

Millennial Physicians: Who They Are and How to Recruit, Develop, and Retain Them in your Healthcare Organization

Focus Paper

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Introduction

By the year 2025 the Millennial generation will be the largest generation in the workforce at seventy-five percent, yet organizations have not fully grasped how to successfully work with these individuals (Putre, 2014). There are several characteristics that describe the Millennial generation that are not favored by older generations. The Millennial mindset is very different from that of the Silent Generation, the Baby Boomer generation, and Generation X. For example, the Silent Generation prefers job security over entrepreneurship, the Baby Boomer generation is defined as being self-confident and self-indulgent, while Generation X is known for being cynical, distrusting, and disengaged politically (Sharer et al., 2016).

In comparison, Millennials are known as being hungry for praise, super connected to technology, eager to advance, and insistent on a balance between their work and their personal lives (Putre, 2014). Older generations sometimes can view these Millennial characteristics negatively since they exhibit a different work ethic from their own, thus causing conflict in the workplace. As more Baby Boomer physicians retire, more Millennials are graduating from medical school and joining healthcare organizations. Very soon they will be the leaders of these healthcare organizations. These physicians are not as interested in practicing primary care compared to specialty care, which is very concerning given the ever-increasing aging population. Additionally, the Millennial physician possesses large amounts of student loan debt and they are “acutely aware of the need to earn an income that can adequately repay that debt” (Moawad, 2016). However, the Millennial’s motivations are far more than financial, as they are looking for the entire career package within an organization including the latest technology, flexibility, mentorship, work-life balance, and emotional attachment to the company (Moawad, 2016). In order to retain the Millennial physician, practice leadership will need to consider altering some of their current operational strategies; for example, resources need to be allocated to provide the latest technology in order for the physician to deliver the most efficient, highest quality care

possible (Moawad, 2016). With a growing number of Millennial physicians entering the workforce annually, healthcare organizations can no longer afford to ignore the expectations of this generation in order to successfully recruit—and more importantly—retain top Millennial talent.

The purpose of this focus paper is to review the personal and professional characteristics of the Millennial physician, along with their expectations of an organization. This paper can serve as a resource for Practice Administrators to learn more about what the Millennial physician wants in order to understand who they are recruiting, as well as how to prepare their office for this new emerging type of physician leader. This paper will explore different avenues to retain the Millennial physician from what is currently known about them. In addition to analyzing the physician, this paper will also examine what the Millennial patient will expect from their physician and organization. As more Baby Boomers retire, it is more important now than ever before for an organization to learn how to engage this new generation of medical leadership. The organizations proactively recruiting, developing, and making the operational changes needed to accommodate these expectations will have a better chance of retaining these physicians. Retaining this new type of physician is important to the practice's bottom line and its overall office culture. While this paper focuses on the Millennial physician, it will recognize the importance of integrating this generation with others in the workplace.

The research methodology for this paper includes a literary review of articles and research papers on the Millennial generation, specifically the Millennial physician.

Background

The current physician workforce consists of four generations: the Silent Generation, the Baby Boomer generation, Generation X and the Millennial generation. Of the four, the Millennial generation is projected to be double the size of its predecessor, Generation X, and has already surpassed the number of Baby Boomers in today's workforce (Diesing, 2016). Millennials are filling positions left vacant by Baby Boomers who are retiring at a rate of 10,000 per day (Sharer et al., 2016). Having a mix of generations has changed the dynamics of the workplace due to the specific characteristics and expectations of each generation. This mix can lead to conflict when generational opinions differ on how decisions and processes should be carried out. Practice leaders will benefit by understanding what motivates each generation by knowing the characteristics that define them.

First, the Silent Generation, also known as Traditionalists, are those born between 1925 and 1945. This generation was largely influenced by world events during this time including the World Wars and Great Depression (Lancaster & Stillman, n.d.). This generation is known for being loyal and not wasteful, and usually only worked for one company during their career (Lancaster & Stillman, n.d.). Some other characteristics that describe the Silent Generation include being concerned about financial security, disciplined, adverse to change, and prefer hierarchical structures (Keltgen, n.d.).

