GEN Y INFUSES HEALTHCARE WITH GENERATIONAL ANGST

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ABSTRACT
The shrinking of the American workforce will manifest in an estimated shortfall of 20 million workers over the next 20 years. Half of the population is at retirement age right now, or will be within five years. Currently there are four generations in the workplace, making this one of the most dynamic employment scenes ever. That dynamism extends to healthcare, an industry in which one of every six South Dakotans is employed. As Baby Boomers log onto the internet daily to check their retirement accounts and Generation Xers work shorter days and weeks while nervously planning for their own retirements, how will the next wave of healthcare workers – known variously as Generation Y, Generation Why?, Generation Next and Millennials – adapt to the medical workplace? According to most of the data, they exhibit a casual perspective on wardrobes and communication, but approach work and technology very seriously. A primary research study explored what workplace accommodations Millennials expect as they continue to infuse the medical workforce with low-key, high-tech vigor.

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INTRODUCTION

The author's son Casey is 28, a brand new M.D., hooded just 18 months ago at Creighton University School of Medicine. He selected emergency medicine as his specialty and on national Match Day 2009, was chosen as the top candidate by Regions Hospital in St. Paul. This didn't surprise this author in the least; Casey is low key in the extreme, but has a nearly photographic memory, has a high tolerance for studying while others are partying, speaks Spanish fluently thanks to medical mission trips to Dominican Republic, Argentina and Peru, and has consistently been rated among the top two students in his medical school class. He has already worked hard for the privilege of putting in the long, strange hours expected of doctors in residency programs, and accepting the legendarily tough stretches of unabated shift work.

What does surprise this writer, however, is how unconcerned Casey seems to be about whether his personal appearance and demeanor measure up to the hospital's expectations. Granted, his sister, a third-year law student and at 26 also a Millennial, described his appearance as "recently emerged from a vacuum cleaner bag" (personal communication, February 24, 2010). When Casey recently sat through his six-month review, he learned a fellow student had remarked in a peer review, "Casey could shave more often." An attending physician on his rotation noted pointedly in a conversation with Casey that other doctors wore their white coats, tucked in their shirts and got more frequent haircuts. To that, Casey responded simply by donning his white coat more often over his scrubs (personal communication, March 2, 2010) and after several episodes where patients asked where their doctor was, has shifted from introducing himself to patients as "Casey Woster," to "Dr. Casey Woster." The glancing comments alluding to his appearance weren't even a blip on his sonogram. His focus is on studying, making sound diagnoses, and starting to fit a life in around the edges of his demanding profession. This attention to life-work balance (including dating, fitness and outdoor pursuits), social concerns, informality in appearance and personal relationships, and reliance on technology (he frequently checks for drug interactions, using his smart phone, while on the job) are hallmarks of his age.

Each generation as a collective demographic group carries with it various values: how they view work, what they consider important, how they approach interpersonal conflicts and generally, how they view the world. Casey is but one example of how the next wave of healthcare workers – known variously as Generation Y, Generation Why?, Generation Next and Millennials – will approach the workplace: Casually in dress and workplace culture, but seriously in terms of the work to be done and the technology to assist them (Lovern, 2001, p. 5).

GENERATIONAL VALUES

Demographic shifts are, and will continue, to have a profound impact on the American workforce. The labor force in 2010 is at the lowest ebb since the 1930s, and the U.S. birth rate continues to decline (Bureau of Labor Statistics). By 2025, one in five workers will be over age 55. The shrinking of the workforce manifests in an estimated shortfall of 20 million workers over the next 20 years. Half of the population is at retirement age right now, or will be within five years (Bureau of Labor Statistics). Currently, however, there are four generations in the workplace, weighing in on leadership in what has become the most dynamic workplace scene

ever. That dynamism extends to healthcare, an industry in which one of every six South Dakotans is employed (Cindy Morrison, personal communication, April 20, 2010). The impact across the country is profound; that profundity is keenly felt in South Dakota and throughout the Midwest. This paper explores how generational differences impact business in general and healthcare-related businesses in South Dakota specifically. Included in this exploration is a primary research study asking Midwestern-based Millennial students and professionals what workplace accommodations they expect as they continue to infuse the medical workforce.

Experts don't always agree on the span of years defining each generation, but most generally believe the generational groups look like this: Greatest Generation (born 1925-1945), Baby Boomers (born 1946-1964), Generation X (born 1965-1977) and Generation Y (born 1978-2000).

The **Greatest Generation**, a moniker dubbed by TV newsman Tom Brokaw, is also known as the Silent Generation. There are 40 million Silents still in the workforce, and this group still holds about 70% of U.S. financial assets (Gilhooly and Gilhooly, 2009, p. c265). As a group, these workers are responsible for business growth and are disciplined, detail-oriented, dislike conflict, prefer hierarchical structures and maintain an historical perspective. They are defined by their work and are financially conservative. Silents' core values include dedication, sacrifice, respect for authority, patriotism, adherence to rules and delayed rewards. They were shaped by radio, telephone, movie theaters, World Wars and the Great Depression (Stockburger, 2008, p. 44).

