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Matter for Debate

In the time of significant generational diversity – Surgical leadership must step up!



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ABSTRACT

The diverse attitudes and motivations of surgeons and surgical trainees within different age groups present an important challenge for surgical leaders and educators. These challenges to surgical leadership are not unique, and other industries have likewise needed to grapple with how best to manage these various age groups. The authors will herein explore management and leadership for surgeons in a time of age diversity, define generational variations within “Baby-Boomer”, “Generation X” and “Generation Y” populations, and identify work ethos concepts amongst these three groups. The surgical community must understand and embrace these concepts in order to continue to attract a stellar pool of applicants from medical school. By not accepting the changing attitudes and motivations of young trainees and medical students, we may disenfranchise a high percentage of potential future surgeons. Surgical training programs will fill, but will they contain the highest quality trainees?

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Introduction

The diverse attitudes and motivations of surgeons and surgical trainees within different age groups present an important challenge for surgical leaders and educators. These challenges to surgical leadership are not unique, and other industries have likewise needed to grapple with how best to manage these various age groups. Jenny Floren (2010) has asserted that “Generation Y has created a need for a cultural overhaul that has not been this dramatic since women entered the workforce en masse”.¹ The authors will herein explore

management and leadership for surgeons in a time of age diversity, define generational variations within “Baby-Boomer”, “Generation X” and “Generation Y” populations, and identify work ethos concepts amongst these three groups. The surgical community must understand and embrace these concepts in order to continue to attract a stellar pool of applicants from medical school. By not accepting the changing attitudes and motivations of young trainees and medical students, we may disenfranchise a high percentage of potential future surgeons. Surgical training programs will fill, but will they contain the highest quality trainees?

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Generational definitions

Within surgical departments are various members who have grown up in very different circumstances based on their age. Many of the younger trainees do not remember the Soviet Union. They do not remember when Margaret Thatcher was Prime Minister of Great Britain or Archie Gemmill's outstanding goal against Holland. The first U.S. President they can remember is Bill Clinton. Their tastes in everything from music to literature, to what to do with their free time are very different from most of the surgical leaders of today. The workplace that we inhabit is confounded by many different views, and many of the difficulties that arise today are value-diverse issues based on generational differences. First we must define these population groups. Baby Boomers were born between 1945 and 1964; Generation X were born between 1965 and 1980; and Generation Y, accounting for most of the younger trainees, were born after 1980. The authors of this article are nearly derived from each of these generational groups. We recognize the dramatic differences between these age groups. Sociologists have emphasized that these differences are among the largest age related societal changes ever.

As we explore the differences between these generational groups, it is important to note that these are generalizations and as such they by no means apply to all members of these generational groups. In addition, there are gray areas between these age groups so that often early members of one group are often more similar to the later members of the previous group than the later members of their own. One must also remember that we tend to recruit people who are similar to ourselves. So, even though we may feel that the surgical trainees are not what they were twenty or twenty-five years ago, they probably are more similar to us than some of their colleagues who progress to medical or other specialties. So surgeons and surgical trainees in particular, may not reflect the generational tendencies of their generational group to the same degree as others. However, we need to be careful not to miss out on training the best future surgeons because of being “out of touch” with these generational differences.

Age diversity and their origins

One must understand that the differences between members of these three age groups are more complex than simple variances in age. Because of differences in culture, parenting styles, and educational systems over time, the members of these three generational groups have been raised in very different worlds. The result is that each group varies significantly in their social and political values, communication styles, motivational issues, methods of interaction, and expectations of their leaders. The values and work ethos of these different groups also differ significantly as well as how they view each other's priorities. Many Baby Boomers and Generation X members believe that Generation Y's have no work ethic – they're just a bunch of “slackers.” They don't want to attend meetings after 4:00 pm, they have “another life”, they have other things they want to do. Many members of Generation Y believe that Generation X members are whiners, and

in return Generation X members often think that Generation Y is arrogant and entitled. Both Generation X and Generation Y think that the Baby Boomers are workaholics who expect to work excessive hours. While many of these perceptions are too broad and overstated, true differences among the generations fuel these sentiments. Variations in priorities, motivators, and expectations are very much real among these groups (Table 1).

Some of these variations are likely to be due to major differing styles of parenting experienced by the members of the generational groups. Baby Boomers were raised by parents who lived through World War II. These parents made tremendous sacrifices during the war and therefore viewed their children not as perfect little people, but as people who should be raised to work hard. The Baby Boomers were raised to believe that money equaled security and that loyalty to employers was an important and noble quality. Many Baby Boomers believe that hard work can overcome many difficulties. Many Generation X'ers and Generation Y'ers view hard work as an inconvenience. Working extra hours does not glean respect from Generation X or Generation Y as it does for Baby Boomers.

Generation X were raised by parents at a time when the dominant Western world-view had changed to post-modernism. In the post-modern world-view, truth is expected to be relative to one's background and experiences, and therefore there is no absolute truth. This led naturally to questioning authority among Generation X. While the modern world-view of Baby Boomer parents had held to a unifying purpose for life such as a God-given design, the post-modern world-view holds that random events lead to present reality and there is no unifying or bigger purpose to life. This led naturally to a stubborn individualism among Generation X. Thus Generation X members are much more likely to wish to work alone, focus on one's own skills and development, be less loyal to employers, and be less likely to accept direction simply because it comes from one in authority.