Next, are the Baby Boomers, those born between 1946 and 1964. This generation was influenced by several societal events such as the Vietnam War, Watergate scandal, and the Civil Rights Movement (Lancaster & Stillman, n.d.). They are known for being optimistic, competitive, driven, and desire a career that will bring them title and recognition (Lancaster & Stillman, n.d.). This generation is also known for being self-indulgent from growing up in a post war economy (Sharer et al., 2016) Baby Boomers currently hold most senior leadership positions

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and are known for living to work (Keltgen, n.d.). They are a very driven generation and are willing to work long hours in order to be successful (Lancaster & Stillman, n.d.). Additionally, they are known for being loyal and do not often change companies during their career.

Then, there are those who belong to Generation X, who were born between 1965 and 1980. They are known for being self-sufficient and are highly adaptable to change and technology (Lancaster & Stillman, n.d.). They are commonly referred to as “latch-key kids” due to their self-sufficiency and are the first generation to grow up when divorce rates started to increase greatly (Lancaster & Stillman, n.d.). Their core values are to be skeptical of authority and institutions, are informal, and are working to live rather than living to work (Keltgen, n.d.). Their loyalty to their company is lower than that of their predecessors and their motivator is time off rather than money (Lancaster & Stillman, n.d.). Their nature to be disengaged is due to them growing up during the political chaos of the late sixties and seventies (Sharer et al., 2016).

Finally, the Millennial generation includes those born between 1980 and 2000. This generation exhibits traits that have been shaped by world events including September 11th, the 2008 financial crisis, and fast growing technology changes (Sharer et al., 2016). The main traits that describe the Millennial physician include being very comfortable with technology, being ambitious, wanting a flexible job definition, rejecting discrimination, not afraid of change, informal, and wanting a work-life balance (Moawad, 2016). The Millennial physician is comfortable with technology because it was part of their social norm during their upbringing, and they were trained with the latest technology during their medical school and post graduate education (Moawad, 2016). Their training will lead to these physicians wanting new and fast systems in order to make their patient care more effective and efficient (Moawad, 2016). This generation favors the Generation X philosophy of working to live as opposed to the living to work philosophy of the Baby Boomer generation.

Society's view on education evolved over time and shaped how Millennials view educational success. For older generations, the ability to obtain a high school diploma was viewed as a high educational success, but in today's society Millennials are expected to obtain a high school diploma as well as a Bachelor's degree or even more advanced education (Sharer et al., 2016). Not only is it considered normal for a Millennial to have a post graduate degree, it has helped shaped the ambitious characteristic that many Millennials are known for possessing. This generation has grown up in a world of competitive activities and the need to constantly receive parental attention, and this upbringing has made them familiar with high goal expectations (Moawad, 2016). Therefore Millennials tend to have high aspirations for themselves and their careers, and is one reason why Millennials pursue further education. This added societal encouragement to obtain more education has also led to this generation obtaining large amounts of educational debt before they even graduate and find employment. Most Millennials assume they will find a high paying job once they earn their degree and have set salary expectations. These salary expectations are especially true for Millennial physicians who have accrued more medical school debt than previous generations, and these physicians are looking for organizations that can meet their financial anticipations (Sharer et al., 2016).

The Millennial physician desires a flexible job because they want to be able to provide care in the setting that they see fit. This generation is dedicated to advocacy work and a Millennial physician might want to travel to an indigent country to practice medicine for a few months and does not understand why that would not be acceptable by their employer (Moawad, 2016). They also expect to have a work-life balance and will not be attracted to practices that are not able to provide enough time off or expect a constant call time commitment. The characteristics of wanting a flexible job and a work-life balance is very different from the Baby Boomer generation who were not concerned with how much time they would have to spend at work. However, organizations should embrace these new beliefs since now physicians, including

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Baby Boomers, have reported possessing an increased feeling of job burnout, and Millennial physicians do not want to put themselves in the same position as previous generations (Diesing, 2016).

