

Hearing Healthcare and the Age Boom: Big Bang or Big Flop? (Part II)

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This is the second installment of a series that explores the evolving demographic composition of our society while noting potential opportunities and pitfalls that could impact hearing healthcare professionals in meeting the needs of our aging society and those within our profession.

The first article published in the January–February–March 2010 issue of *The Hearing Professional*, focused on the various age boom demographics comprising our population both in age and in general attitudes and attributes that characterize these groups. Such catchy descriptors as “Traditionalists,” Baby Boomers, Gen X, Gen Y, Millennials, and Post Millennials were also identified. Particular emphasis was placed upon the Baby Boomer groups because of their large and rapidly influential numbers. Numerous enlightening statistics were reviewed and analyzed that affirmed their exponentially growing influence in a socioeconomically and political mindset. Studies of these statistics are relevant because many are postponing traditional retirement due to a desire or necessity to continue actively participating in the workforce. The Boomers in particular represent the most affluent of groups yet affirmed a desire to continue working while achieving or at least maintaining a level of prosperity as they age. The article focused primarily upon what the hearing healthcare profession should recognize as a target market and perhaps the change of focus in service provision. This vision should

be modified to emphasize the ability of Boomers and others to maintain productive work lives and employability beyond a desire for quality of life anticipated in full retirement that may now be many years postponed or perhaps never to fully occur.

Part II focuses specifically upon the essential need for competent succession planning within our industry. Ken Dychtwald, a renowned author and human resources professional, has studied the anticipated impact of the Baby Boomer group and its specific impacts upon our current and future workforce. He said, “To prepare for the coming shortage of skills and talents, organizations must learn how to use the skills and energy of mature workers—retraining them, revitalizing them, and even attracting new ones to the organization. As individuals, we must plan for a long period (often 20-plus years) of active, healthy lives post “traditional” retirement. How individuals choose to spend those years and how corporations create conditions for productive employment will seriously affect corporate success and overall economic health.”

Dychtwald’s comments characterize the issues impacting many industries, including the hearing healthcare industry as a whole and most specifically within the hearing instrument

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dispenser side of our industry. The Boomers in particular desire to continue employability and a consideration of perhaps a second or even third career track within our industry is an area we must explore. By their mere presence and established work ethic, Boomers and those “wannabe or near-boomers” are positively influencing societal moves regarding employment and employability. If they have not already, it is imperative for hearing healthcare professionals to begin to think outside the box and be creative in their future hiring and retention practices. Statistics estimate approximately 32 million-plus individuals within the U.S. alone suffer from some type of hearing impairment yet only around 6.5 million have obtained assistance or properly addressed these deficits. The number of individuals possessing some type or impact of hearing loss is expected to dramatically increase for a myriad of reasons, be it lifestyle choices, medical or health conditions, environmental and pharmacological impacts, or a rapidly ascending aging of our overall population resulting in some anticipated physiological and/or neurosensory deterioration. The audiology realm of the industry has initiated over the last 20 years to put in place and in part have established some succession planning efforts through establishment of the AuD programs. However, the number of graduates even in the established programs is not expected to even come close to meeting the aging audiologist population anticipated to retire in the next 10–15 years. Currently, there are only a handful of established programs to try to increase the numbers of non-audiologist hearing healthcare professionals. However, this loose alignment remains somewhat fragmented and the graduation of viable practitioners remains small; not enough to replace the current level of practitioners and certainly not enough to address the needs of the 26 million and growing number of individuals in the U.S., let alone worldwide, that possess some type of compensable hearing impairment.