The parents of Generation Y raised them at a time when the self-esteem movement became prominent. This movement held to the view that a child's success in life rises and falls with his self-esteem. This is the movement that produced every child at a sporting event receiving a trophy, turning off scoreboards if one team was too far ahead of another, no failing grades – just “deferred success,” and the like. Homes became much more child-centric under this movement. Thus Generation Y children were often immersed in praise regardless of merit and this has led to a more narcissistic viewpoint among this group. One can imagine how Baby Boomer leaders react to Generation Y trainees who seem to expect a pat on the back for doing things the Baby Boomers thought were just a normal part of their job and training. Please keep in mind the popular song for early childhood education “I am special, look at me”. That says it all!!

Workplace ethos

Comparison of workplace attitudes and approaches to training, work and profession vary considerably between the three populations. Looking at work drivers, the Baby Boomers

Table 1 – Personality traits of Baby Boomers, Generation X and Generation Y.

Trait	Baby Boomers	Generation X	Generation Y
Hierarchy	Chain of command	Individual first	Individual first/meritocracy
Life balance	Work related primary focus	Greater lifestyle focus	Lifestyle/making a difference in the world
Motivational inspiration	Motivated with stirring, strong speeches	Motivation requires exploration of individual's own personal commodity	Motivational speeches are completely ineffective
Responsibility profile	Expectation of leadership role	No need to lead	Lead if necessary
Technology	Traditional/challenged	"Streetwise"	"High-Tech"
Work ethos	Strong work ethic, family provider	Money for lifestyle	Money for personal interest and sharing

have a strong work ethic where they believe in working, saving money and being fiscally secure. In contrast, Generation Xers work for their lifestyle and strive for a better quality of life. Generation Y members tend to work for fulfillment as well as wanting work to balance with their lifestyle rather than work providing for it. They want to be fulfilled at work, but it has to be the work they want to do (Table 1). Interpretation of the work-life balance between these three populations suggests that Baby Boomers consider work first, Generation Y lifestyle first while Generation X are positioned somewhere in the middle. As we all know, lifestyle during surgical training is far from maximizing one's quality of life.

The approach to, and expectations of, leadership also differ between the three groups. The Baby Boomers expect to lead, they're older, they have experience, they've been there, and they feel it is their time. Although the Generation X is happy to work alone more and are not driven to lead as are their Baby Boomer colleagues, over time however, they may believe it is time for them to lead and time for the Baby Boomers to move aside. In contrast, Generation Y tends to believe in a true meritocracy and do not consider age and experience as necessary for leadership. They will lead if necessary and at some point they will probably want to take over and lead. They have no problem, however, expecting all levels of leadership to listen to them and take their ideas seriously. They have had an opportunity for input to their parents, their teachers, and others their whole life. How often have we seen parents ask their young child where they would like the family to go for dinner? Even at a young age, Generation Y believe their opinions are valued. Therefore, it is normal to lead.

The view of employers by the three generations also varies significantly. The Baby Boomers are incredibly loyal to their employers whereas Generation X and Generation Y are more loyal to their skills and to their friends. These generations are much more likely to gain skills and experience from one employer and then take their human capital elsewhere. What is striking is that although Baby Boomers want others to work with them, in reality it is not with them, but for them! The Generation X's are happy to work alone. The Generation Y's like to work in small groups where they are all "friendly and group oriented". One can see these differences reflected in the approach of the U.S. Army to recruiting over time. In their mind, when the Baby Boomers were being recruited, the Army posters appealed to leadership and loyalty to country. When the time came to recruit the individualistic Generation X members, the recruiting strategy changed to "An Army of One" that emphasized what Army skills could do for the individual. In recent years, Generation Y has been recruited with

the theme "You made them strong, we'll make them Army strong" featuring the recruit's parents in the background. This is in deference to the extraordinary influence and protectiveness of Generation Y's "helicopter parents."

The approach to work is very different based on these three broad age categories. The Baby Boomers believe in the chain of command and they believe they can motivate people with stirring motivational speeches. Generation Xers don't believe in this hierarchy just as Generation Y does not, and motivational speeches are boring to both. It doesn't get you anywhere to try to motivate a Generation Y by delivering a speech about how important you think the work they are doing is. The work must resonate with their desires and values to inspire.

Relevance to surgical training

How do age related differences relate to surgical training and surgical manpower issues? Many of the older surgeons believe that the young surgeons have no work ethic remarking that "these younger trainees, they're just a bunch of slackers". Duty hour limitations have exacerbated these perceptions. Some feel the younger surgeons pass off more cases than they should. The older surgical educators and surgeons felt that getting into the operating room was a gift and that current attitudes are now very different. The Generation Y's don't want to attend late meetings. They don't want to work extra days. They believe they have a life that is more important. They feel their job is to become a surgeon and that they can do so while not becoming a slave of the institution.