The Millennial generation grew up in a time when society was more accepting of differences than previous generations, which is why they tend to reject discrimination. For example, there are now more female practicing physicians than ever before, and a Millennial female physician is likely to reject any biased gender limitations when it comes to career advancement (Moawad, 2016). In addition to rejecting discrimination, they tend to favor an informal setting when it comes to patient care; for example, they might prefer for their patients to call them by their first name and will not always wear a white coat in clinic. They do not want their patients to place them on a pedestal and embrace patients researching their diagnosis on the Internet as oppose to older generations (Moawad, 2016). A 2016 survey report, Millennial Mindset: The Collaborative Clinician, found that seventy-one percent of Millennial physicians find it helpful for patients to conduct online research before their appointment in order to make their visit more effective for the patient (GSW, PR, & PALIO, 2016). This survey also found that eighty-one percent of Millennial physicians think they should have a different type of formality when treating their Millennial patients verses their older patients (GSW et al., 2016). In addition to encouraging the Millennial patient to research online, they are also highly likely to give the Millennial patient more details in explaining their diagnosis and treatment whereas older physicians are more likely to simplify their explanation to Millennial patients (GSW et al., 2016). While they encourage their patients to research online, only twenty-three percent of Millennial physicians are influenced by patient requests when determining treatment (GSW et al., 2016).

Furthermore, Millennial physicians are not afraid of change due to societal changes that occurred in the past thirty years, and as stated by Dr. Heidi Moawad of John Carroll University “The idea of changing jobs, moving office locations, or getting a new electronic system are not

unsettling, and are often welcome as Millennials do not resent buckling down to spend the time discovering a new way of doing things,” (Moawad, 2016). Since they are not afraid of change they may be, in that aspect, easier to work with as there are many changes that occur in healthcare, specifically with physician practice operations. In comparison, older generations tend to become frustrated with the changes that occur in healthcare, especially if they are not comfortable with new technology. Therefore when changes occur in the practice setting, such as moving to a new electronic health record (EHR), it is likely that the Millennial physician will not need as much assistance and encouragement as an older physician since they are tolerant to change and more likely to embrace new technology, particularly if it will help them provide more efficient patient care.

While there are plenty of Millennial physicians entering the healthcare field, this generation prefers to practice specialty care instead of primary care. As stated by Dr. Laurie Buchanan of Tufts Medical Center during the 2015 residency match, “Less than half of Family Medicine’s 3195 residency spots were filled by U.S. medical school seniors,” with more students focusing on specialty care instead (Buchanan, 2015). In comparison, in the mid to late 1990s around fifty percent of all United States medical school graduates chose primary care careers instead of specialty (Mitra, 2016). According to the Association of American Medical Colleges, it is projected that there will be a shortage between 12,500 and 31,000 primary care physicians by the year 2025 (Redmond, 2015). The vacant primary care residency spots are of further concern since the need for primary care is increasing with more Baby Boomer primary care physicians retiring and more Baby Boomer patients aging. In addition to the lack of patient care, there is also the concern that a shortage of primary care physicians will lead to a reduction in revenue for hospitals, as well as specialty practices, since they depend on referrals from primary care physicians (Redmond, 2015). Therefore, the primary care physician shortage places even more

pressure to retain the primary care physicians a healthcare organization recruits in order for them to thrive financially.

One of the main reasons for the decrease in the number of primary care residents is due to financial incentives. The average income for a primary care physician is \$195,000 compared to a specialist's salary which is around \$284,000 a year (Castellucci, 2016). To some individuals a six figure salary would seem plentiful, but the average medical school student graduates with \$190,000 in debt for private education and \$168,000 in public education debt (Buchanan, 2015). In addition to student loan debt, some of these medical students are graduating at the same time they are buying their first home and starting a family, and are influenced financially to focus on a field that will produce a higher salary (Buchanan, 2015). Not only is student loan debt influencing the decision to focus on specialty care, it is also reinforced by the medical field culture that view specialty care to be more prestigious (Castellucci, 2016). There is a lack of respect for the primary care physician due to technological advances in specialty care, and as stated by Avir Mitra of Newsworks "The doctor who is the authority on a given body part often feels superior to the doctor who is an authority on the patient as a whole," (Mitra, 2016). This lack of respect is further enforced by reimbursement rates since they tend to be lower for primary care productivity compared to specialty care (Mitra, 2016). The view that specialty care is more prestigious in addition to a higher salary is very attractive to the Millennial physician who has an ambitious mindset.

While finances are a major motivation, it is not the only cause for the shortage of primary care physicians. Another cause is that Millennial medical students are not captivated by the current practice of primary care. The Millennial physician strongly values their time and they are not intrigued by the primary care physician's schedule that only allows fifteen minutes to treat complex medical conditions (Mintz, 2012). Also they do not want to spend time on the phone with insurance companies trying to get authorizations for the treatment their patient's need

(Mintz, 2012). In addition to insurance company regulations, the primary care physician has a high workload of treating around thirty patients a day, which is not only a high patient volume to treat but also a high volume of daily documentation (Mitra, 2016). Since Millennials desire a work-life balance and do not want to feel burned out, the workflow of the primary care physician is not as attractive to them as a specialist who may only treat patients in clinic a couple of days a week along with a salary that doubles that of a primary care physician.