The following table is the demographic cross section of the U.S. population and the disposition of those actually working in the healthcare field:

Demographic Group	Total U.S. Population	Currently Working in Healthcare Occupations
Traditionalists	9%	8%
Baby Boomers	26%	52%
Gen X	20%	23%
Gen Y (Millennials)	28%	17%
Post-Millennials	17%	N/A

Several patterns and trends are very evident when closely analyzing these statistics. Traditionalists only comprise 9% of the total population and 8% of current healthcare workers. Most of those currently working are in upper-level positions or are clinicians rapidly approaching traditional retirement status. Individuals classified as Gen X comprise approximately one-fifth (1/5) of the U.S. population with a similar percentage of all healthcare workers also classified as belonging to the Gen X grouping. The major concerns lie in the inverse relationship found in the other two demo-

graphic group classification percentages as compared to those working within the healthcare arena. Between one fourth (1/4) and one-third (1/3) of the total U.S population are classified as belonging to the Baby Boomer grouping yet over one-half (1/2) of all healthcare workers would be considered as Baby Boomers. Simultaneously nearly three of ten (3/10) of the population belongs to the Gen Y group, but barely one-sixth (1/6) currently work in a healthcare occupation. These last two categories foreshadow some potentially serious concerns with how we will effectively provide healthcare services for our aging population that is dramatically increasing in size with a significantly contracting pool of available healthcare providers. This contraction is multifocal, due to the many Baby Boomers choosing to retire or opt out of actively being employed in the healthcare arena. This is coupled with the trend of a dramatic reduction in the percentages of Gen Y members choosing to enter healthcare occupations. These trends present a twofold problem in succession planning: 1) Possessing the ability to replace the workers currently functioning in our healthcare system; and 2) Growing the number of potential replacements for a group whose members appear to be less desirous or even interested in pursuing careers in the respective healthcare fields.

Given the obvious high percentages of Baby Boomers currently working with an inadequate supply of competent replacements available in the younger groups, creative measures are necessary to “stem the tide” in the next several years. Since the establishments of formal scholastic programs to “grow our own” are few in numbers for the non-audiology hearing healthcare practitioners and are likely down the road, other options must be considered to maintain and even grow practitioner numbers. Given our fluctuating economic conditions the route that makes the most sense at this time is to follow Dychtwald’s methodology of retraining and revitalization. We have many competent and highly motivated Baby Boomers and older Gen X’ers who have been displaced in prior careers or simply looking for new and bold changes in their career paths. Many may already be in their 40’s and 50’s and not be the stereotypic job or career seeker. This is where shifting the paradigm from a traditional succession planning mindset of bringing in employees with intentions of decades-long career tracts and instead be willing to seriously consider an available and multi-experienced population for succession planning on shorter time frames (i.e., 5, 10, 15 years). In general these individuals are highly-motivated, have great work ethics and are remarkably adaptive.

The list below comprises the actions Dychtwald notes organizations see as essential to pursue in responding to the evolving demographic trends. While there are many areas organizations see as pursuits to improve their productivity and outcomes, those that are asterisked are ones hearing healthcare practitioners should strongly focus upon in changing the paradigm when considering hiring the mature worker:

- Invest more training/development to boost employee skill levels* 82%

• Succession planning*	67%
• Training line managers to recognize/respond to generational differences*	48%
• Bring retirees back into workforce*	41%
• Offer customized benefit packages to employees*	38%
• Conduct studies to determine projected demographic workforce makeup*	36%
• Conduct studies to determine projected organizational retirement rates*	34%
• Change employment practices to best address discrimination toward disabilities*	31%
• Offer employment options designed to attract or retain semiretired workers*	31%
• Offer employment options designed to attract and retain Gen X and Y workers	30%
• Change employment practices to address issues of age discrimination*	29%
• Change employment practices to address issues of race discrimination	29%
• Offer language courses for employees	28%
• Change employment practices addressing sexual orientation discrimination	28%
• Change health and safety policies to reflect changing language needs	27%
• Change employment practices to address issues of ethnicity discrimination	27%
• Change employment practices to address issues of gender discrimination	26%
• Change employment practices to address issues of religious discrimination	25%
• Offer language courses for managers	24%
• Changing health and safety policies to reflect aging workforce*	24%
• Moving business to a different location	20%
• Using retirees and mentors*	15%

Moving forward hearing healthcare hiring practices need to be modified. To make this change in your business it is suggested that the following questions be fully addressed in the hiring considerations of organizations:

- What is the age profile of your organization's new hires? What is your track record in hiring other companies' retirees? Workforce returnees age 55 and over? How well are you tapping varied talent sources?
- What are your working assumptions about the pros and cons of hiring mature workers? For which roles do you seek mature candidates? For which roles do you avoid them and why? On average, are you more or less likely to offer a job to a mature candidate instead of a younger one? How do you account for any differences?
- What is your pitch to mature workers? What do you offer that meets their needs at their career stage? Do you actively recruit them?

