

Attitude Problems

RECTIFYING BAD STAFF BEHAVIOR

Donna Suter

The health care sector is facing competitive pressures that have caused management to change its demands on employees. Eyecare providers are being required to reduce management layers, focus on quality, and drastically improve productivity. Thus, they are turning to employee involvement. This often unspoken request may be met with employee resistance that ranges from passive-aggressive to outright mutiny.

It's at this point that doctors and administrators often seek advice on how to deal with an attitude problem. Interviews with employees yield such statements as, "I'm misunderstood" and "I don't know what happened to turn my boss from a benevolent Dr. Jekyll to a fire-breathing Mr. Hyde."

First, Self-Reflection

Where's the real attitude problem? The first step must be self-reflection. Successful practices got to where they are by having been good at what they do. So, it's not surprising that they will keep implementing the same strategic and tactical moves that worked for them in the past. Andy Grove, co-founder and chairman of Intel Corp., calls this phenomenon the inertia of success. Wouldn't you agree that this state of mind is extremely dangerous?

Do you think your young workers are slackers? disloyal? have short attention spans? don't want to work hard? don't want to pay their dues? demand immediate gratification? Do you think they're "weird" and "different?" If you're secretly thinking these things about persons on staff, you're not alone.

Every new generation comes along and clashes with the generation in power. What makes this clash a bit different is simply an accident in history.

Generational Traits

As the labor market tightened significantly over in the past few years, the demand for talent reached new highs. Government tracking reports the lowest unemployment rate in 39 years. There are only 40 million workers who fall into what the Census Bureau calls Generation X.

Once called the Slacker Generation, the millions of workers aged 23 to 35 are beginning to take over the workforce and are a force to be

reckoned with. Call them weird and different, and your workforce will become a perishable product you're replacing more and more often. Maybe management should try to understand this workforce and simply think of it as different.

Who are they? They're the generation that saw sports figures demand higher wages and be paid signing bonuses. Should we be surprised that 31% of all those in Generation X who go to work in corporate America get a signing bonus of at least \$7,000? (Can you imagine what your first boss would have said if you'd asked for a signing bonus?)

So who were they when they were growing up? They were children who never had to suffer the indignity of getting up to change channels on the television. They grew up in homes with 40% more discretionary income than their parents at the same age.

Generation X also makes up the workforce that has changed the way corporate America dresses. Work casual has taken over main street, and scrubs have moved out of the surgical unit and into the business office.

Practices are competing for employees the same way sports teams or Hollywood studios compete for marquee talent. People who can do the job carry a premium. The problem is, many practices can't ante up to compete in the open market for this talent. Even those who can afford to play this high-stakes game are asking themselves whether "buying rather than building" is the best long-term solution. For all these reasons and more, learning how to turn around bad attitudes and develop talent among the rank-and-file rates high on the agendas of most practices.

In his book *Managing Generation X*,¹ management consultant Bruce Tulgan encourages management to

ASSERTIVE FEEDBACK

When someone behaves in a way that causes a problem for the practice, it is important to let that person know how the behavior affects the practice (the impact), specifically what behavior was offensive (other's behavior), and what management would like the person to do in the future (request).

Remember these three parts to assertive feedback when formulating your response: impact, the other person's behavior, your request. Here are a few examples:

"Bob, it holds up 4 other people and 15 patients when someone is late for work. I'd appreciate it if you'd come in on time from now on."

"I was disappointed when you went over my head yesterday because you had agreed to come to me first. I'd like your word that this won't happen again."

"Hey, folks. It discourages involvement when we ignore someone's suggestion. Could we go back and discuss Colleen's point a little longer?"

"Jane, I find it confusing when you use vague terms such as 'rigid.' Can you be more specific about what behaviors you'd like the doctors to change?"

remember that part of the mind-set of Generation X's new work equation is a desire, in general, to learn more, enhance their skills, and be able to be more creative at any given moment. What this means is empowerment—empowerment to be in charge of their own skill levels and expertise. William Byham, in *Zapp! The Lightning of Empowerment*,² describes empowered employees as individuals who share various management and leadership functions and plan, control, and improve their own work processes.

Empowered employees start building their own success. They work like crazy to fill their skill banks with skills that won't become obsolete with the next jump in technology.

The first step toward a more productive office may be revising your outlook toward Generation Xers. Look at them as flexible, information savvy, technologically literate, adaptable, and independent minded. Consider that they have an entrepreneur-

ial spirit and are tuned to the pace of change. Consider that these are the traits human management experts say that we need in today's workforce.

