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EDITORIAL VIEW

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CLINICAL PRACTICE

Intergenerational workforce: synergism for the benefit of clinical practice

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SUMMARY

Rapidly increasing world population has forced the governing authorities to increase the pace of the expansion of the healthcare facilities. It has resulted in more and more health related institutions, with more requirement of work force as well as the latest technology-based gadgets. All these factors have lead to healthcare teams with diverse age groups, diverse technical knowledge and skills and divers clinical experiences. This editorial sheds some light on the positive aspects of this deversity in unity.

Keywords: Diversity; Generations; Intergenerational diversity; Synergy; Workforce

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In the dynamic field of medicine, collaboration between new doctors, armed with the latest knowledge and cutting-edge techniques, and senior doctors, who possess a wealth of experience and wisdom accumulated over years of practice, creates a powerful synergy. This combination of values and new perspectives not only benefits the team, but also improves patient care and medical outcomes.

Due to desire or necessity, many doctors have to work beyond traditional retirement age. As a result, workforces increasingly feature an unprecedented level of age diversity, with multiple generations coexisting in the same work environment.

A generation is a large group of individuals born during the same period. Group members share similar life experiences, such as economics, political movements, and historical events that shape attitudes, beliefs, and values during their formative years.¹ The current clinical workforce spans *five generations*, this leaves the possibility of having grandparents and grandchildren in the same workplace.

Silent traditionalists (born before 1945) are becoming more scarce in today's healthcare workforce and may be dealing with health problems. As a result, they may not

have the stamina to work long hours, but still want to remain employed, whether by necessity or choice. They are characterized as trustworthy, direct, diplomatic and loyal, with respect, recognition and adding long-term value to the institution as their main motivators. **Baby Boomers** (born 1946-1964) are optimistic, competitive and team-focused, with a high value placed on achievement, recognition and efficiency. Members of **Gen X** (born 1965-1980) tend to place a higher priority on work-life balance.²

Gen Y or Millennials (born 1981-1995) have a reputation for being responsible, competitive, civicminded, open-minded, goal-oriented and with a more general acceptance of diversity. By 2025, they will represent up to 75% of the global workforce.^{2,3} Gen Z (born 1996-2012) is the newest generation to enter the workforce. The common characteristics are entrepreneurial, progressive and creative and the group appears to be motivated by diversity, personalization and individuality. They are the most diverse and the first generation where they cannot remember a time without technology or the internet.²

Younger anesthesiologists enter the workforce with an innate comfort with technology. "Digital natives" have always had information at their fingertips. Making use of

platforms like online modules, videos, and social media can effectively engage them in learning. However, digital access has not reached all segments of society equally. Some may still prefer journal articles to podcasts. The key is to assess individuals' preferences and provide training, whenever new technologies are implemented.⁴

With Boomers retiring at a rate of thousands per day and Gen X beginning to retire over the next ten years, Gen Z will become the mainstay of the healthcare workforce.²

Although such a wide generational range presents challenges, each generation offers much to the practice of medicine and we can all learn from each other. Hospital and care system leaders can leverage common, unifying characteristics across generations to create effective teams. This is critical to succeeding in a value-based environment and achieving 'Triple Aim' outcomes – improved population health, better individual care experience, and lower *per capita* cost of healthcare.⁵

Young doctors, often recently graduated or at the beginning of their careers, bring a series of advantages to the team. With up-to-date knowledge they are well versed in the latest medical research, technologies and treatment protocols, ensuring the team stays up to date with advances in the field. Your innovative thoughts, perspectives, and enthusiasm can lead to new approaches to patient care, problem solving, and medical research. They are also more receptive and adept at using technology in healthcare, simplifying processes and improving efficiency.

More experienced doctors, in turn, offer invaluable wisdom and experience. They help beginners to develop their clinical skills, decision-making capacity with ethics, humanity and professionalism. With the accumulated time forging their clinical judgment, their experience allows them to make quick and accurate clinical decisions, drawing on a vast repertoire of cases they have encountered throughout their professional lives.

Senior doctors act as mentors to new doctors, guiding them through complex cases, sharing ideas and encouraging their professional growth. Many can talk about unique situations which they had experienced (malignant hyperthermia care, cases of rare diseases, pandemic etc.), in addition, seniors are the repository and guardians of the historical aspects that founded our specialty. Years of interacting with patients have honed their communication skills, allowing them to build trust, empathy, and relationships with patients and their families.

