used. They need praise and recognition for the results that they achieve.

Generation Y (born between the early 1980s and the late 1990s, and often called the millennial generation) is also mistrustful of authority, but its members have an even stronger need for immediate feedback. Rewards and recognition on a large scale are expected as a matter of course, and employees in this group are likely to be unhappy if they are not provided regularly (along with sizable paychecks).

Peer approval is also important, so the recognition given to these workers should be visible to the entire department or practice. This can be a demanding group, and its members are not afraid to ask for what they want. Landry predicts great changes as this generation fills a greater share of imaging positions, and she recommends the teambuilding process as an effective way to help employees from previous generations manage this transition.

Creating the Team

Landry stresses the importance of communication in fostering teamwork, adding that active listening should accompany openness and honesty. Staff members must be empowered to make decisions and encouraged to become fully engaged in team activities. The team should be taught to direct itself, as well as to be accountable for the results that it produces.

The primary focus of the team should be kept on patient care, but the individual members’ personal and professional growth should also be nurtured. Staff development should consider the physical, intellectual, and emotional needs of each person, Landry says, and positive reinforcement should be provided not only frequently, but in unique ways that suit the individuals involved.

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The team must work to avoid common pitfalls that can sabotage effectiveness. Landry says that the problems typically encountered in team building include an absence of trust, an avoidance of accountability, a lack of commitment, and inattention to results. An effective team, in contrast, has everyone’s open participation and thrives in a comfortable, informal setting.

The team’s objectives need the understanding of every member, and this is fostered by the clear definition of all team functions and actions; initially, managers will have to provide structure, perhaps in the form of lessons in using flowcharts, decision trees, action plans, and similar consensus-building tools. Obviously, good listening skills and open communication will also be required of every team member. The team should be rewarded for its successes, and its failures should be used to evaluate both the specific actions that went wrong and any weaknesses that they reveal in the team process itself.

Landry advocates filling team slots by asking for volunteers to serve on an imaging council and then choosing people proportionately to represent each service within the department or practice. If there is more than one volunteer per service, staff members should be encouraged to choose their representative by voting. Meetings should be held monthly and should last no longer than an hour, so meeting topics should be tightly focused.

Meetings may be dominated by day-to-day problems, but Landry suggests adding proactive discussions of budget management, equipment needs, relationships with other departments, and waste reduction (in terms of both supplies and staff time) to the team’s agenda as time allows. A representative of the team should also report on the group’s activities at a monthly general-staff meeting.

The team should rely on consensus in making decisions, but Landry notes that consensus should not be defined as 100% agreement (which will never be reached). Instead, she recommends defining consensus—in advance—as 70% agreement followed by 100% support, with even the 30% who might have preferred a different decision agreeing to boost toward the consensus goal.

Many hospitals already use this type of team model for consensus decision making in their nursing departments; extending it to an imaging council is a particularly valuable step, Landry says, because it exemplifies the true meaning of leadership: making others strong.

Kris Kyes is technical editor of ImagingBiz.com.

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