Recruitment

In order to successfully recruit the Millennial physician, healthcare organizations must understand the Millennial's expectations. According to data from the American Medical Association, around fifteen percent of physicians are under the age of thirty-five, and this number is going to continue to increase each year (Bendix, 2015). In addition to these physicians starting to treat patients they are also educating medical students and will be an influence to future generations of physicians (Bendix, 2015). One difference between the Millennial generation and its predecessors is that they possess confidence in their net worth and are not intimidated to speak up for what they want. The Millennial's confidence is largely due to them being involved with a lot of activities in their upbringing, making them not only high-performers but also they tend to be high-maintenance which can be viewed negatively by older generations (Armour, 2005). Therefore, it will make the recruiting process more challenging for Practice Administrators than with previous generations because Millennials will be more vocal about their demands from an organization as oppose from the organization telling them what it needs from the Millennial physician. Organizations should consider ways to appease this generation by offering competitive compensation and benefits packages, leadership opportunities, transparency about the organization's culture, providing work-life balance opportunities, and the latest technology.

Millennial physicians desire a complete compensation package. Organizations should be visibly transparent with the complete compensation package they can offer the Millennial

physician. Healthcare organizations that pay below market value will have a difficult time recruiting new physicians as stated by Janet Colwell of American College of Physicians because organizations “Have to be in the ballpark in terms of compensation before you can even get to discussing things like scheduling or quality of life” (Colwell, 2017). Largely the desire to put salary as a top priority is due to them accruing higher medical school loans than previous generations and to the amount of salary information they can research online prior to interviewing. In addition to a competitive salary, organizations could also provide the physician opportunities to earn supplementary income through productivity bonuses. The organization needs to explain how their bonus program works when recruiting the physician so that the candidate understands their full income potential (Colwell, 2017). Employers should consider providing the candidate historical data showing their average work relative value units (wRVUs) their physicians produce per patient encounter so that the candidate has a better idea of what their productivity could be with that organization (Colwell, 2017). Also organizations that require certain productivity goals should discuss this with the Millennial physician during the recruitment process.

Tuition reimbursement is an incentive that will appeal to the Millennial physician, and some organizations offer to pay student loan debt in annual installments if the physician agrees to stay for a specific length of time (Colwell, 2017). Also, organizations should address if they can offer their physician quality incentive payments, since these can add to the physician’s compensation package if the organization pays these incentives directly to the physician (Colwell, 2017). In addition to a competitive compensation package, Millennial physicians expect a competitive benefits package. The desire for an appealing benefits package is due to this generation growing up viewing financial insecurity with events such as the dot-com busts and the 2008 financial crisis (Armour, 2005). This generation does not want to put themselves in the financial position that some of their predecessors are currently in by saving for retirement at an

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earlier age. According to a survey by Diversified Investment Advisors, thirty-seven percent of Millennials plan to start saving for retirement before they turn twenty-five, and “70% of Millennials contribute to their 401K plan” (Armour, 2005). Therefore, organizations that provide competitive benefit plans, in addition to a competitive salary along with tuition reimbursement are more likely to intrigue the Millennial physician to join their practice.

Besides being competitive with compensation and benefits, Millennials are interested in the culture of the organization and how they can be involved in leadership opportunities. Organizations should invest time in learning about what intrigues their physician candidate in order to offer them a robust package, standing out from competitors. Since Millennials are ambitious and not afraid of changing employers, it would benefit the organization to have ownership discussions, such as being a partner of a private practice, earlier in the Millennial physician’s recruitment process so that they understand what their future career path could be if they stay with that company (Fowler, 2015). If the organization was a large corporation and ownership opportunities were not possible, such as at a hospital, it would benefit the organization to look for educational or leadership opportunities that could help the Millennial physician feel more invested in the company (Colwell, 2017). For example, these types of corporations could discuss different leadership committees that the physician could serve on in an area that interests them, such as a quality committee for a primary care physician.

