Communication across surgical generations – suturing the time gap

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The operating room is where the hands of the seasoned surgeon manoeuvre the intricacies of modern technology. A fascinating scene of age-old practices marrying cutting-edge innovations of modern medicine, producing an era of surgical expertise. Surgery undergoes constant evolution, demanding adaptability in all facets including the often-overlooked aspect of communication. This raises the question – in pursuit of precision and effectiveness, have we lost the art of connection and communication?

A dictum to medicine is history-taking, rooted in proficient conversation. When practised correctly, it yields mutual benefits such as increased patient satisfaction, patient adherence to treatment, and better understanding of patients' potential concerns.[1] However, optimal healthcare delivery is multifaceted, often extending beyond the confines of consultation. Of equal importance to the patient-doctor relationship is the relationship between members of the surgical healthcare team. With everchanging perceptions, morals and values, it becomes imperative to acknowledge any disparities and shortcomings in communication, particularly across surgical generations.

Generational disjuncture is especially relevant within the South African context, relating to our extensive historical and political background.[2] Each generation is moulded by their experiences, shaped by events occurring then or preceding them. Consequentially, a myriad of moral regimes and communicative preferences are prevalent within the current surgical space. How then do we master and maintain communication across surgical generations?

Perhaps the most glaring dissimilarity between generations is communication style and modality. Individuals from earlier generations are more inclined to face-to-face conversation, valuing in-person interactions.[3] Conversely, the youth find themselves communicating via a multitude of platforms with digitally animated expressions acting as a proxy. Successive generations have become increasingly accustomed to the convenience of technology, arguably at the expense of social etiquette.[4]

Bridging communication styles and modalities is a tumultuous task with each generation acclimatised to their own methods. Surgeon or student, rigorous training is undertaken in order to obtain mastery of his or her craft. Similar discipline is required when addressing disparities in communication. Countless online courses and resources are available, empowering individuals with the necessary skills to use platforms and develop their communicative techniques. Such courses should be encouraged and potentially implemented into future curricula. Intergenerational workshops focusing on collaboration and conversation should be hosted regularly for healthcare members, allowing insight and understanding of one another.

Each generation brings with it a specific set of work ethics and values. Those preceding Generation Z value purpose-driven work with respect for hierarchy and authority.[4] In contrast, Generation Z (born 1997–2012) express a more holistic approach to the workplace, often driven by self-fulfilment and advocacy for diversity and inclusion.[4] Traditional norms, including hierarchy, are becoming increasingly disliked by successive generations.[4] This could cause significant dysfunction within the surgical space, if not addressed appropriately. A dilemma arises once again, a juxtaposition between the seasoned surgeon and the free-spirited novice.

Studies have shown that effective leadership communication plays a crucial role in the daily operations of healthcare settings by positively influencing team motivation, the patient treatment process, and overall patient safety.[5] Therefore, alternative leadership styles such as transformational leadership should be implemented to mitigate potential dysfunction.

Interestingly, a study showed that physicians from Generation Y (born 1981–2000) preferred informal feedback from their superiors to self-improve and contribute to patient safety.[5] They further expressed a disconnect, due to consultants primarily sharing information with senior staff, creating a mental distance from registrars.[5] Open communication should be encouraged and engagement as equals should occur where possible. Active effort should be made by seniors to involve all appropriate members in decision-making. Beyond the operating room, constructive criticism and feedback should be endorsed, resulting in mutual learning and synergy in the workspace.

As the evolution of machinery and materials in surgery occurs, so does that of the theory behind it. A handful of years ago, one would walk into a physician's office greeted by informative posters and well-worn medical books. Whilst this narrative still holds firm in many cases today, a stark contrast is emerging of minimalist offices, equipped

with a rather resilient succulent and a laptop. As a personal testament to this shift, I have scrolled the pages of an online version of a textbook far more than I have flipped the pages of its physical counterpart.

Importantly, a rise in Artificial Intelligence and other alternatives to long-standing practices has raised questions about credibility, with scepticism particularly from earlier generations. While justified, an underlying principle of willingness to embrace the evolution of surgery and medicine as a whole is fundamental. Steps must be taken to ensure the credibility of alternative methods in medicine, such as critical evidence-based appraisal of information. This must be met by open-mindedness creating a new chapter of acceptance, thereby cultivating intergenerational communication.

True change starts from within. Our external behaviours are often influenced by our internal perceptions. Individuals born between 1946 and 1964, termed "Baby Boomers" are viewed as authoritative, parental figures to the succeeding generations.[3] Conversely, Gen Z is viewed as highly-technology reliant and lacking basic communication skills.[4] Preconceived notions can subtly infiltrate our daily interactions, shaping communication, and potentially leading to harmful generalisations or premature expectations. To stop this seepage, one must first be mindful of one's own potential bias and acknowledge that it may exist in others.

Respect is a two-way street, or perhaps a double-armed suture. All of the aforementioned obstacles require conscious effort in conjunction with respect from all generations to be overcome. Individuals from preceding surgical generations have a fountain of wisdom, whilst those now entering the workspace have the ability to emulate and evolve that wisdom as necessary.

As the next seasoned surgeon lays down his scalpel, the once bright-eyed novice rises to champion it. A cycle of surgical excellence continues, but with it another must be born – an era of acknowledgment and appreciation for each generation and its inimitable qualities. By doing so, we may one day correct the generational disjuncture, foster communication across surgical generations and ultimately suture the time gap. The question now is – who among us will lay the first suture?

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