

AAOS to meet challenge of new workforce

A new workforce is emerging in 2001. It possesses diversity characteristics that extend beyond the traditional ones of race, gender and ethnicity, with the addition of a new factor. . . one of fundamental importance to organizations such as ours: age diversity. Sociologists and other authorities on the importance of workforce demographics, believe that understanding the unique characteristics of this new workforce cohort will be of central importance to the future success of professional organizations such as ours.

The workforce of today, comprised of five distinct professional generation cohorts, brings a greater mix of cultural values to orthopaedics than ever before. While all of the groups in practice today share some traditional work values, each demonstrates important characteristics that are unique from one another.

Marilyn Moats Kennedy, a sociologist and Academy consultant on the future impact of generational characteristics, points out that the youngest age cohort in our profession differs from the others in ways that may be more striking, and of greater importance to the Academy, than those seen previously (Table 1) (Marilyn Moats Kennedy: *Managing Change: Understanding the Demographics of the Evolving Workforce*). She reported recently on the unique social values of the newest component of the workforce, and how these values influence opinions on such diverse issues as communication style, the importance of technical and telecommuting skills, and the basis of a good day's work (Tables 2 and 3).

(Table 1) Workplace characteristics

Pre-Boomer 1934–1945	Boomer 1946–1959	Cusper 1960–1968	Buster 1969–1978	Netsters 1979–1984+
Traditional work ethic	Money/ work ethic	Money/ principle	Principle/ Satisfaction	Principle/ Satisfaction
Work first	Work first	Some of both	Lifestyle first	Lifestyle first themthem
Born to lead	Expect to lead	Lead and follow	No need to lead	Lead if necessary
Loyal to employer	Loyal to employer	Some of both	Loyal to skills	Loyal to skills
Independent but conventional	Care <i>deeply</i> what others think	Some of both	Don't care what others think	Care little what others think
Value working well with others	Want others to work with	Want others to work with	Prefer to work alone	Like small groups
Technically competent	Technically challenged	Technically challenged	Technically savvy	State-of-the-art
Believe in the mission	Lip service to mission	Care about mission	<i>Must</i> have mission	<i>Must</i> have mission
Strong chain of command	Chain of command	Mixed	Individual first	Individual first
Want to win	I win, you lose	Want to win	I win, you win	I win, you win

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(Table 2) Characteristics

Pre-Boomer 1934–1945	Boomer 1946–1959	Cusper 1960–1968	Buster 1969–1978	Netsters 1979– 1984+
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Work hard, save money; two weeks vacation	Work hard, play hard, spend hard, talk about it	Work hard, play hard, worry about money	Work hard if it doesn't interfere; save money	Good grades; make others pay; save money
I like it, it's O.K.	Do <i>you</i> really like it? Will others?	Should <i>I</i> really like it? Will others?	I like it; I don't care what you think	I like it; think small
I care about religion	Religion is socially acceptable	Religion is a hobby	What is religion?	Comparative religions
Exercise if forced to	Exercise for body definition	Exercise is a duty	Exercise for mental health	What's your second sport?
Buy a decent house	Buy the most house you can	Do I need a house?	Reclaim the inner city	I like living with my parent(s)

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(Table 3) Social values

Pre-Boomer 1934–1945	Boomer 1946–1959	Cusper 1960–1968	Buster 1969–1978	Netsters 1979– 1984+
Support United Way	I am forced to support U. way	I don't give at the office	United Way isn't Green	Community service is punishment
Red Cross, Peace Corps	Battered women's shelter	Homeless shelter	Habitat for Humanity	Teach for America
Community activities/Rotary	Rotary is good for business	Rotary is a bore	What is Rotary and who cares?	Beach sweep, neighborhood cleanup
You must vote	Vote if it's convenient	Vote if you want to	Vote but it's private	Vote your issues
Family first	Family and friends	Family and friends	My friends are my family	Want multi-generational family
Quality first; buy American	Prestige first; Foreign is better	Get it at the Gap	Cheap: Value added	Get it at Abercrombie's

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The youngest group of orthopaedic surgeons, which will constitute a significant portion of the workforce by 2005, is composed of the so-called cuspers, busters and netsters. . . those physicians born after 1960. This group of physicians, when contrasted with earlier groups—called pre-boomers and boomers—tends to be motivated less by what others think and more by principle, lifestyle and state-of-the-art technical advances. Also, it tends to prefer to work in small groups on issues of personal importance (Table 4).

