

# MANAGING THE DELIBERATELY MUTE

Marilyn Moats Kennedy MSJ



One thing that puzzles and irritates managers, regardless of organization or industry, is why their twenty-something employees have so little to say. A fifty-something manager said to me, "If John Wayne and Gary Cooper were reincarnated, they'd seem chatty compared to this lot! The Xers don't give feedback, don't respond to surveys, and don't participate in meetings. They don't even file workplace grievances. They just put their heads down and work."

Gen Xers, with their different values, are aware that forty- and fifty-somethings like to talk. That group will engage in small talk when they have nothing to say. But most Gen Xers believe that if you have nothing to say, silence is the only alternative. Ask any veteran of campus recruiting. They will tell you that whatever the young say to each other, they're laconic in the extreme during interviews. A recruiter reported the following dialogue with a candidate:

Recruiter: Did you have any trouble finding us?

Candidate: No.

Recruiter: Do you know much about the company?

Candidate: Yes.

The recruiter said, "The young woman was obviously intelligent, a good student, and judging by her resume, a good worker. But she had nothing to say that wasn't either the answer to a

question or a response to a request for more details." He found that most of the best and brightest had exactly the same style. What they did say was important and relevant, but no words were wasted.

I've questioned Gen Xers about their taciturn manner, and they all gave me the same two reasons: They really don't care one way or the other, and they're convinced that what they say doesn't matter anyhow.

While this may infuriate a manager charged with getting the buy-in or enthusiastic participation from the troops, it's a fact. Gen Xers are focused on the assignment and the deadline, their goal being to do good work in a timely manner. They are highly skeptical that enthusiasm has any influence on the outcome. Here's an example: A five-person team was responsible for planning a new product introduction. One person wrote the first draft, e-mailed it to the next person who added content, corrections, and fine-tuning. It went around the circle by intranet until all five had worked on it. They never once met face-to-face nor did they check each other's work. Their manager told me, "I thought it was extraordinary that five people worked serially on the plan but never interacted. It was a reasonable plan and we'll use it, but I can't help believing they would have done better if they'd met." Like many forty-somethings, he's unable to imagine that face-to-face contact doesn't necessarily produce better results. He's right, however, in thinking that none of those five people care as deeply about the outcome as each cares about getting the job done.

Even the most temperate manager can be frustrated by his/her mute charges. There are, however, ways to get Xers to talk—provided you really want their ideas and opinions, and you acknowledge that you hear what they say. Forget employee surveys; you'll get precious few responses. Xers are not committed to the organization emotionally or long term. They're just passing through. But they still may have something to say you could use.

Here are the best techniques from those who successfully manage large numbers of the young:

Focus on what matters. Instead of asking for feedback in general, ask what could go wrong with a project. The dimmest Xer can understand that prevention matters. Don't ask questions answerable by one word. What obstacles does he/she anticipate? Concentrate on fact questions; don't fish for opinions or attitudes. Contrary as this technique is to the nature of management theory, it's important when dealing with Xers. You'll find questions that start with, "How do you feel about..." get no useful response. It's the same as asking, "Are you happy with your job?" You would get a "No" response more often than a "Yes." Why? You're asking an irrelevant question that someone more verbal would answer with, "I'm here, aren't I?" or "So far so good." Neither of those responses leads anywhere.

Don't ask if you're not going to act on the feedback. Nothing confirms the Xers' belief that bosses play games so much as being asked for ideas or opinions followed by business as usual. You're unlikely to get anyone who's worked for more, than six months to

## WINTERIZE your pulmonary lab with the



### Turboaire Challenger

Portable arctic air for bronchial provocation and Exercise Induced Asthma studies all year 'round

- Economical operation
- Adult and pediatric adapters
- Uses standard PFT equipment
- Exercise or isocapnic hyperventilation
- Instant generation of cold dry air at -20°C
- No electricity, chemicals or liquids required



**Equilibrated Bio Systems, Inc.**

22 Lawrence Avenue - Suite LL2 • Smithtown • NY • 11787  
Phone 631-863-3500 • Fax 501-421-6575

**CIRCLE READER ACTION CARD # 11**

## A great gift for any occasion



Available in sizes Small - XXLarge

All sizes \$16

Call Focus at 800-661-5690 to order

### *Managing the Deliberately Mute... Continued from page 14*

answer twice. Frame questions by telling Xers why you want them to respond and what you'll do with the information. For example, "I'm trying to decide, within the next six months, whether we should allow telecommuting. Heres what I want to know." You will get a response. The issue matters to Xers, and you've generated trust because you've committed to a time line.