The **Baby Boomers** are generally the children of the Silent Generation and are accustomed to being the center of their parents' universe. They revolutionized society with computers, communication devices, new delivery systems and entertainment blockbusters, currently dominate senior management, expect fulfillment in all areas of their lives, want to keep working but in a worthwhile endeavor (76 million still working), and are redefining what it means to be "old." Some Boomer values include liking and seeking power, living to work and make money and living outside their means (Gilhooly and Gilhooly, 2009, c. 266). Their core values include optimism, taking time to build consensus, team orientation and being liked by employees. They were shaped by the Big 3 networks, Vietnam and Cold Wars, moon walk, civil rights and feminist movements, rock music and the Kennedy and King assassinations (Stockburger, 2008, p. 44).

Generation X, at only 54 million, is a bit lost. As a group they are conscientious, extremely pragmatic, adaptable, and self-sufficient, born at a time when children were at the bottom of social priorities, and often raised as latch-key kids. They are faulted for not wanting to pay their dues but have not seen this commitment pay off for their parents (Gilhooly and Gilhooly, 2009, p. c266). Xers are not active voters, nor are they involved in politics in general. Core values include not being intimidated by authority, working to live rather than living to work, informality, independence, and diversity. They were shaped by the Reagan era, Challenger disaster, HIV, Iran hostage crisis, Watergate, Jonestown suicides, business corruption, and women's liberation protests (Stockburger, 2008, p. 45).

Seventy million **Millennials, or Generation Yers**, are now impacting business as workers, and not just consumers. They are at the center of the self-esteem movement and this individualism is reflected through body art such as piercings and tattoos. Millennials are tolerant on social issues such as immigration, racial diversity and homosexuality. Their values include close ties to parents and grandparents, team orientation, advocacy, environmentalism, social responsibility, technology, global community, optimism and achievement, and having fun at work. This group of 70 million (with approximately 32 million now in the workforce) was shaped, for good or ill, by terrorism and 9-11, Columbine shootings, the internet, Iraq War, cell phones, cable and reality TV, and gaming (Armour, 2005).

CONFLICTS
Working Americans today experience more on-the-job conflict than ever, due in large part to discord inherent in differing expectations, work habits, productivity and other aggravations brought on by communication issues. The two older generations are most often at odds with the two younger generations (Gilhooly and Gilhooly, 2009, p. c265). "The values of Generation X and the Millennials affect both their attitudes toward work and how they work. They are working to live and see education/work as a way to build their personal assets and skills. When the younger generations stop seeing a benefit to their work, they move on" (Gilhooly and Gilhooly, 2009, p. c267). This is best illustrated by a 24-year-old who says of her generation: "There's a higher value on self fulfillment. After 9/11, there is a realization that life is short. You value it more" (Armour, 2005). Silents and Boomers are both dedicated to work – living to work rather than working to live – and simply don't understand this perspective.

Nationally, 60 percent of employers report tension between employees from different generations. This survey found that 70% of older employees were dismissive of younger workers' abilities. And almost half of the employers who responded said that younger employees were also dismissive of the abilities of their older co-workers (Armour, 2005). The same attitude certainly exists in the world of healthcare. A workshop on generational differences at the 2007 annual meeting of the Association of Pediatric Program Directors pointed out some of the issues Silents and Boomers have observed about medical professionals who hail from X and Y Land (Gilhooly and Gilhooly, 2009, p. c267). Some of the issues pointed out about the younger generations included allegations that they won't do the "extra" things, relied more on technology than on intellect, exhibited a lack of professionalism in dress, music players, cell phones and taking time off when they wished. Younger doctors responded that they wanted to have a life-career balance, to express themselves through dress and personal grooming, and to receive constant favorable feedback. They fired back that older doctors were lagging in utilizing technology and furthermore, lacked respect for the contributions of younger doctors (Gilhooly and Gilhooly, 2009, p. c297).

The recounting of the 2007 APPD meeting mirrors findings by Jovic et al. in their 2006 research study. Boomers were criticized by Gen X doctors as being "overly cautious, competitive, blindly loyal and hierarchy worshipping." Boomer doctors described Gen Xers as "a generation who couldn't care less" (p. 2). The authors said: "The Baby Boomer generation is totally committed to medicine – it is who and what they are, whereas the Gen Xers might define themselves as perhaps a physician, gardener, marathon runner and Cub Scout leader" (p. 2).

Carson Dye, an executive search consultant in the medical industry and former human resources professional in the healthcare field, has written a recently published book about leadership in healthcare. While discussing the benefits of conflict, he also admitted that conflict must be managed. "Healthcare management is a breeding ground for conflict, as its issues span from operational to strategic and all points in between and even beyond. Such conflicts require leaders to be engineers of consent. That is, they must invite others to suggest solutions, guide that discussion, build a consensus, and manage the discord that arises" (2010, p. 172). Dye's guidelines include rooting out the potential causes of conflict, adopting a format that works for the team, practicing "directspeak" (speaking directly and clearly but with sensitivity), prohibiting personal attacks, insisting on collaboration and visualizing the end of the conflict (p. 175-178).