- Do you have retirees working as contractors? If so, are there patterns in the disciplines contracted and the arrangements made with them?
- Are there signs of age bias in your organization? Do older workers have equal access to promotion and training opportunities?
- What do mature employees want in work opportunities and benefits, both before or after the point of retirement? Who wants to postpone retirement or return as working retirees and why?
- Do your pension or benefit plans and any proposed changes to them facilitate or impede the hiring of mature workers and the implementation of flexible retirement? Do you even have any benefit plans? Why or why not?
- Do these plans motivate or discourage those who want to phase into or postpone retirement? What are the implications for employee and talent retention?
- How do government regulations restrict the structuring of your pension and benefit plans or inhibit them from meeting your business goals and your employees' needs? What would you like the government to change? Are you making your voice heard among policy makers and legislators?

Given the above statistics, it is obvious that many organizations are already considering the merits of hiring more mature workers to not only entry-level positions, but to grow and develop them to assume greater roles and responsibilities within these organizations. They also need to ask and answer the tough questions, and the right questions of their applicants and their own organizational practices. To survive in the long-term, the hearing healthcare field must adopt many of these practices and create their own future scope that can be enhanced through the practice of "Boomers hiring Boomers" where feasible. These philosophical changes throw much of the conventional wisdom out the door because of the lack of an established "Farm System" to grow our own. This change is and must be only the first in a number of steps our industry must take to adequately grow and perpetuate our field and be able to meet the increasing needs of our impending and rapidly advancing "Age Boom." *THP*

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1. What is the approximate number of individuals in the U.S. possessing some type of hearing impairment?

- a. 25 million
- b. 32 million
- c. 39 million
- d. 50 million

2. Which demographic group is the largest regarding sheer numbers of individuals?

- a. Millennials
- b. Gen X
- c. Baby Boomers
- d. Traditionalists

3. Renowned author and human resources professional Ken Dychtwald notes the following pattern:

- a. individuals are generally not healthy as they get older and traditional retirement is the norm
- b. individuals should plan for retirements exceeding 20 years that are active and fruitful
- c. individuals will retire early to secure more benefits
- d. none of the above

4. Of the individuals possessing hearing loss, how many are actually seeking assistance or properly addressing the problem?

- a. 10 million
- b. 12.5 million
- c. 16 million
- d. 6.5 million

5. Where should organizations focus when considering hiring the mature worker? 1. using retirees as mentors, 2. change employment practices to address religious discrimination, 3. succession planning, 4. invest more training to boost skill levels

- a. 2, 3, and 4
- b. 1, 2, and 3
- c. 1, 3, and 4
- d. all of the above
- e. none of the above

6. The demographic group comprising the highest percentage of our current healthcare workforce is:

- a. Baby Boomers
- b. Millennials
- c. Traditionalists
- d. Gen X

7. According to the statistics, which of the following is true?

- a. more Baby Boomers will join the workforce in the future
- b. more Traditionalists will join the workforce in the future
- c. fewer Gen Y are projected to join the workforce in the future
- d. all of the above

8. The general trend being observed in the hearing healthcare field is the following:

- a. more Traditionalists coming into the field
- b. more Millennials coming into the field
- c. more Boomers coming into the field
- d. none of the above

9. The demographic group comprising the highest percentage of the overall U.S. population is:

- a. Millennials
- b. Gen X
- c. Baby Boomers
- d. Traditionalists
- e. Gen Y

10. What issues should hearing healthcare practitioners ask in modifying their hiring practices?

- a. do you actively recruit older workers
- b. are there signs of age bias in your organization
- c. how well are companies tapping varied talent sources
- d. what are your plans to obtain and retain talent
- e. all of the above

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3. a b c d	8. a b c d
4. a b c d	9. a b c d e
5. a b c d e	10. a b c d e