Millennial physicians are interested in learning about the culture of a company prior to interviewing. They are very comfortable with technology and will often research the organization online before interviewing; therefore, it would benefit the organization to display their company’s culture through social media platforms (Fowler, 2015). They want to see real pictures from the organization as well as hear the positive and negative feedback about the company in order to gain a full understanding of their potential employer. Companies that are not transparent with their information might put off these physicians because they could wonder what the company is

trying to hide (Fowler, 2015). Not only do physician candidates want to see transparent information about the organization, the Millennial patient also wants to see this information when choosing a provider. A practice that does not have a user friendly website could miss out on a new patient because Millennial patients look to research as much as they can about a practice online before making an appointment.

An organization should also inform their potential candidate about the workplace environment. Organizations need to understand that Millennial physicians want to practice medicine differently than their predecessors and they place a high value on having a work-life balance in order to prevent burn out. Offering a work-life balance could include letting the physician have control over planning their clinic schedule, even if it means they are off one workday each week. It could also include hiring well trained clinical staff so that they can help the physician provide high quality care in an efficient manner in order to help the physician end their clinic day on time. The Millennial physician values flexible vacation time, not being on call continuously, and other work-life balance perks (“Why (and how) you need to recruit Millennial doctors differently | The Advisory Board Daily Briefing,” 2015). For example Redlands, a California based medical group, offers their hospitalists shorter shifts when they work on the weekends compared to when they are scheduled for during the week, while also limiting their daily patient load to only fourteen to seventeen patients per physician to prevent potential burn out (Colwell, 2017).

This desire for a work-life balance is so strong that Millennials will feel they are respected by the organization if they are allowed flexibility with their schedule, which in turn will encourage the Millennial to devote more of them when they are at work (“Millennial Physicians The Newest Doctor Perspective,” n.d.). It would benefit the organization to discuss what the Millennial physician’s potential schedule could look like in order to achieve their productivity goals as well as have that dedicated time away from the office. Organizations should be clear,

from the beginning of the recruitment process, on what the Millennial physician's potential earnings will be in addition to what the organization's minimal productivity goals are if they want to maintain a certain amount of time outside of the office. By being transparent from the beginning, this will hopefully reduce further conflict between the physician and practice leadership. Instead of only focusing on a traditional schedule, organizations should consider having some flexibility in order to keep the Millennial physician who is looking to work either part-time or only during certain parts of the year and not lose the potential candidate. Since the characteristics of the Millennial are to want flexibility, the candidate could continue looking for an employer who will offer these opportunities and primary care physicians are likely to find an organization that is willing to accommodate their expectations. An organization could look at the long term benefits of recruiting two physicians instead of one because while there would be two salaries to support there would also be two more physicians that could help with office coverage as well as give the physicians the flexibility they desire.

In addition to knowing the type of work environment, Millennial physicians also place a high value on the technology they will use in their practice. This high value comes from the Millennial's desire to provide effective treatment through technology and information sharing ("Millennial Physicians The Newest Doctor Perspective," n.d.). It also comes from the Millennial physician growing up in a time where technology has changed continuously, and most do not know of a world without instant knowledge with the use of the Internet or instant communication ("How to Retain Millennial Physicians," 2016). In addition to wanting to provide the most efficient care for their patients, the Millennial physician wants to have the fastest technology that will allow them to reach their productivity goals as well as give them their desired work-life balance. They also want to use effective technology to reduce time pressure constraints that can cause future burn out (Redmond, 2015). Therefore, not only will they expect organizations to have an EHR, they might also have a preference on the type of EHR the

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organization uses when making a career decision. The organizations that do not have the financial means to provide the latest version of a specific EHR might not successfully recruit their top Millennial candidate. Not only does technology influence the Millennial physician, the Millennial patient is also looking for healthcare organizations that provide the latest technology. It is important for companies to align both their in office and online operations because Millennials want companies to utilize the Internet to carry out business processes (Wells, Fishman, Horton, & Raman, 2015). Using an organization's EHR to its full potential will be attractive to the Millennial patient since they are technology savvy and according to Aly Seidel of The Advisory Board "21% would consider a virtual visit via webcam and 26% would consider emailing their doctor" (Seidel, 2016). Therefore organizations should consider providing the patient these opportunities for patient care by obtaining the most effective technology resources in their practice.