Most of the authors reviewed for this article agreed that Gen Y has no problem speaking up, about conflict and much more. In the *USA Today* article about Gen Y was a telling quote. "Generation Y is much less likely to respond to the traditional command-and-control type of management still popular in much of today's workforce," says Jordan Kaplan, an associate managerial science professor at Long Island University-Brooklyn in New York. "They've grown up questioning their parents, and now they're questioning their employers. They don't know how to shut up, which is great, but that's aggravating to the 50-year-old manager who says, 'Do it and do it now'" (Armour, 2005). Another management problem relates to feedback. Previous generations were accustomed to annual reviews whereas Gen Y has experienced "constant feedback and recognition from teachers, parents and coaches and can resent it or feel lost if communication from bosses isn't more regular" (Armour, 2005). Other documented differences include, as Casey's experience illustrates, conflict over casual dress. Resentment is clearly breeding over attire at work such as flip flops and Capri pants (Armour, 2005).

FINDING COMMON GROUND
The challenge in business today is to lead, or to navigate the conflicts between the values and priorities of the different composites of the workforce, and to orchestrate the transfer of knowledge and expertise from one generation of workers to another. "In today's healthcare environment, with its unique complexities of increasing demand, increasing costs of technology, and reduced payment for services, it is critical there be effective leadership in order to maximize performance of the entire workforce" (Stockburger, 2008, p. 43). The time has come to focus on similarities between generations; human resource professionals urge managers to seek and find common ground. For instance, the AARP points out five foundational ways businesses can structure work environments that members of all generations seek. According to the AARP, people of all ages view work as a vehicle for personal fulfillment and satisfaction, and not just a paycheck. Workplace culture is important to job satisfaction for all, and the highest indicator of satisfaction is to feel valued on the job. Over two-thirds of employees say they want a supportive work environment where they are recognized and appreciated, that career development is a high priority and that flexibility is important (AARP, 2007, p. 28).

IMPROVING THE WORK ENVIRONMENT
The generational mixture has stirred up the workplace pot, which has already begun to churn as younger workers are apt to change jobs more readily. While the Silent Generation often began

and ended their careers with the same employer, Baby Boomers are more interested in relocating if the move presented new career challenges and remuneration. Career advancement has become a serious issue among today's healthcare workforce and has resulted in more acceptance of job changes and abbreviated tenures. "High performance at many different facilities in which the career skill set is molded and groomed is more important than a slower progression of skill development with a single employer" (Stockburger, 2008, p. 46).

Ultimately, if research bears out generational agreement on what constitutes a supportive work environment, it is time for employers to deliver that environment. A start, according to Gilhooly and Gilhooly, is to follow the Titanium Rule at work. This rule states: "Do unto others, keeping their preferences in mind" (2009, p. c267). Furthermore, "if members of each generation followed this rule, they would respect each other's values by changing their behavior and improving communication. The end result would be a happier and more satisfying work environment" (Gilhooly and Gilhooly, p. c267). Clearly, managers will need to manage conflict brought on by generational differences. They will need to be able to determine the source of conflict and focus on collaboration (Whetten and Cameron, 2007, p. 389).

If Gen X and Gen Y are working to live and see education/work as a way to build their personal assets and skills, it seems to follow that if they stop seeing a benefit to their work they will move on. Gen Y is especially committed to advocacy work and may find satisfaction in workplace flexibility designed to allow them to participate in activities such as Doctors Without Borders, to job share, or to work hours more conducive to family life. Gilhooly and Gilhooly suggest that some practical considerations for improving the work environment would benefit all generations: make work fun (don't skip the parties to save the budget), keep employees learning new skills, be clear with expectations, offer immediate feedback but not micromanagement, and respect their commitments, whatever they might be (2009, p. c268). Stockburger claimed that valuing workers, seeking their comment and acting on it, creating a viable career ladder for them to climb, and making everyone feel he or she is an important part of a team will help retain workers (2008, p. 48). Yet another research duo, Mark and Margaux Shields, said workplace autonomy, a good schedule and time off were crucial components of a work environment for younger physicians (2003, p. 17).

Leadership is a function of communication. Organizational performance is a function of leadership, and it is leadership action or inaction that determines the effectiveness of the organization and ultimately, its performance (Stockburger, 2008, p. 48). Part of this performance depends on training, leading healthcare employers to consider the continuing education needs of their staffs. "The new age workers look to the employer to take a shared responsibility for meeting requirements" for licenses and "the proactive leaders will identify these specific needs for each member of the workforce and look for ways to meet these needs in order to maintain stability in the workforce" (p. 48). Stockburger sees successful leaders as career coaches who are "accessible, who listen to the needs, concerns, whimpers, whines and frustrations of each member of the workforce, praise job accomplishments, and demonstrate a sense of compassion for personal setbacks in the lives of each employee" (p. 49).

RAMIFICATIONS FOR THE MIDWEST

Sioux Falls, South Dakota, has a vibrant healthcare community. The area is home to about 160,000 people plus several large healthcare systems, Sanford Health, and Avera McKennan, in addition to the Avera Heart Hospital of South Dakota, and the Veteran's Administration Hospital. There are laboratories, surgical centers, private nursing agencies, fitness facilities, assisted living facilities and nursing homes, and medical professionals working in the Sioux Falls School system, as well as in public and private businesses. In short, Sioux Falls is feeling the very real effects of the generational changeover.