Perceptions run deep but these generalizations should be further elucidated. So what can we do to help a generation where they have been queried as to their opinions since the age of three? How often have you seen a parent asking a young child their opinion? Generation Y have been asked their opinion from their earliest years and consequently, they are vocal about giving their opinion. They believe people value their opinion. Perhaps the onus now lies with the older surgeons who must learn how to manage these younger surgical generations and the relevant issues pertaining to their surgical education and overall training. The older surgeon may need to accept a younger surgeon's opinion. Perhaps, one must not be so dictatorial when one becomes the professor.

Medicine is not a unique industry, and healthcare has many lessons it can learn from other industries. One of the classic ideas in industry is that of *emotional intelligence*. Daniel Goleman (2004) explored emotional intelligence and its application to the business world.² Following extensive

research of leadership traits from approximately 200 large global companies, he identified that emotional intelligence is what separates effective leaders from non-effective leaders. So, what is emotional intelligence?

Goleman (2004) describes three categories or skills of leadership and he believes that an effective leader must have all three skills present.² It is usually assumed that the individual will have: a) technical skills such as business acumen and facilities such as accounting, budgeting or marketing; b) cognitive skills such as logical reasoning; and c) an additional and perhaps the most important part of leadership involving the ability to work well emotionally with others and to lead others. Goldman (2004) defined this last skill as emotional intelligence.

After further evaluation Goldman (2004) identified that the first two skills had basic hurdles that had to be passed in order for a person to become a leader. However, emotional intelligence, proved to be twice as important as the other two for leadership jobs at all levels. The first part of emotional intelligence is defined as self-awareness. Goldman (2004) defined this as an ability to understand yourself, to understand and recognize your emotions and your moods, and not only to understand your moods, but to understand the effect your moods have on others. So how does this extrapolate into the surgical environment? Goldman (2004) emphasized the role of self confidence and the ability to facilitate a realistic self assessment. For example, know if you're in a bad mood because something happened at home. If you bring these emotions to the hospital workplace such as the operating room or clinic and subsequently take those feelings out on those around you, your self-awareness is not functioning well that day.

This leads to the second part of emotional intelligence called self-regulation. Everybody has disruptive impulses. Everybody has disruptive moods, but one must stop, think and control oneself before acting. How many of us have written an excoriating e-mail and decided not to send it after thinking about it? How many of us have made the opposite mistake and sent that e-mail when someone does something that truly irritates us and realize two hours or even ten minutes later that we would have been better not sending it?

A further essential facet described by Goldman (2004) is motivation – the passion to work for the pleasure of work, not for money or status. To pursue and achieve such goals with persistence and energy, not for the secondary gain of more money or more prestige, remains a strong inherent drive that most of us as surgeons can identify with – we are high achievers! Empathy is also an important part of leadership and this is probably what would help Baby Boomer surgeons the most with Generation X and Generation Y. You must develop an ability to understand the makeup of other people; must understand how to build and retain talent by giving them what they need emotionally; must develop skills in treating people based on their emotional make-up. Not only do you have to provide service to your patients, but a good leader has to provide service to those he is leading. By developing an understanding of the generational differences, one might have more empathy for Generation X and Generation Y.

Finally, Goldman (2004) describes social skills. One must be able to manage relationships and build networks. You have to be persuasive sometimes, you have to lead change sometimes, you have to take people into uncomfortable places and

lead them from there. Surgeons are used to this. Surgeons are “comfortable being uncomfortable”. Can they share this and lead others to have the same capacity? Can a good surgical leader take a “self-centred” young surgical trainee and show them how viewing the older patient differently may put that patient at ease and reduce stress.

Surgery, just as other industries and other businesses, is at a point where the generational variances make a difference. They may make a difference in who we train and how successfully we train them. A good leader, whether running a department of surgery, a hospital, or running a factory in a totally unrelated field, must deal with these issues of age diversity. Using emotional intelligence, a good surgical leader can turn these generational differences into opportunities. Understanding that current trainees from Generation Y have often been managed, nurtured and provided with a multitude of diverting activities from birth, we can expect them to initially need much more direction, but train them to be self-directed learners. What many view as Generation Y's annoying habit of questioning what they are told can be turned into a view that they have a healthy skepticism through which they can be challenged to learn and achieve new breakthroughs in research. What is initially viewed as entitlement and narcissism among this group can be channeled as a pride that can set them on a path toward higher achievement. Therefore, recognition of Generation Y's pattern of constant praise throughout their life is vital in order to consider application of more positive feedback process at the outset of their careers followed by coaching over time for the trainee to need less to feel appreciated.

In the end, it is up to the older generations – Baby Boomers and now Generation X – to assure that Generation Y can be the future effective surgeons, surgical scientists, and surgical educators that are so essential to our field. We must broaden our catchment of surgical trainees by embracing some of their generational differences. Rather than lamenting that they aren't more like us, true leaders can step up to the task of taking advantage of the positive qualities of these young people and coaching them on the re-channeling of the more negative qualities to make them great. After all, that's what leaders are supposed to do: change the future, not look on as it happens. The new generation of surgeons present great challenges, but with that, the opportunity for great reward and achievement.

Academic declaration

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