Retention

As stated previously, the Millennial physician desires specific criteria when it comes to their work environment. They want to work for an organization that is going to invest in them, and when they do not find this sense of an emotional attachment then it is highly likely they will seek other career opportunities. The engagement the Millennial physician seeks comes from their desire to have all expectations met in their work environment. They are looking for not only the right compensation and benefits, but also to have constant feedback from leadership, flexibility with their schedule, and feeling that their ideas are heard and taken seriously. Therefore, in addition to healthcare organizations investing in ways to recruit the Millennial physician, they will also need to be creative when focusing on the physician retention.

While setting the right financial package is important in order to recruit the Millennial physician, it is also important to continuously evaluate the organization's compensation structure

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in order to ensure it remains compatible with market rates. Practice leaders should continuously research physician compensation data provided on the Medical Group Management Association (MGMA) website in order to ensure that they are compensating physicians at the appropriate benchmarks. By ensuring they are compensating physicians appropriately it will help leaders facilitate discussions with those who feel they should be compensated more as they will have real industry data to present to them. Also, an organization needs to ensure they are providing competitive compensation so that they avoid physicians who are unsatisfied with their earnings, because a frustrated physician can cause low morale in the office setting which could lead to poor efficiency and unsatisfied patients (“Insights on Reducing Physician Turnover - LocumTenens.com,” n.d.).

In addition to a competitive salary, these physicians desire constant feedback on their work throughout the year, compared to the other generations who are fine with an annual review. This desire for constant feedback is correlated to the level of support this generation not only received from their parents, but also from their teachers and mentors (Sharer et al., 2016). Millennial physicians like to work in teams and desire to receive feedback continuously on their work instead of learning on their own. An organization should consider setting the Millennial physician in an environment where they can learn from their peers since Millennial physicians find their peers their largest influence when considering new treatment options, and only fourteen percent of Millennial physicians prefer to learn on their own (GSW et al., 2016). In order to help with the transition of the newly hired physician, it is recommended that organizations set up the new physician with a physician mentor. The mentor should be someone who is willing to invest time with the new physician and provide continuous learning opportunities (Redmond, 2015). A mentor relationship that includes different generations could also satisfy not only the Millennial’s desire to learn and work in a team but also the older physician’s desire to share their experienced knowledge (“How to Retain Millennial Physicians,” 2016). Since Millennials are often more

comfortable with technology than older generations, the Millennial physician can serve as a technology teacher to their mentor and thus the relationship further benefits both individuals in different ways (Lourenco & Cronan, 2017), It would further benefit the mentor if the Millennial physician could show them any electronic shortcuts they have found to make their workflow more efficient, such as developing a note macro or sharing their electronic patient note templates. Also, this relationship gives the Millennial physician someone they can seek out when they have treatment questions or concerns, giving them a sense of teamwork as well as having someone who can give them the continuous feedback.

Not only should organizations encourage a mentorship program, they should also be open to the Millennial's desire for work flexibility and offer dedicated time to focus on their areas of interest. The Millennial physician likes to be involved, and it would benefit the organization to allow the physician time to spend on committees that interest them such as research or quality improvement (Redmond, 2015). In addition to allowing the physician dedicated time to their interests, organizations should consider allowing dedicated time for the physician to further their education. It is not uncommon for the ambitious Millennial physician to pursue their Masters in Business Administration so that they can be more involved in healthcare operations. Organizations that encourage the physician to pursue this degree and find ways to engage them in the organization's leadership will have a better chance at retaining the physician since they will feel their employer's support ("Millennial Physicians The Newest Doctor Perspective," n.d.).

Reducing the workplace conflict that could occur between different generations is important for physician retention. The Millennial physician wants to have a say in how things can improve when it comes to decisions that affect patient care and will be dissatisfied if their ideas are not heard. It is highly likely their ideas will not be appreciated since seventy percent of older employees are dismissive of younger generations skills (Keltgen, n.d.). This dismissiveness of the Millennial's ideas is due to different generational viewpoints of workplace expectations as

well as lack of communication. For example, older generations feel that younger generations are not willing to work as hard as they do and rely more on technology than their intellect (“How to Retain Millennial Physicians,” 2016). Also, younger physicians tend to feel that older physicians are behind in the use of technology for patient care and lack respect for their contributions (Keltgen, n.d.). According to the American College of Radiology when it comes to Millennials wanting their ideas heard, “Feeling that their experience is not valued and that no one listens to them is a common reason for Millennials to leave their jobs” (Lourenco & Cronan, 2017). Also, in a survey of 245 Millennial physicians, having the respect of their peers was the most important workplace accommodation for them, and even more important than schedule flexibility and compensation (Keltgen, n.d.). The survey also resulted in sixty percent of respondents experienced or anticipated that there would be generational conflict with older colleagues, and fifty percent of respondents believed it would result from communication problems (Keltgen, n.d.).