Statistics provided by Sanford Health show that 8,767 were employed by the system in 2007. Of those, 484 or 5% were "mature" employees (374 females and 110 males). This compares to 3,691 or 42% Baby Boomers (3075 female, 616 males), 3,127 or 36% Gen X (2591 females, 536 males), and 1,465 or 17% Gen Y (1222 females, 243 males). The System had grown significantly by the end of 2009, including a merger with the North Dakota-based system, MeritCare. Sanford alone employed 10,275 by the end of 2009. Of those employees, 362 or 3% were from the Silent Generation, 4,054 or 39% were Baby Boomers, 3,545 or 35% were Generation X, and 2,314 or 23% were Generation Y. More than 80% of Sanford's employees in the Baby Boom, Generation X and Generation Y are female. The 7,319 employees of MeritCare have swollen the North-South health system to 17,594 (Sherrie Netzley, personal communication, April 22, 2010). These statistics mirror what is happening on the national level.
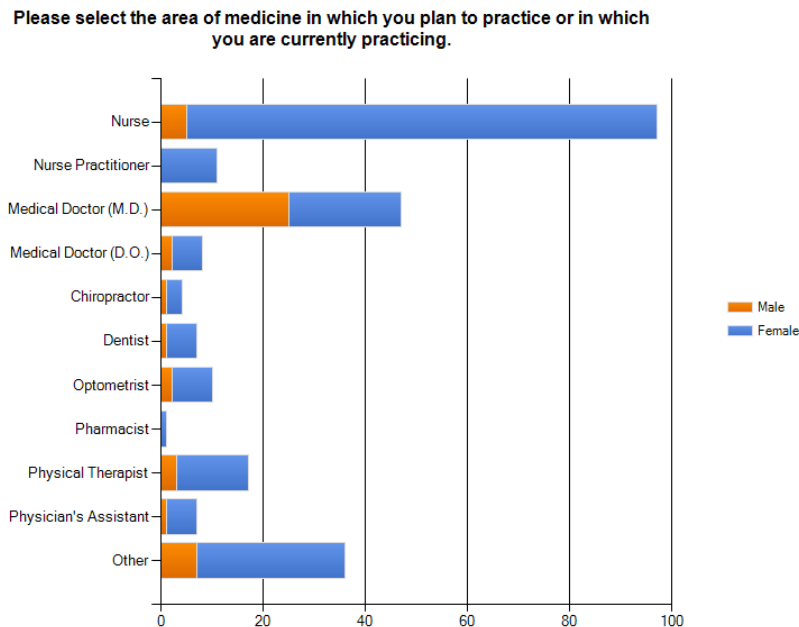
In an attempt to further illustrate how Gen Y was infusing healthcare on a local level, this author undertook a study of Augustana College students and medical professionals who were clearly part of Gen Y. A survey was devised through Survey Monkey and was pre-tested by several local medical students and doctors. A link to the 19-question survey was emailed to 1,261 students and alumni from Augustana College who were majoring, or had majored, in nursing, biology, chemistry, and physics. These majors were chosen because they most often lead to science-based professional careers. Fifty-four emails bounced back due to outdated email addresses. Over a two-week time frame, 245 current and former students completed the online survey for a 20% response rate. The results, while limited to students and alumni from one South Dakota college, are eye-opening and relate directly back to what research has consistently shown Gen Y professionals, especially those employed in healthcare positions, expect to be part of their daily lives.

Of those who responded to the survey, 80% were female and 20% were male. Of the 198 female respondents, over half were still in college or had recently graduated. Nineteen were born in 1980, which means they have likely been working between three and eight years. Male respondents (47) were fairly evenly distributed between the Gen Y years. Seven were born in 1989, indicating they are still undergraduate students. Almost 100% of respondents, naturally, attended college in South Dakota. Almost 80% attended graduate school in the immediate vicinity (South Dakota, Minnesota, Iowa, Nebraska, Kansas and Missouri).

Half of the undergraduates said they were planning to work in medicine, 13% were graduate students, and 35% were currently working in medicine. Only 2% were not planning to work in medicine or were not currently working in medicine.