What Do You Have to Offer?

A big part of the transition to market-driven employment relationships is switching from the old feudal "pay your dues and climb the ladder" model to answering the question, "What's the deal? What does the practice want from the employee, and what is the practice going to offer that individual?"

At first, says Tulgan,¹ you may have to answer these employee questions not just one time, but every single day. The answer must include not just money but also marketable skills, an exposure to decision making, and the opportunity to prove oneself and collect proof of one's ability to add value.

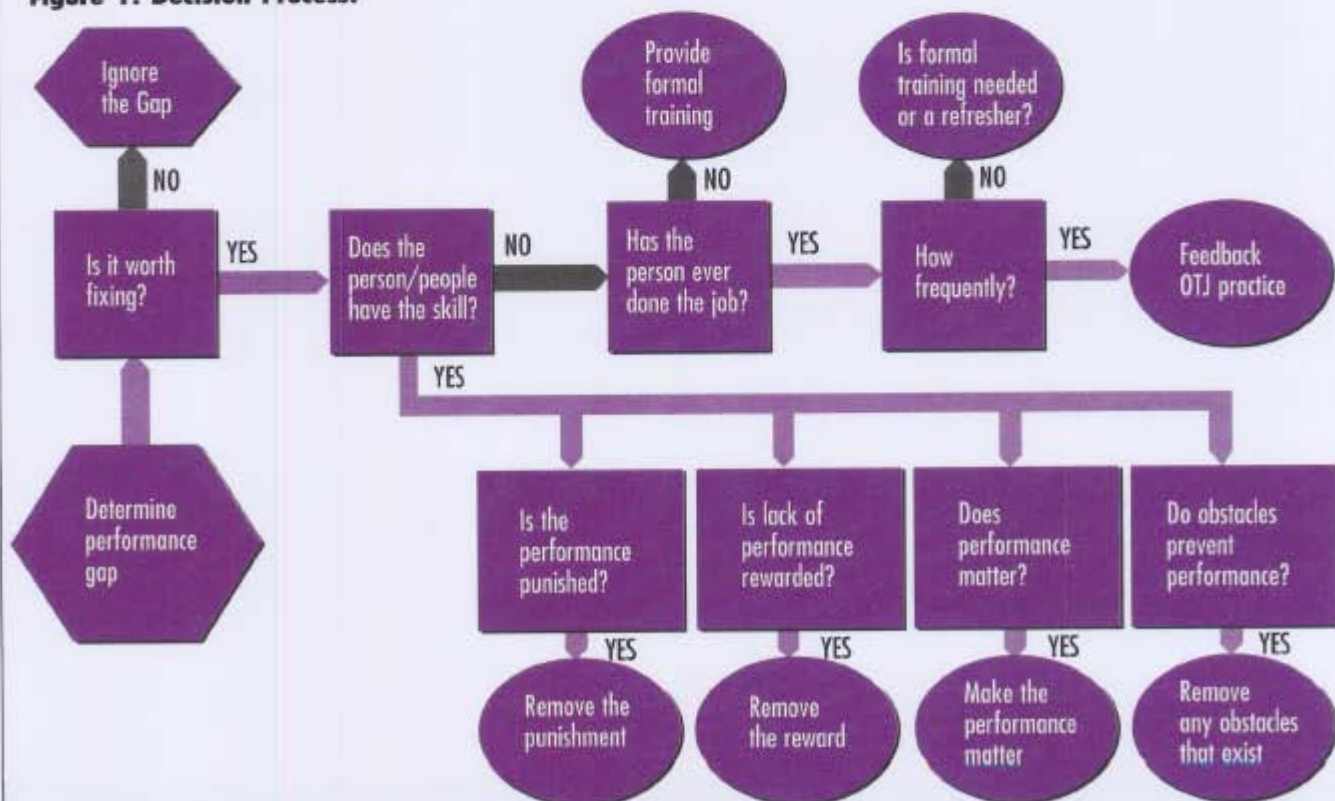
If you're 10, 20, 30, or more years into your career, the things that are happening in health care represent a

revolution. These include downsizing, restructuring, re-engineering, capitation and managed care, cross-training, the Internet, new technology, marketing directly to consumers, co-managing with other health care professionals, and mergers. This is not the case with Generation X. These elements were in the workplace when they got there, and most of them kind of like it that way.

Your practice is thinking about making the surgical technicians independent contractors? They may express relief that they don't have to work for you! And when you mention you'll let your insurance department know after the next round of contract negotiations whether there is still a place for them, the response may be something like, "Let me know? I'll let you know whether I'm still available!"