(Table 4) Motivation

Pre-Boomer 1934– 1945	Boomer 1946– 1959	Cusper 1960–1968	Buster 1969–1978	Netsters 1979–1984+
Money	More money	Do well by	Time off	Time off

Responsibility	Promotion	doing good	Meeting own goals	Portable skills Training
Public Recognition	Public Recognition	Meeting organizational goals	Recognition from boss	Meeting own goals
Accomplishment	Peer Recognition	Recognition from boss	Skills training	Stock options
Desire to lead Control	Desire for Subordinates	Bonuses	Stock options	Mentoring
Organizational loyalty	Control	Stock options	Mentoring	Prepare for self-employment
	Loyalty to self			Sales training

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When a new Academy Task Force, the AAOS in 2005, was asked to consider the most important issues confronting orthopaedics over the next five years, the social and work characteristics of the next generation of orthopaedic surgeons was quickly identified as a subject of prime importance. Data considered by the workforce demonstrated, for instance, that the boomers (born between 1946-59) were 32 percent, and pre-boomers (1934-45) were 50 percent computer-enabled, compared to busters and netsters (1969-84), who were 80+ percent computer-competent. Moreover, when the interests of the youngest generation of orthopaedic surgeons were considered together with the growing impact of the information revolution, it became increasingly clear why the AAOS needed to consider the values of the next generation seriously.

The AAOS undertook a substantial research initiative to determine whether or not the observations that have been made on generational differences in society in general were relevant to our members. The studies included a pre-assessment of more than 85 attitude statements, 75 telephone pre-tests, and a factor analysis, followed by two focus groups and a survey mailed to more than 2,000 members.

The findings support the concept that there are substantial differences among Academy fellows based on age and on other factors, and that significant gaps exist among Academy offerings in areas of prime importance, particularly to our youngest members. The single most important gap, emphasized by more than 90 percent of respondents, was the paucity of educational resources in the new media. Respondents stated, for instance, that they would value an educational initiative consisting of a single online search engine, with data organized by operative procedure with hyperlinks to support materials. In addition, approximately 70 percent of respondents asked for new online programs to assist with practice management issues ranging from expense and productivity benchmarks to coding and compliance assistance.

During the past several months, the Academy has been responding actively. Early initiatives, focused on the development of innovative new programs in education, practice and research, include an ambitious technically savvy offering, called Orthopaedic Knowledge Online. This program, which incorporates features such as an hierarchical structure with constant updateability, will be made available to Academy fellows in approximately one year. Other new online initiatives include the construction of a new building on our virtual campus, one which will monitor advances in orthopaedic

practice and will provide information on the most useful innovations that become available in the marketplace.

The AAOS in 2005 Task Force was asked to extend its efforts by determining if the structure of our organization was capable of continuously responding to the challenges presented by this new generation of members. During the past nine months, the task force has studied the literature on modern organizational structure and has heard from authorities on professional organizations like ours. An intense reassessment of how the Academy works culminated in an early March Board of Directors' discussion that outlined a new set of organizational principles. The principles stress the importance of developing an effective leadership training program for young orthopaedic surgeons, of injecting the perspective of younger members more effectively throughout the organization, and of providing greater flexibility in allowing orthopaedic surgeons of all ages to participate more actively on issues in which they have personal knowledge, experience and interest. The latter concept calls for the development of a new organizational unit, called a project team, which is designed to address isolated questions, quickly and effectively, by accessing the most competent, skilled and interested of our members in timely focused efforts.

The Board's Spring Workshop will be devoted to determining how the AAOS can be structured optimally to take these initiatives to the next level, providing increasing sustained benefit to all Academy fellows. In doing so, novel ways of determining a member's areas of special competence and interest, including the development of a skills database, will be explored. In addition, the characteristics of an ideal Board of Directors in 2001 will be considered, including the appropriate size, competency and diversity for volunteer organizations in 2001.

The AAOS in 2005 program constitutes one of the most intensive, sustained strategic planning efforts to have been undertaken by the Academy in recent years. The extent to which it is successful will be measured, ultimately, by the ways in which the talents and abilities of our youngest members become incorporated more fully and effectively throughout our organization.

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President