Are you planning a career in a medical field or are you currently studying or working in medicine?
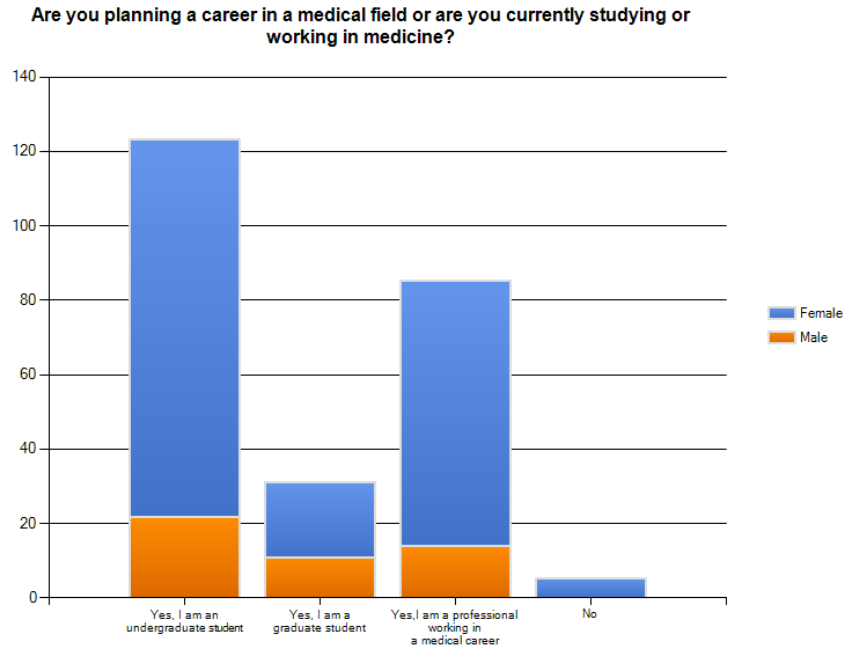
Respondents had a variety of plans for their careers. Nearly 40% were focusing on careers as nurses, 4.5% as nurse practitioners, 19% as medical doctors, 3% as doctors of osteopathy, 1.6% in chiropractic medicine, 3% in dentistry, 4% in optometry, 4% in pharmacy, 7% in physical therapy, 3% as physician's assistants, 4% in medical research and 11 percent as "other," which included work as nutritionists, nurse anesthetists, lab technologists, athletic trainers, medical lab scientists, and physician scientists.

Please select the area of medicine in which you plan to practice or in which you are currently practicing.


Over 70% of the respondents reported they either currently lived and worked in the Midwest or planned to live and work in the Midwest eventually. Less than 5% said they had no plans to live
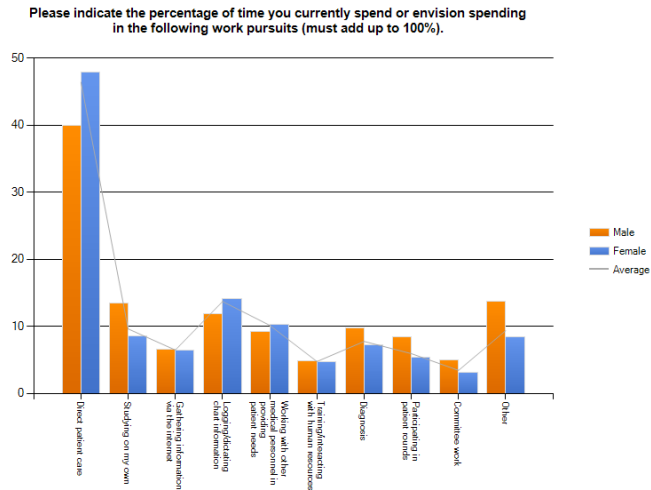
here; 18% said they might eventually live and work in the Midwest while 5% admitted they didn't know where they would live and work.
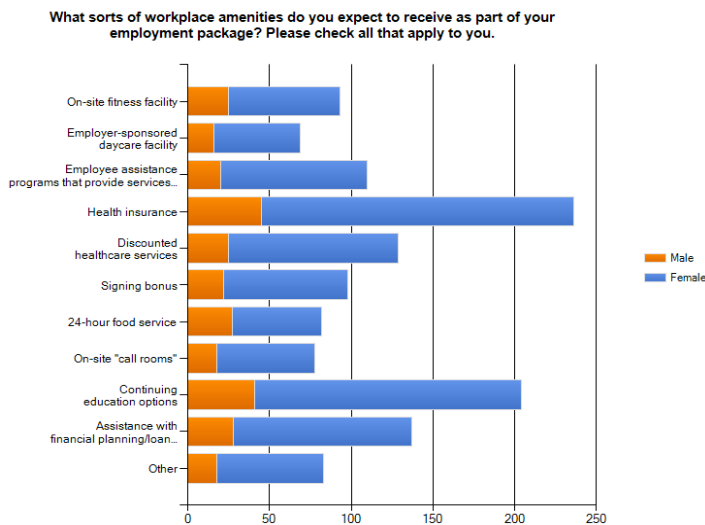
Survey-takers were asked to imagine their work environments and to list all the tools or aids they do or would employ to help them in their daily work. Nearly 85% said they do/would use email, phones and tools such as Skype in communication efforts. Over 70% said they do/would participate in group training sessions, 60% do/will use handheld internet devices, and 50% do/will participate in work teams comprised of medical specialists and use online collaborative tools such as Google Documents. About 30% use or foresee using podcasts for continuing education, 28% do/will use a dictating device, and less than 5% said they currently use or will use computerized charting/medical records and other phone applications.
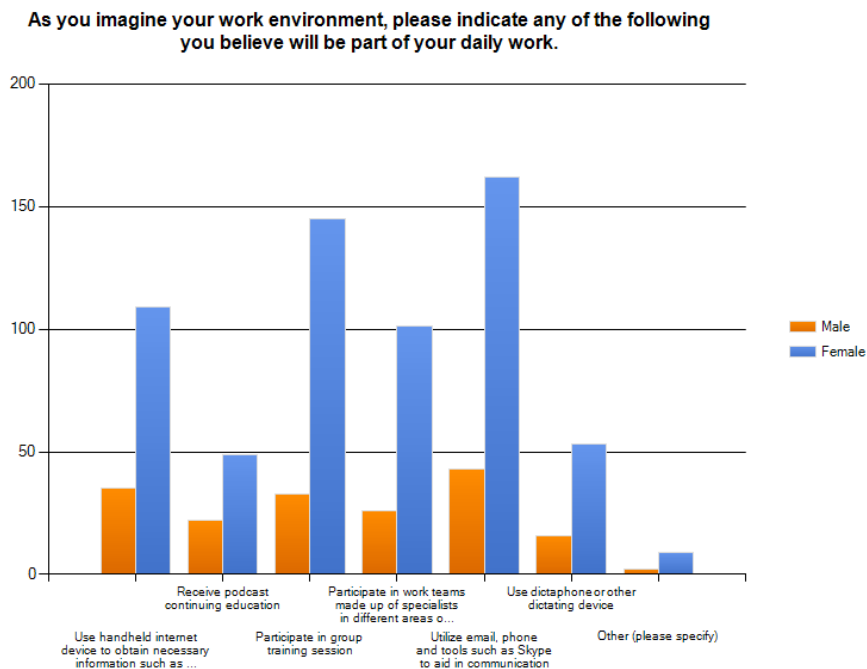