It's dialogue like this that first led management to view Generation Xers as disloyal and not willing to pay their dues—climb the corporate

Figure 1. Decision Process.



ladder, so to speak. But mention to them that you think they have an attitude problem and they'll deny it: "Of course I'm loyal; and you know where I'll be in 2 years? That depends on my best offer."

To the Generation X employee, this type of attitude is perfectly consistent with the new economy. Learning to cope with this "different" attitude may be the best thing that ever happened to your practice.

Canada and the United States are the most racially and culturally diverse nations that have ever existed. If you or your management team are Baby Boomers, 1 in 10 of you are nonwhite. If you are in Generation X—those born between 1964 and 1979—it's 1 in 3. In 1998, the age group 12 to 15, Generation Y, spent \$158 billion. To put it into perspective, that's 10 times what the Generation X spent at the same age and 100 times greater than what Baby Boomers spent.

Why It's Important

Why should you care? Because the statistics are indicators that Gen-

eration Y will spend large amounts of money, early, on goods and services they consider important—money spent on things that even a Generation Xer might call weird and different.

Think outside the box. Think past employer-employee models, methodologies, and short cuts for dealing with personnel problems. Take this cultural indicator identified as an employee attitude problem and apply it to patients and patient satisfaction. Then, look into the field of business and begin to think of your patients as customers, customers who are changing into "weird and different."

According to the White House Office of Consumer Affairs, the average business never hears from 96% of its unhappy customers. Also, for every complaint a business receives, 26 others are unreported, 6 of which are "serious."

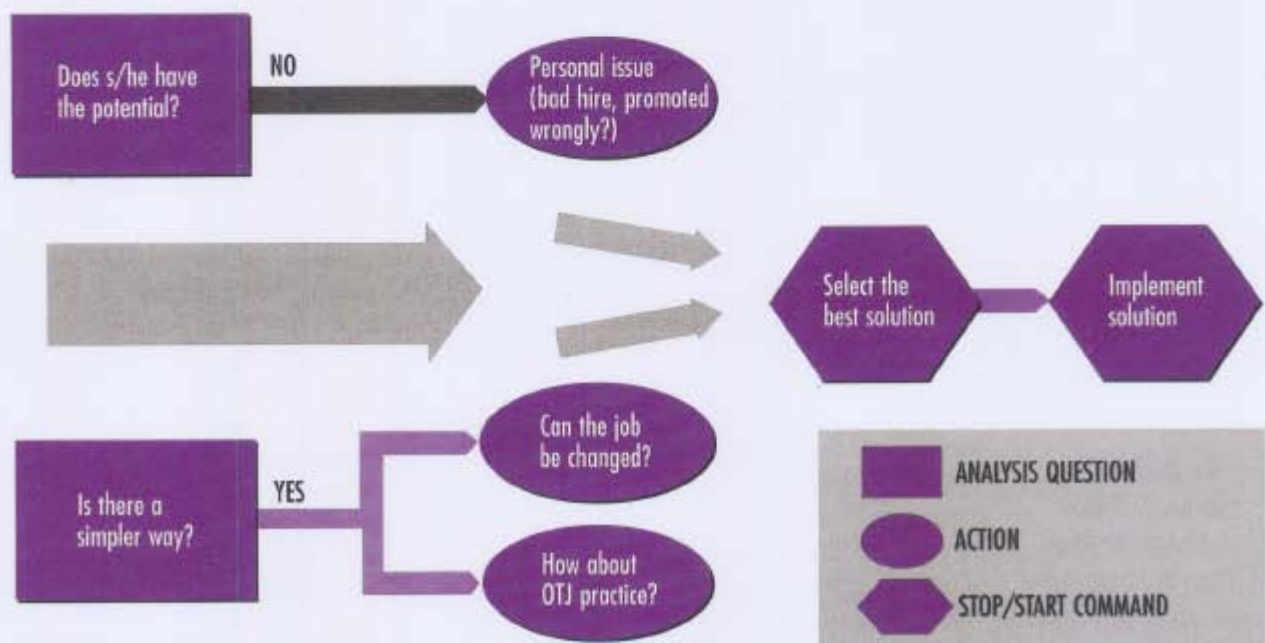
The Case of Contrary Mary

Mary has been with the practice for several years and is at the top of her pay scale. She knows the front desk and keeps patient flow just the way

you like it. The problem is with her patient interaction skills. You've come out of an examination room and heard her saying such things as, "What do you mean you don't have your insurance card?" "You didn't bring your checkbook? Well, we're not going to just let you carry a balance." "You're late. We'll do our best to work you in, but you'll be here for at least 3 hours."

