The Grey Method for communication across surgical generations

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If I had to ask you who the most famous surgeon in the world is, you would be perplexed. However, if you have a Netflix membership, you'd undoubtedly say Meredith Grey from Grey's Anatomy. Despite her portraying a fictional surgeon, her personal growth, adaptability and resilience for 21 seasons is admirable. We can commend her on seamless transitions and willingness to thrive on change from interacting with different generations of surgeons as the years progress. This Grey Method is pivotal for tackling the intergenerational gap encountered in the surgical workforce.

However, let us step away from the present and analyse the evolutionary development of the surgical field. From as early as 3000 BC, ancient surgery demarcated trephining as an outlet for spiritual tumultuousness and bloodletting to enable balance of the four elements promulgated by Hippocrates and the ancient Greek pioneer, Galen, who despite his dogmatic misconceptions, played a pivotal role in early animal dissections. During the Renaissance, surgeons were travelling barbers dealing with dental and wound ailments. Surgery was deemed subordinate due to its barbaric nature as patients were awake. In the 1500s, the founding father of surgery, Andreas Vesalius, advocated for human cadaver dissection creating books instrumental in obtaining anatomical knowledge.[1] Thus, it is elucidated that the field of surgery has been through trials and tribulations to gain the respect it has today.

When we dissect the surgical workforce, we can visualise the multilayered plethora of generations, each a distinct group of individuals sharing similar ages, being raised in and living around the same social period. In the context of South Africa, we have four cohorts – the Apartheid generation (born between 1938 and 1964), the Struggle generation (born between 1965 and 1980), the Transition generation (born between 1981 and 1994), and the Born Free generation (born from 1995 onwards). The Dew Research Centre in the United States categorises generations into Traditionalists, Baby Boomers, Generation X, Generation Y (Millennials) and Generation Z correlating with each cohort respectively.

Each generation comprises of different backgrounds, attitudes, workstyles and preferences. The Apartheid generation lived during a time when jobs were scarce valuing hard work and loyalty and preferring fixed work environments. The Struggle generation grew up in a changing world centralised on challenging established norms. They are more confident, value in-person interaction and their career more than family, and do not see themselves as equals to the younger age groups. The Transition generation grew up in a more accepting society and believe in balance between work and home life. They are more adaptable to technology and require flexibility. The Born Free generation work well in teams, thrive on technology, value family over work and treat all members equally irrespective of age. The Generation Z requires positive reinforcement, instant gratification using methods that are quicker, and are technologically more advanced.[2]

Therefore, we encounter this intergenerational gap, a natural, constant and inescapable phenomenon. The essence of a constructive society is diversity of thought and the shedding of an older generation into the next. It is fundamental that we develop awareness of our differences but more so of our united similarity to become successful and competent surgeons and save lives. The foundation of a good surgeon is solely through his medical knowledge, procedural abilities and dexterity. But the construct of a brilliant surgeon includes the additional non-technical skills aspect – the ability to lead, cognitively delegate, effectively communicate, work in a team and operate in a way that renders efficiency and efficacy motivated by altruism.

How do we obtain this construct? Firstly, facilitating cross-generational communication through working in multigenerational teams is optimal to shift perspectives. The daily exposure to varying approaches will challenge our individual complacency and encourage open-mindedness, adaptability and fill in our own deficits from the abundance that other colleagues may possess. Establishing mentorship programmes is imperative for the younger generations to acquire active knowledge from the experience, trials and errors of the older generation. Additionally, reverse mentorship programmes are valuable, where the less experienced, younger generation mentors the older generation about current methods for revolutionising the surgical landscape digitally. This perpetuates the transfer of information, strengthens the confidence in the younger generation from the value they bring to the team and renders positive reinforcement.[3]

Secondly, there is a need to address the concept of ageism as the younger surgeons should be allowed to raise ideas freely without being demeaned, while respecting the older

generation and consulting with them if uncertain. Importantly, management should be made aware of the generational gaps and aim to implement certain policies which would allow for efficiency, such as flexibility in scheduling and consideration of certain hours such as early Fridays where only a set number of elective surgeries are performed, and calls are selected. This will benefit the Transition, Born-Free and Generation Z as they value flexibility and family time. Despite the Struggle generation devaluing this idea, this renders a benefit to them also by reducing burnout.[4]

Moreover, open communication via different collaborating platforms should be utilised such as in-person meetings, Microsoft Teams and WhatsApp. As the older generation is more comfortable with face-to-face interaction and feedback and the younger generations with more technologically derived sessions, this renders an equal opportunity for comfort and growth.[5] And, naturally, what follows is a group of surgeons who become multifaceted in their awareness about how different ages understand and communicate their needs, which in turn will reflect on tailored management of patients who may be from a different generation than the surgeon. This can be demonstrated preoperatively – surgeons can explain the procedure to older patients who value face-to-face interaction while supplementing a younger patient's understanding with online platforms, such as SurgReady, videos and podcasts, which are better appreciated.

While these postulated solutions are pragmatic and will remedy intergenerational gaps, it is up to the surgeon's willingness to adapt based on our similarities. Not everyone is designed to be a surgeon. Not everyone can pick up a scalpel and save a life. This intrinsic desire to use our gift and transform the patient's life is what unites us despite our inherent differences for generations to come.

REFERENCES

1. Gawande A. Two hundred years of surgery. New Eng J Med. 2012;366(18):1716-23. https://doi.org/10.1056/NEJMra1202392.
2. General characteristics of the generations. Cook Ross, Inc.; 2004. Available from: http://www.pacwrc.pitt.edu/Curriculum/108%20MltGnrtnlDffrncsInTheWrkplc/HO/HO04_GnrlChrtrstcsOfThGnrtns.pdf.
3. Heuss SC, Zimmerli L, Schneeberger AR. How do physicians from two generations communicate with each other? Cogent Soc Sci. 2022;8(1). https://doi.org/10.1080/23311886.2022.2095745
4. Naidu P, Mazza IB. Surgery in South Africa: challenges and barriers. S Afr J Surg. 2021;59(3). https://doi.org/10.17159/2078-5151/2021/v59n3a3391.
5. Grossman R, Sgarbura O, Hallet J, Søreide K. Social media in surgery: evolving role in research communication and beyond. Langenbecks Arch Surg. 2021;406(3):505-20. https://doi.org/10.1007/s00423-021-02135-7.