One question investigated how much time is or will be spent in work pursuits. Most respondents said about half of their time is or will be dedicated to direct patient care. In fact, one respondent said 100% of his time was spent in direct patient care. It appeared, from the survey, that the most consistent ways these prospective or current medical professionals do or will allocate their time is on patient charts (13%), in working with other medical personnel in providing patient needs (10%), in studying on their own (9.6%) and in diagnosis (7.7%).

Please indicate the percentage of time you currently spend or envision spending in the following work pursuits (must add up to 100%).

The heart of the survey, at least from a human resources perspective, came next. Respondents were very clear about what workplace amenities they expected or received as part of their employment package. Nearly 100% said they expected to receive or received health insurance. The next most popular expectation, at 83%, was continuing education, followed by assistance with financial planning and loan forgiveness (60%), discounted healthcare services (53%), employee assistance programs (45%), signing bonuses (40%), one-site fitness facilities (38%), 24-hour food services (33%), and employer-sponsored daycare facilities (28%).

What sorts of workplace amenities do you expect to receive as part of your employment package? Please check all that apply to you.


According to the survey, respect by their peers was the most important professional accommodation to respondents. More than half said this respect was of vital importance. Half said flexibility in scheduling and pay were very important. About 30% said amenities such as food service, workout facilities, and convenient/safe parking were important.

Please rate the following professional accommodations in importance to you.
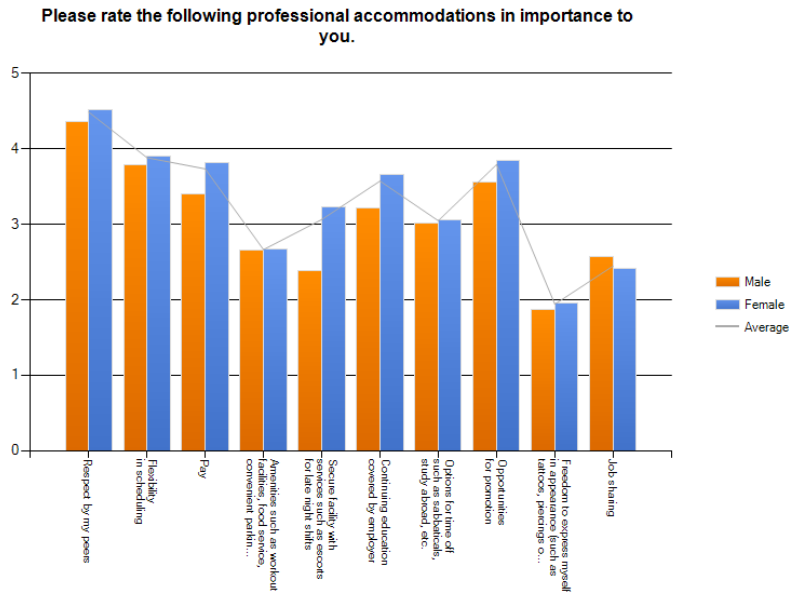
Part of the survey related to whether medical professionals wanted to live in major metropolitan areas, large cities or more rural locations. Over 60% said it wasn't important to live in a major metropolitan area, 34% said it was important to live in a large city, and 40% said it wasn't important to them to live in a more rural location. Of more importance to the respondents were lifestyle considerations when choosing where they will take or have taken a job. Over 40% said it was vitally important for their spouse to find employment opportunities. Nearly 50% it was very important to find a family-friendly location with education and leisure options as well as to find a connection with co-workers and the mission of the organization. More than 30% said it was important to them to find a job with more mobility, such as Doctors Without Borders, more varied experiences and to land a job whose location offered loan forgiveness.