You and the patient can hear Mary's nonverbal messages—messages that shout, "Protocol is more important than you." Silent signals can have a more lasting impact than what a person says. Don't put up with Mary's poor communication skills with patients simply because she's organized and the day sheets balance.

The solution? Discuss the situation with your management team. Has anyone else noticed Mary's lack of tact? You and your managers must determine whether Mary's behavior is the result of a poor attitude or is a training issue. Figure 1 will help you ascertain the following: Do I have a training problem or a bad employee?



First, is the problem worth fixing? Definitely. Even the briefest encounter with Mary can make your patient choose another eyecare provider. Patient service surveys show that patients treated poorly may not complain to you but will tell 9 to 10 other people; and poor or indifferent treatment by staff is the top reason patients give for leaving a practice.

That's just the beginning. According to the International Customer Service Institute, it costs 5 times more to get a new patient than it does to keep an established patient. A repeat patient is still your principal vehicle of powerful word-of-mouth advertising. If one happy life-long patient sells just one other potential patient on your practice, it is worth \$100,000.

Second, does Mary know how to correct her performance, or should the practice provide formal training? Most medical practices don't

have the time to train employees before "sending them into the fray." Was Mary ever told how to treat patients? Are you paying Mary and your employees to guess what you want them to do instead of telling them specifically what you expect? In the case of Mary, does she understand that it's not her job to make patients feel bad when they hold up patient flow?

Every new generation comes along and clashes with the generation in power. What makes this clash a bit different is simply an accident in history.

What's the best way to handle an efficient employee with poor patient communication skills? Tactfully. Presumably, you've just noticed Mary's poor communication skills. Employee reprimands are most effective when given as soon as possible after the problem occurs or the pattern is identified.

When you are reprimanding an employee, it's important to give him or her a chance to clarify the issue without your accepting "excuses." If you do accept excuses, you'll get hung up arguing about or debating their validity. For instance, Mary may say that patients should bring their insurance cards to the office. You may be tempted to ask, "Who is responsible for reminding the patient to bring insurance information?" The more productive way is to keep the discussion focused on the behavior, not the excuse.

Conclude your meeting with Mary by putting her behavior into perspective. You're reprimanding an employee for a specific action in a specific situation, not for being a bad person or bad employee. Let her know that you value her work in general and in other specific situations, although not in this area. Once the reprimand is given, you've done it. Don't repeat it. Go back to work knowing that Mary now understands what is expected of her.

FIVE STATEMENTS COMMONLY IDENTIFIED AS ATTITUDE PROBLEMS

Solving attitude problems means exploring the underlying causes. What do you think drove employees to make the following five statements?

"I'm the best, and I don't have to follow the rules."

"I'm working as hard as I can. We can't see more patients."

"I don't want to be a team player."

"The work isn't evenly distributed. Others don't have to do as much as I have to do."

"That's not my area/job."

Attitude Essentials

What if the root of Mary's poor performance is her attitude?

A good attitude includes being anxious to be better. It is having an optimistic, hopeful, and cheerful outlook. A good attitude means using one's ability to the utmost and seeing each day as an opportunity to get something done, to improve oneself, to feel pride, and to appreciate other people.

If the above doesn't describe Mary, the practice's management team is partially to blame. Sam Walton, founder of Wal-Mart, said that it takes an employee about 2 weeks to begin treating customers the same

If you answer yes to any of the above, the employee's poor attitude is a management issue. Link having a good attitude with a risk-and-reward system. This is harder than it sounds. It's great to talk about how important patients are and how it's everybody's job to do whatever it takes to win and keep them. But unless management rewards employees for providing outstanding service, you may as well forget it. It simply isn't going to happen. Employees, like patients, do things for their own reasons, not ours.

Employee motivation may be one of the most significant challenges faced by today's ophthalmic prac-

focusing on patients. Second, it requires doctors and the management team to set the tone by their own patient-driven behavior.

Four Key Questions

The success of this strategy depends on the practice management team's answers to four key questions.

What Kind of Behavior and Results Does the Practice Want?

In Mary's case, we want her to treat patients with kindness. We want her to eliminate negative silent messages from her communication style and show patients that the practice not only cares for them but cares *about* them. Persons in direct contact with the patient must be courteous all the time.