Senior doctors often engage in academic teaching activities, such as lecturing, supervising medical

students, and providing continuing medical education for healthcare professionals. They contribute to the development of future medical professionals and help maintain the knowledge and skills of the existing workforce.

More experienced doctors may hold administrative roles, such as department heads, clinical directors, or medical directors. They are responsible for managing the team, developing policies, and ensuring the practice runs smoothly and efficiently. They provide valuable work in the prevention of litigation and act as advisors and technical assistant experts in medico-legal demands. They may be involved in research projects, clinical trials, quality improvement initiatives and organization of congresses and symposiums. They advocate for patients, ensuring that they receive the best care possible and that their rights and interests are protected. They can liaise with other healthcare providers, social services and insurance companies to coordinate care and secure resources for patients.

While we celebrate uniqueness and intergenerational diversity, age-related stereotypes often impede collaboration and productivity. Healthcare leaders must foster a culture that values the skills, experience and knowledge that each generation brings and that attracts and supports all ages. Workplaces with generational diversity can capitalize on their diversity, recognizing differences as strengths to result in a more productive, collaborative and innovative team.^{2,6,7}

Making work "millennial-friendly" improves recruitment and retention. But flexibility is also key for older anesthetists who want to care for grandchildren or aging parents, as they gradually transition into retirement. Accommodating life outside of work is simply good management today.⁴

Because the majority of anesthesia residents are Millennial or Gen Z, and many faculty are Baby Boomer or Gen X, we must update the structure of our residency programs to match the values, strengths, and culture of these new generations. This involves implementing active learning and question banks, providing regular feedback through critical reflection and maintaining strong standards of professionalism, whilst incorporating social media into education.⁸

In conclusion, when young and senior doctors collaborate effectively, the team benefits from a unique combination of knowledge and wisdom, new doctors learn from the experiences and insights of senior doctors, while senior doctors gain new perspectives and stay up to date about the latest trends. By combining knowledge and experience, the team can provide comprehensive, evidence-based care that addresses both the medical and humanistic aspects of a patient's well-being. Cohesion fosters a supportive team environment where each member's strengths complement the others, leading to better teamwork and job satisfaction.

Synergy between intergenerational physicians is a cornerstone of effective healthcare delivery. By leveraging the strengths of each group, medical teams can achieve superior results, promote professional growth and, ultimately, provide the best possible care for their patients.

Conflict of interests

None declared by the author.

REFERENCES

- Green AP, Eigel LM, James J B, Hartmann D, McLean KM. Multiple generations in the workplace. In Hedge JW, Borman WC. The Oxford handbook of work and aging. New York, NY: Oxford University Press. 2012:483-496.
- 2. Celebrating the Multigenerational Clinician Workforce [Internet]. Accessed Apr 27, 2024. Available from: https://www.scphealth.com/blog/celebrating-themultigenerational-clinician-workforce

- 3. Pomerantz P. Talking About the Generations. ASA Monitor 2017;81:8–9
- Chu L. Bridging the Generation Gap in Anesthesiology [Internet Nov 2, 2023]. Accessed Apr 27, 2024. Available from:. https://aim.stanford.edu/bridging-the-generation-gap-inanesthesiology/
- Managing an Intergenerational Workforce: Strategies for Health Care Transformation. American Hospital Association [Internet]. Accessed Apr 27, 2024. Available from: https://www.aha.org/ahahret-guides/2014-01-01-managingintergenerational-workforce-strategies-health-care
- Shangraw RE, Whitten CW. Managing intergenerational differences in academic anesthesiology. Curr Opin Anaesthesiol. 2007;20(6):558-63. PMID: 17989549 DOI: 10.1097/ACO.0b013e3282f132e3
- Kapur PA. The impact of new-generation physicians on the function of academic anesthesiology departments. Curr Opin Anaesthesiol. 2007;20(6):564-7. PMID: 17989550 DOI: 10.1097/ACO.0b013e3282f0ef75
- Mulaikal TA, Helou MF, Martinelli SM. Training the next generation of anesthesiologists. Int Anesthesiol Clin. 2020;58(4):23-30. PMID: 32852315 DOI: 10.1097/AIA.00000000000299