When considering where to take a job after you graduate(d) or complete(d) your training, please indicate how important the following considerations are/were to you.
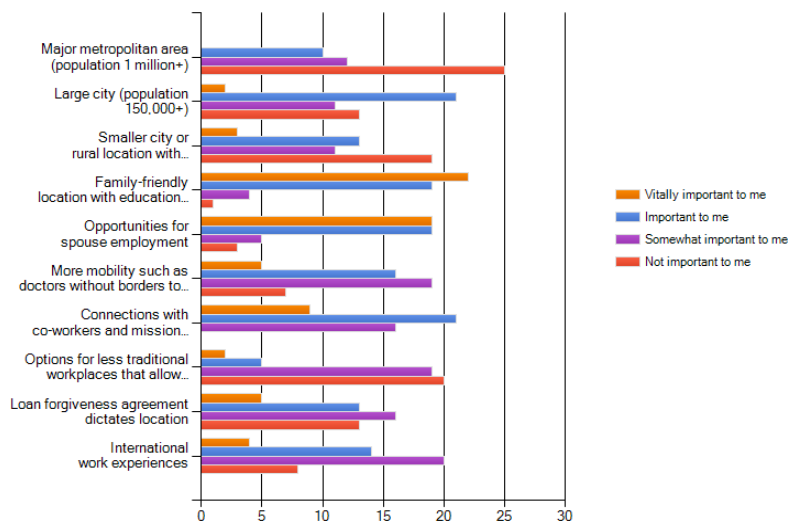
Over 60% of the respondents said they either had, or anticipated having, generational conflicts at work with older colleagues. Just over 17% said they had not, or did not expect, to experience conflict and almost 20% said they may experience age-related conflict at work.

Perhaps more important to the discussion was how that conflict would manifest. Almost 50% said they anticipated or experienced problems in communications, either interpersonal or technological. Just over 30% said they expected to, or have experienced, problems in how they did their jobs although NOT in ultimate patient care. About 20% anticipated problems due to youth. Over 30% said they didn't believe there would be or had not been problems based on their age. About 10% said they expected other problems, primarily related to cultural or gender differences.

If so, how did it/will these issues with other generations in the healthcare workforce manifest? Please check all that apply to you.
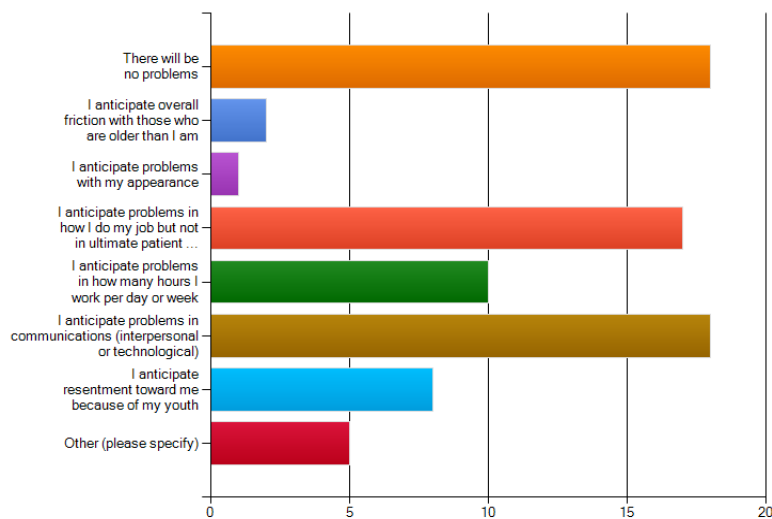
Not surprisingly, this demographic relies on technology. When asked what was the best way for an employer to communicate with them, 93% said email, 82% said cell phone, 41% said texting, 23% said mail sent to their home, 22% said pager, 21% said notices posted at work, 16% said intranet, 12% said Facebook and 11.5% said land-line phone.

When considering communications, what is the best way for your
employer to communicate with you? Please check all that apply to you.
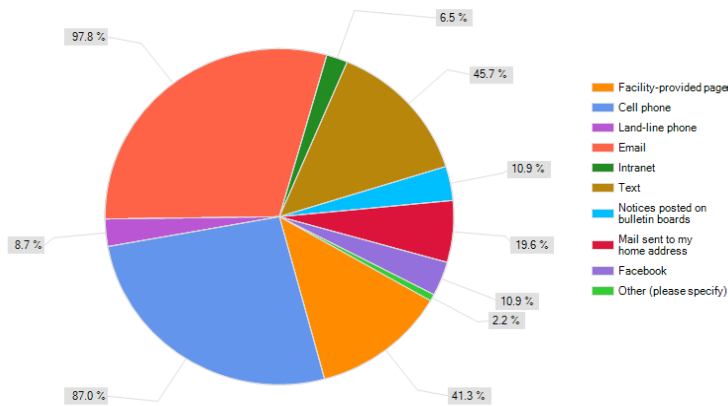
This will be a well trained, well educated group, despite author Mark Bauerlein's allegations that
Gen Y is the "dumbest generation" (Begley & Interlandi, 2008, p. 1). Nearly 40% anticipate
completing four years of graduate education, 25% two years beyond college and 12% eight years
beyond a bachelor's degree. Just over 17% said their formal education was complete.