Employees can only be held accountable to work to standards you have set and communicated to them. Mary isn't a new employee. Assume she doesn't know patients think she's rude. Build Mary's awareness of acceptable and unacceptable behavior. For example, does Mary know that she frowns instead of smiles and that she sits with her arms crossed?

Let's face it, being courteous is not always easy. Dealing with disagreeable patients is naturally easy for some, but it can be learned by all. The following contribute to establishing rapport and can be practiced by all.

- Smile sincerely.
- Keep a relaxed, open stance.
- Maintain eye contact.
- Know the patient's name, and use it when speaking.

How Will the Practice Measure Behavior?

People do what gets measured. It's a fact. Keep score, and Mary will know where she stands. It's also motivational. Would you enjoy playing golf, video games, or tennis if there weren't a way to keep score?

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way they are being treated by the boss. If you're angry about managed care and complain to staff, stop it. Both good and bad attitudes are contagious. Begin sharing positive experiences with staff. Adult trainers say that planned experience sharing is the best way to change an employee's attitude.

Is your management style to blame for Mary's poor performance? Ask yourself the following four questions:

- Is the performance (poor patient communication skills) being ignored?
- Is the lack of performance being rewarded?
- Does the performance matter?
- Are there obstacles that prevent proper performance?

ties. Tight budgets and managed care concerns often make financial incentives scant, even as employees are taking on more and more responsibility. In some practices, morale has plummeted to an all-time low.

The question you must answer for the practice is, "What needs to be rewarded to create a patient-driven team, and how should management go about it?" The answer begins with documentation. First, set written goals. Then tie these goals to measurable performance and staff rewards.

Getting an employee, front-desk personnel, or a practice of any size to become patient driven takes two main ingredients. First, it takes a system that rewards employees for

Almost anything can be measured in dollars, percentages, or units in a given period. Some measures of good patient communication skills that could be used with Mary are the number of

- complimentary letters received per month
- patients paying their balance the day of service (studies show that less-than-wowed patients carry balances longer)
- patient complaints received per week
- patients allowing Mary to make an appointment for their next examination versus the number of patients who came in for examinations that month.

Monitor your patient satisfaction surveys. Look for an "up-stat" in patient perception.

How Will Staff Be Rewarded?

Behavior that is rewarded is behavior that is repeated. Management usually thinks staff wants to be rewarded with money. Studies show employees want to know they have a career and that they are appreciated. However, that doesn't mean that monetary rewards are a no-no. We live in a materialistic society. Money can motivate.

Not getting an anticipated bonus can also demotivate staff. If the bonus becomes expected, staff will be angry when it's not forthcoming and may blame the practice.

Staff should be fairly paid. But, as with Mary, we often have employees at the top of their salary range. What should you do in these cases? First, give positive feedback often. Focus feedback on performance, not the person. People want to feel important and appreciated. Anything that connotes status makes an excellent recognition reward.

An old saying from the military has it that a man won't sell you his life for a million dollars, but he will

It costs 5 times more to get a new patient than it does to keep an established patient. A repeat patient is still your principal vehicle of powerful word-of-mouth advertising.

gladly give it to you for a piece of ribbon. One practice is to put a photograph of the current Employee of the Month in the patient waiting room. Place a plaque listings all past recipients by the checkout station.

How Can Doctors and Management Show Employees That Patients Come First?

Lead by example is the three-word answer to this question. Destroy them-versus-us thinking. To help you remember, begin each day with five coins in your left pocket. Each time the management team or doctors demonstrate that one of their primary customers, "them," is more important than "us," move a coin to your right pocket. Do this consistently, and soon it will be more than just your pockets that have coins.

In this day of "take a number" and "don't speak to strangers," patients are willing to pay more for excellent service. Translated into eyecare terms, this means that your practice can

- charge 9% more for its goods and services
- expect to grow 6% faster than its competition

- earn 12% more on optical sales just by showing patients how much it values them.

The Bottom Line

So what about Mary? I think you know the answer. View her behavior as your wake-up call. Transform your practice into a patient magnet by making each moment that you and your staff spend with patients a rewarding one. Remember that employees' and patients' unspoken wants aren't "weird and different." Rather, focus on making them feel glad they are at your office. If you do, this may mean you'll never have to implement another personnel or marketing strategy. ☛

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References

1. Tulgan B. *Managing Generation X: How to Bring Out the Best in Young Talent*. Santa Monica, CA: Merritt Publishing, 1995
2. Byham W. *Zapp! The Lightning of Empowerment*. New York, NY: Harmony Books, 1990