

Bridging Generation Gap on Analysis of Mentor-Mentee Relationship in Healthcare Setting

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Abstract: Health care is dynamic; the dynamism can be seen in people from different backgrounds, cultures, ethnicities, gender, and age to work for a common purpose. A diversified workforce, from early 20s to late 60s or 70s, is prevalent. US employees spend 2.8 hours a week handling disagreement, costing the economy \$507 billion in 2013 [1]. Disruptive behaviour may cause errors. The great training robbery the US paid \$162 billion on corporate training for leaders and managers in 2012 is revealed [2]. Generational views of labour can affect company culture. Each generation views work and criticism differently. Traditionalists desire recognition, Boomers seek self-fulfilment, Gen Xers value respect earned via activities, and Millennials are demanding and education-oriented. This essay addresses how generations can work together and transition smoothly. Generations working together might create miracles or clash. This essay examines how various generations interact, how they view work and feedback, and how to bridge generation gaps by examining psychological perceptions and consequences and proposing a mentor-mentee relationship at work. Academic medical centres must foster mentorship to create leaders and achieve goals. Awards, training, internet resources, and mentorship. Setting goals, assessing data, and focusing on problem areas should help institutions prioritise mentorship. Research grants and career satisfaction assist evaluate efficacy. Academic leaders should mentor, exchange experiences, and help trainees start mentorship programmes. Grassroots programmes should promote mentorship.

Keywords: Healthcare; Generation Gap; Baby Boomers; Millennials; Mentorship; Mentor; Workplace; Technology; Gen Z; Gen X; Workplace Dynamics.

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1. Introduction

"The term generation signifies the grouping of people within similar age groups, born at the same time of history and culture" [3]. In the United States, classically, generations are categorized into four categories, namely, The Silent/Traditionalist/Veteran Generation (born before 1946); The baby boomers (born between 1946 and 1964); Generation X (born between 1964 and 1984) and the Generation Y/Millennial, born since 1985 [4]. Recently, generation Z has been introduced to people born after 1995 [5]. With the transition of age, there must be a transition of thoughts. At times, the boomers act as a mentor to Millennials or vice versa. Mentorship brings out the full potential of an individual. Especially in the healthcare field, learning and teaching continue for life. A good mentor is a great teacher and an eager learner. The pillars of a successful mentorship are mutual liking, development of an individual's abilities and identification [6]. As we discuss the characteristics of the generations, there are instances where the thought processes might clash and propagate unproductive behaviour at work (fig.1).

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Mentoring is essential in medical education because it helps both students and the committed faculty members who share their methods of teaching. A mentoring relationship is a non-authoritarian, mutually beneficial partnership in which both parties benefit. Mentoring not only benefits the mentee but also keeps the mentor grounded in their original purpose. When mentors and mentees are from different generations or walks of life, everyone gains a deeper understanding of the other's experiences and perspectives.

Addressing the professional development of underrepresented minority faculty is a critical aspect of mentorship. With underrepresented minority faculty comprising only 7% of full-time faculty, targeted and culturally appropriate mentorship programs are essential for increasing diversity in the academic workforce. These efforts enrich scientific inquiry, increase the number of individuals addressing health disparities, and promote health equity within the healthcare system.

Finally, mentorship is crucial in developing the academic medicine leaders of the future. Business acumen, administrative competence, financial capabilities, and the ability to effectively manage and communicate are all necessary for leaders in today's academic health systems, in addition to research and clinical care. Programs aimed at helping women and others of marginalised groups build leadership abilities typically include mentoring relationships. Leadership development in academic medicine benefits greatly from one-on-one mentoring partnerships.

2. Ideal Mentoring Qualities

2.1. Mentor Qualities

An effective mentor embodies various qualities that make them accessible, friendly, knowledgeable, supportive, reliable, passionate, motivating, and attentive to others' needs [7]. Their accumulated experience and expertise serve as valuable resources for mentees [8], and they play a crucial role as role models [9]. Mentors provide valuable guidance, share wisdom, and offer encouragement and moral support [10]. They may also assist mentees in navigating professional environments and establishing strategic networks. Moreover, a mentor's ability to foster a mentee's growth through positive processes, not limited to offering advice or presenting challenges but by encouraging self-reflection and personal development, holds great significance [11]. Trustworthiness is also emphasized in mentor-mentee relationships, as mentors create a safe space where mentees feel secure [7].

Furthermore, mentors who engage in collaborative goal-setting with their mentees tend to be most effective [10]. Without these personal characteristics and strong interpersonal communication skills, communication barriers may impede the progress of the mentoring relationship. However, when mentors possess these qualities, it cultivates an environment of openness, honesty, and a healthy mentoring dynamic.