When asked what sort of technology they use daily, or expect to use daily, 82% said a desktop
computer. Over 80% use a cell phone, 65% use a laptop, and 53% use a land-line phone.

How many technological devices do you use or expect to use daily while on the job? Please
check all that apply to you.
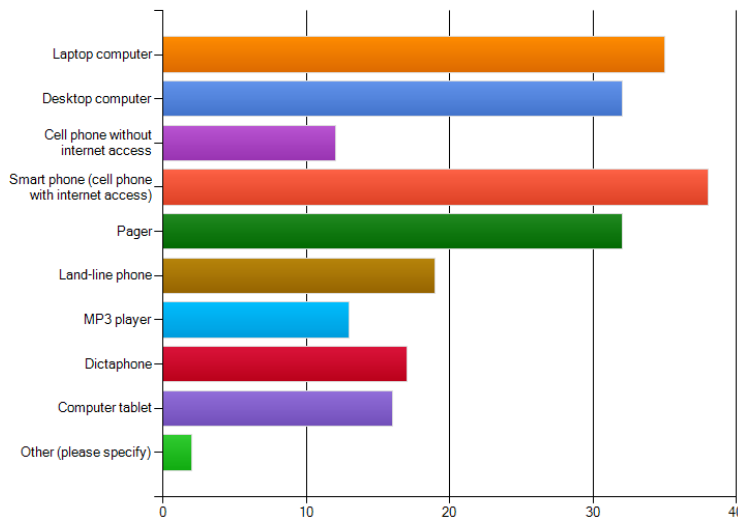
CONCLUSION

There are profound changes in store for the U.S. healthcare system, some driven by political
change, some by disease states, some by finances, some by legislation, some by technology. But
nothing will impact healthcare in the next 10 years more profoundly than the newest generation
of workers. These folks will bring a keen sense of justice, of social awareness, of informality and
a sense of exploration to work with them each day. If countless studies of Generation Y medical
professionals – including one investigating how Augustana College students destined for medical

careers as well as alumni already employed in the healthcare sector – are accurate, human resources staff will have their hands full. These employees want it all: Onsite daycare and workout facilities, signing bonuses, flexible hours, help with financial planning, and discounted healthcare . No longer will employees focus exclusively on health insurance; they assume it will be there and only a small part of the employment package. They anticipate workplace conflicts, and angst is practically guaranteed unless older generations accept Gen Y's very definite ideas of a balanced work-personal life. How the Baby Boomers and Gen Xers respond to this infusion of youthful, multi-tasking, technologically savvy, determined millions is yet to be determined. They're here, they're opinionated and they'll soon hold the workplace reins in their hands.

REFERENCES

American Association of Retired Persons. (2007). Leading a multigenerational workforce. Retrieved
          from: http://www. *assets.**aarp**.org/...**aarp**.../**leading_multigenerational_workforce**.pdf

Armour, S. (2005). Generation Y: They've arrived at work with a new attitude. USA Today; November 6,
          2005. Retrieved from http://www.usatoday.com/money/workplace/2005-11-06-gen-y_x.htm

Begley, S. and Interlandi, J. (2008). The dumbest generation? Don't be dumb. *Newsweek*; May 24, 2008.
          Retrieved at http://www.newsweek.com/id/138536

Buahene, A.K. and Kovary, G. (2009). Reversing the roles: Why Gen Ys can make great mentors.
          Canadian HR Reporter; May 4, 2009; 22, 9, p. 14.

Bureau of Labor Statistics (2010). Labor Force Demographic Data, Civilian Labor Force, 2004-
2014.
          Retrieved from http://www.bls.gov/emp/emplab1.htm.

Dye, C.F. (2010) *Leadership in healthcare: Essential values and skills* (2nd ed.)
            Chicago, IL: Health Administration Press.

Gilhooly, J. and Gilhooly, J. (2009). Generational synchronicity: Improving the medical work
          environment. *NeoReviews*; 10;e265-e269.

Jovic, E., Wallace, J.E., and Lemaire, J. (2006). The generation and gender shifts in medicine:
          an exploratory survey of internal medicine physicians. *BMC Health Services Research*;
          May 5, 2006. Retrieved from: http://www.biomedcentral.com/1472-6963/6/55.

Lovern, E. (2001). New kids on the block. *Modern Healthcare*; January 29, 2001; 31, 5, p. 28-35.

O'Neill, E. (2002). Shaping American's health care professions: How the health sector will respond to
          Generation X, *Western Journal of Medicine*; March 2002; 176, 2; p. 139-141.

Shields, M.C. and Shields, M.T. (2003). Working with Generation X physicians. *The Physician
          Executive*, p. 14-18.

Stockberger, W.T. (2008). Leadership challenges of a multigenerational workforce.
          Radiology Management, p. 43-49.

Whetten, D. A., & Cameron, K. S. (2007). *Developing management skills* (7th ed.). Upper
          Saddle River, NJ: Pearson Prentice Hall.