Personalize your request for information. Xers tell me that the boss, not the organization, is most important in their career success-or lack thereof. They also tend to bond with a boss they respect. If you're being pressured to have your subordinates respond to a companywide survey, ask them to complete the survey as a favor to you-not because they should. The fact that you might be in hot water if they don't comply matters to them. What the company wants doesn't.

Always present a worst-case scenario when you need the buy-in. Don't even think about asking the troops to "win one for the Gipper." Xers neither know nor care who the Gipper was. Instead of leaving an Xer to figure out independently if you're serious about an issue or merely taking the party line, explain what will happen if something isn't discussed fully. "If everyone doesn't know all the details, we may end up overlooking something critical. Briefly, where are you on your part of the project?"

As Xers continue to enter the workplace, managers will have to rely on a variety of communications styles, unlike the one-size-fits-all they used with Boomers. In fact, I've identified a subset of Boomers I call the Wrinkled Busters, who have the same skepticism the Xers show. They are, not surprisingly, people who went through layoffs in the '80s and have taken a blood vow that they'll never make the same emotional commitment to work again. Add this group to the Xers, and ten years from now "buzz" and "grapevine" may be retro terms.

*Marilyn Moats Kennedy is founder and managing partner of Career Strategies, a 34-year old management consulting firm in Illinois. Kennedy holds a MSJ from Northwestern University and is a regular columnist in Focus. MMKCareer@aol.com*

### *Respiratory Research... Continued from page 16*

reviewed for data. The data collection tool would be one sheet of paper per patient, with rows for: date of data collection, ventilator settings and ABG values with the actual paO<sub>2</sub> and space for the predicted paO<sub>2</sub> using the calculated shunt table. To the far right of the row, the difference between the actual paO<sub>2</sub> and the predicted paO<sub>2</sub> will be entered after being computed. Fifty adult patients in our 20 bed MICU would be studied. For data analyses, a Table was constructed by listing the actual paO<sub>2</sub>, the predicted paO<sub>2</sub>, and the difference between the actual paO<sub>2</sub> and the predicted paO<sub>2</sub>. If the calculated shunt table was accurate, the difference between the actual paO<sub>2</sub> and the predicted paO<sub>2</sub> would be small. The statistical comparison of the actual paO<sub>2</sub> and the predicted paO<sub>2</sub> is performed using a Graph called a Bland-Altman plot. The difference between the actual paO<sub>2</sub> and the predicted paO<sub>2</sub> is plotted against the average of the actual paO<sub>2</sub> and the predicted paO<sub>2</sub>. As mentioned, a small difference is desirable, regardless of the average of the values.

The Results are a final analysis of the data. For this project, fifty patients were studied with over 400 ABG's recorded. The difference between the actual paO<sub>2</sub> and the predicted paO<sub>2</sub> was low, regardless of the average of the actual paO<sub>2</sub> and the predicted paO<sub>2</sub>.

The Conclusion is: a calculated shunt table accurately predicts the new paO<sub>2</sub> following a change in FiO<sub>2</sub>. Therefore, in this project, the Hypothesis was supported, corresponding to a "yes" answer to the Question. (Note: When writing the Conclusion, the Hypothesis must be addressed whether it was supported or not.)

The Reflections offers an opportunity to critique the project by suggesting possible modifications that would improve research quality. For example, even though the results demonstrated the predicted paO<sub>2</sub> was accurate, analyses of subsets of the data might disclose strengths or weaknesses of the calculated shunt table at certain FiO<sub>2</sub> values.

Future Research follows Reflections as research completed should lead to new research. For example, this project led to a new PI project to examine the predicted paO<sub>2</sub> using the calculated shunt table when switching between ventilator modes such as AC and PSV.

The Bibliography lists references from similar research and should include the reference for statistical methods.

The Acknowledgement lists financial support and special assistance provided to the project. There was no financial support for this project.

Conflicts of Interest are listed for all Respiratory Care Practitioners and others, such as the Medical Director of Respiratory Care or the statistician for the project. Conflicts include being a member of a speaker's bureau, consultant, and owner of stock or receiver of services or gifts from any companies related to the project.

*Herbert Patrick, MD is a Board Certified Pulmonologist, Associate Professor of Medicine at Drexel Univ. College of Medicine, Director of Critical Care Services for Hahnemann University Hospital and Medical Director of the hospital's Respriatory Therapy Department. His Focus columns are teaching tools. Institutional Review Board (IRB) approval will be specified if data in articles are from actual IRB approved research projects.*

**Join us April 10-12, 2008 in Nashville for the 8th Annual Focus Conference**