2.2. Mentee Qualities

The qualities exhibited by a mentee hold equal importance within the dynamics of the mentoring relationship. A commendable mentee showcases proactive behaviour, unwavering commitment, a genuine eagerness to learn, infectious enthusiasm, an open-minded disposition, and effective communication prowess [12]. Furthermore, positive descriptors of a mentee encompass traits like diligence, dependability, and an inquisitive nature [13]. A mentee must maintain a generally positive and respectful demeanour, actively listen to their mentor, adhere to ethical principles, and possess the ability to establish and uphold personal boundaries [10]. Similarly, the mentee's accessibility and approachability are indispensable in cultivating a fruitful mentoring relationship. By being receptive to guidance and demonstrating self-awareness and introspection, the mentee becomes adept at identifying pertinent queries for their mentors and recognizing areas of skill deficit that hold potential for growth under the mentor's guidance [10]. Over time, a communicative mentee has a greater chance of success than one who remains reserved and exhibits limited communication. Research illuminates the significant role played by personality in the mentoring relationship, as shyness and a reluctance to initiate are inversely associated with mentoring success [14]. A mentee who takes the initiative when required while comprehending the immense value of their mentor's time establishes a more productive and balanced relationship [12]. Finally, open-mindedness, adaptability, and the willingness to embrace feedback are deemed essential attributes of a commendable mentee [13]. Without wholehearted engagement from the mentee, the potential benefits of the mentoring relationship may be delayed, hindering the relationship's realization of its full potential.

3. Stages of an Ideal Mentor-Mentee Relationship

3.1. Pre-match Stage

The initial step in establishing a fruitful mentoring relationship involves finding a suitable match, which can be challenging. Mentors and mentees may come together organically or through formal mentoring programs. Mentees often seek individuals

who have achieved career success and can serve as positive role models, while mentees search for talented mentees who are open to feedback. Mentor-mentee compatibility regarding personality and interaction style can also contribute to developing a healthy relationship [15]. Some mentees may prioritize shared interests, expertise, demographics, or other factors when selecting a mentor. Formal mentoring programs often use a pairing process that considers these factors. Additionally, mentor and mentee training programs are commonly implemented to establish clear expectations and objectives for the mentoring process [10].

3.2. Initiation Stage

Once the match is made and accepted, defining goals and roles early in the relationship is crucial. This stage, called the "Initiation Stage," involves orientation sessions to align expectations and provide guidance on meeting frequency, setting boundaries, goal setting, and discussion topics. Mentor training ensures they possess effective mentoring skills beyond their academic success. Creating a safe and supportive environment where mentees feel comfortable asking questions and seeking help is paramount. Mutual respect and adherence to mentorship etiquette further enhance the relationship [10].

3.3. Cultivation Stage

The cultivation stage represents the main period of growth and development within the mentoring relationship. As trust and comfort between mentor and mentee increase, open communication and regular meetings become more prevalent. This stage is characterized by significant conversations that build upon one another, fostering a collaborative relationship. It allows for ongoing mentee growth, addressing short-term and long-term goals, career planning, and discussions on relevant topics, such as effective work strategies, resilience, knowledge building, and networking [10].

3.4. Transition Stage

In the transition stage, the mentoring relationship evolves as mentees gain independence, competence, and confidence. The need for constant guidance diminishes, and their mentors consider mentees colleagues. While the mentor-mentee relationship may no longer be as intense, occasional contact and friendly support may persist. However, some relationships naturally drift apart, and closure is important to acknowledge the conclusion of the mentoring phase. Reflecting on the mentorship experience, expressing gratitude, and discussing future growth opportunities are valuable components of the last meeting [16].

3.5. Redefinition Stage

Following the transition phase, a period of redefinition occurs. The mentor and mentee acknowledge their relationship has shifted from mentor-mentee to colleagues, and conversations no longer revolve around the mentee's growth. Mentees may seek new mentors with different skill sets, while mentors may take on new mentees. The focus may shift towards the mentee's continued growth and the mentor's role in supporting others [10].

4. Generations Defined

4.1. Traditionalists/Veterans

The first generation defined are the Veterans (Before 1945) older than 70; they are dedicated, retiring, or planning to retire; they are the generation of traditionalists [3]. The senior generation can be seen working a full day shift sharing their expertise and real-life experience to guide the newer generation or managing the organizations by holding leadership positions.