However, welcoming the new ideas of a physician who lacks experience might be easier to state than to carry out depending on the organization’s culture. Carrying out the new physician ideas could cause conflict between the Millennial physician and older physicians as well as older employees since elder generations are not as adaptable to change. A Millennial physician asking office staff to change the workflow they followed for several years could cause frustration and possibly low morale since they might not feel as much respect towards the new physician as opposed to the older physician they have an established relationship with. Additionally, Millennials are more comfortable with questioning why things are done a certain way, and it can be perceived disrespectful to older generations who are not used to being questioned. Being open to a newcomer’s ideas, especially those that belong to a younger physician will be a challenge for some organizations who have established a leadership culture based on a physician’s experience. However, if practice leadership does not become more open to the Millennial generation’s

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mindset they could lose that physician and then have to deal with the effects of physician turnover on their practice. Also, with the Millennial generation increasing in size each year they are starting to outnumber the practicing older physicians and organizations will need to change their methods and adapt their culture if they want to continue to thrive in the healthcare field. To be proactive an organization could utilize the Millennial physician's strengths to lead operational process improvement projects, such as ideas for how to make their EHR more efficient, so that the Millennial physician is able expand their leadership skills and the organization is able to use their knowledge to benefit operations. Also, it will help build the relationship between the new physician and practice staff. Obtaining a culture where physicians simultaneously lead and follow addresses these three Millennial driven challenges in healthcare as reported by Katherine Redmond of Becker Hospital Review:

- 1) It honors Millennials' need to be respected as leaders, even before they have "earned it" according to more traditional measures,
- 2) Still allows formal leaders to claim the authority to make critical decisions, avoiding the specter of endless deliberation missed opportunities, or a loss of power,
- 3) Lastly, it addresses the leadership development gap identified by that 63% of Millennials, weaving leadership development into every team interaction and spreading it organically as more and more people learn to lead and be led simultaneously, (Redmond, 2015).

Not only should Practice Administrators be proactive and reduce generational conflict in order to retain their Millennial physicians, but also so it does not have an effect on patient care. This will take strong leadership skills and open communication of operational changes from practice leadership in order to establish workplace harmony between the generations. While an organization may try everything to retain the Millennial physician, some may still decide to move on if they feel their demands were not met. However, an organization should attempt to do what they can to retain the physician in order to keep patients satisfied, prevent process change in the workplace, and avoid the loss of revenue that comes with physician turnover.

Conclusion

While there will be several changes in the healthcare field over the next few years, the emergence of more Millennial physicians in the practice setting will be one of the largest challenges Practice Administrators will encounter. Practice leadership can no longer ignore learning to work with Millennial physicians in order to successfully recruit and retain them. The Millennial generation has several characteristics that make them unique when compared to other generations, which will create challenges for the organization as more of this generation moves into the healthcare field. Organizations that are successful in preparing for the Millennial physician will have a better transition when older physicians retire. While this generation is large in numbers, it is not large in experience, and healthcare organizations need to mentor these physicians in order to establish a successful professional relationship with them and set them up for success. The organizations that are in need of primary care physicians should especially look for ways to help meet the desires of the Millennial physician as less of this generation is looking to practice in this field. The shortage of primary care is not only due to an increasing amount of student loan debt but also to the notion that Millennial physicians are not attracted to the current practice of primary care.

Overall, this type of physician wants the complete package from an organization, as they desire a competitive salary and benefits package, leadership opportunities, flexibility, and a work-life balance. Practice leaders need to accommodate their requests the best they can in order to successfully recruit and retain the Millennial physician and thrive financially in the industry. Leaders will need to recognize the potential conflict that could occur in the workplace between the different generations and work through processes in order to reduce this conflict and the potential loss of this Millennial physician. Further industry research will need to take place as to determine how successful organizations are at recruitment and retention compared to their

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competitors when they work to meet the demands of the Millennial physician and the creativity practice leaders use to meet these workplace motivations.

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