4.2. The Boomers

The next generation comprises the baby boomers (1946-1964), who comprise almost half the US working population; they witnessed many important and transforming historic events including the Cold War, the Vietnamese War, and the assassination of J.F. Kennedy, to name a few [3]. They hold important positions throughout the healthcare industry, ranging from managing a patient at the bedside or strategically planning how to sustain and grow an organization. One of the challenges faced by Boomers is acclimatizing to the technological revolution. Grown in an era where technology was limited to televisions, they find it difficult to adopt current hi-tech computerized systems and a fast-paced new environment.

4.3. The Gen Xers

Generation X (1965-1980) were the successors of Boomers, often referred to as "latch-key kids" as they were latched in a room when their parents went to work [3]. They are characterized as "alienated, skeptical, cynical, and radically individualistic". The

above description perhaps results from the challenges Gen Xers faced while growing up, and hard-working boomer parents could not devote enough time to their child’s emotional growth, influencing their perception of work and feedback.

4.4. The Millennial

Millennials (1980-2000) bear the baton in the race of generations. They spent their childhood in a technologically sound society. Computers, cell phones, and gadgets were their childhood friends. Often referred to as Generation Y, they also witnessed harsh realities such as terrorism, climate change, and natural disasters. For them, personal growth is of pivotal importance [3].

4.5. Generation Z

Generation Z refers to people born after 1995-2000 who are gearing up to be a part of the current workforce; however, little information is present on how they perceive and behave at the workplace.

A summary of how different generations perceive work, technology, and feedback is listed in Table 1.

Table 1: Perception of Work, Technology, and Feedback [17]

Generations	Veterans (Before 1945)	Boomers (1946-1964)	Gen X (1965-1980)	Millennials (1981-2000)
Characteristics	Dedicated, Hard-working, Respect for work and authority	Positive work attitude, passionate,	Sceptical, impatient, independent	Demanding, Impatient, Lack job loyalty
Technology Perception	Unfamiliar	Struggling to adopt technology	Moderate to good technological knowledge	Technologically sound
Work Perception	Value work and authority	Authority is related to experience	Respect and authority are earned	Respect authority
Feedback	Not needed	Needed but cautiously	Value feedback	Need feedback

5. Work Perception

The traditionalists feel contented by work recognition; they personify loyalty, respect authority, believe feedback is unnecessary for their work and follow a direct communication style [18].

Boomers are known for their passion and optimistic approach to work. They believe in team play and work for self-fulfilment [3]. They value recognition and desire to be recognized as a public platform; an appreciation from their supervisor ignites a spark to achieve more. Hence, they are receptive to feedback at work [18].

Generation Xers are believed to be independent, informal, and nonconformist. They strongly believe that respect results from what one does; it is earned and not something bestowed upon them [3]. They seek feedback and learning opportunities to improve their work; thus, feedback given as a learning experience is valuable to them [18].

Millennials are characterized as demanding, impatient, education-oriented, and lacking job loyalty. They value feedback, and they are equally receptive as they provide feedback [18].

5.1. Generations Working Together

When people of different age groups collaborate, there are several possible situations. The first ideal scenario can be feedback accepted by all and a transparent positive work culture; although desired, it may not always happen. Conflict may arise on a minor thing as a clash of thoughts. A hypothetical situation can be Veterans and Millennials working as mentor-mentee, respectively. While Veterans don’t appreciate the feedback, Millennials value feedback to progress [18]. The clash of thought

can be due to different receptions of feedback by different generations. What does one do in such a situation? We must break the cycle of thought that influences behaviour to make unproductive behaviour productive.

5.2. Disagreements and Conflicts

Conflict may be described as a general disagreement on an issue which may provoke a heated argument or friction at the workplace. If it is not handled appropriately and timely, it may hamper departmental growth, increase turnover, and affect patient care quality. "Within healthcare organizations, unsuccessful conflict management is a prime cause of stressful work environments, power games, patient and employee dissatisfaction, poor quality of care, and increased costs" [19].

5.3. Technology Perception

While Generation Y and Generation Z were born and grew in a technologically advanced era, the boomers and millennials find it relatively difficult to adapt to the new era of automation. I-Pads, cellular phones, and working in a virtual environment may comfort the younger generation, but acclimatizing to such technological advancements is a challenging task for the workforce belonging to older generations. There are six stages of concern for the elderly workforce to learn technology [20]. The first stage is awareness, where an individual realizes the need and influence of technology in day-to-day work.

The next stage concerns self-reflection, where an individual is unclear about the stress associated with innovation execution. The following personal stage is the acceptance or management stage, primarily concerned with the details of the technology. The fourth stage is the consequential stage, where an individual is concerned about technology's outcomes on the professional front. This learning process is followed by a collaborative stage where individuals group to work together. The last stage focuses on exploring innovation and what can be achieved by implementing technology in daily life.

5.4. Professional Burnout

Burnout is a multifaceted condition characterized by emotional exhaustion, self-disbelief, and professional inefficacy [21]. Along with the responsibilities and accountability, stress and crisis are integral to the healthcare professional. Emotional consumption instils a sense of lack of commitment and under confidence in an individual, eventually affecting patient care. The symptoms are common among professionals ranging from neurosurgeons to dentists to nurse practitioners. As a result, the patient may experience a lack of personalized care, which adversely impacts patient satisfaction levels.

5.5. Stress

Stress is an integral part of work; however, it is important to timely manage it. Especially when dealing with people from different age groups, it can be stressful! Stress can precipitate as minor as disagreements on an issue or a major fight with co-workers or supervisors. It is important to realize when one is stressed, accepting reality helps to combat the consequences. Talking about professional problems with others can sometimes provide resolutions and relieve stress.

5.6. Mentorship Culture in Healthcare

In order to foster a more inclusive pool of leaders and improve academic medical centres' ability to achieve their missions, it is strongly recommended that they adopt a culture of mentorship. A large number of organisations have established programmes to encourage mentoring relationships by rewarding those who provide it and funding research into new methods of mentoring [22][23][24]. A number of initiatives have concentrated on either specific tasks, such grant writing, or specialised audiences, like translational researchers. The National Research Mentoring Network, funded by the NIH and designed to increase representation of underrepresented groups in scientific research, is one such creative initiative [25].

To create a genuine mentoring culture, mentoring needs to be seen as a top strategic priority, which is not always the case. In order to accomplish this, it will be necessary to establish goals and metrics unique to the site. Before focusing on building a cohort of leaders, institutions should identify areas that need attention, such as bolstering research endeavours, fostering a safety culture, or enhancing faculty retention. To this end, it is important to assess the effectiveness of current mentoring programmes, the efficiency of faculty, the fairness of promotion and tenure policies, and the financial consequences of new initiatives, such as the possibility of reduced recruitment costs. Research funding, academic advancement, professional recognition, and job happiness are just few of the measurable outcomes that may be used to evaluate the success of mentoring programmes and individual mentorships. These metrics can be used as quantitative indicators of a program's success [26-31], and they provide light on whether or not an institution is making good use of its faculty members' expertise. It is also important to think about the less obvious benefits, such as improved working relationships, expanded educational possibilities, and higher levels of interprofessional collaboration and understanding.

A bottom-up and top-down strategy is needed to make mentoring a top priority. Leaders in the academic community should show their students and faculty that they value mentorship by making it a top priority and providing resources to back up that belief. Leaders can set a good example by talking about the importance of having a mentor and the joy they feel when their mentees achieve their goals in public. Leadership is most effective when leaders show their enthusiasm for mentoring and motivate others to take action. Trainees and junior teachers should also be helped in their efforts to establish individualised mentorship programmes. They ought to be pushed toward seeking out mentors and mentees themselves.

6. Measures for Organizational Development

6.1. Emotional Intelligence to Influence Behavior

Emotional Intelligence (EI) may be defined as an ability of self-awareness to regulate and express one's emotions to best suit the situation. When dealing with employees of different age groups, it becomes a challenging task to address and resolve the conflict that both generations agree upon. Literature reveals that unproductive or disruptive behaviours at the workplace can lead to medical errors, decreased job satisfaction, and increased turnover rates [32]. While working in a healthcare setup, a patient-centred approach becomes important. The American Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) identify six core competencies for a patient-centred approach, including medical knowledge, quality of patient care, a system-based practice, professionalism, and interpersonal communication; EI forms an integral part of the professionalism and interpersonal communication [32].

Various factors, including team building and behavioural outcomes, can impact the quality of care provided to the patients. Studies attest that higher EI improves patient satisfaction levels, decreases medico-legal liabilities, and improves clinical outcomes [33]. Understanding how the Emotional Quotient works for the medical staff is more important than the interpretation of rating on a scale [34]. A model comprising compassion, awareness of a situation, regulation of behavior per situation and EI is the key to achieving organizational success. Another important aspect of preventing and resolving conflicts at the workplace is to stop the thought where a provocative and unproductive thought arises [17]. As thoughts lead to unproductive behaviour, they can manifest as a quarrel or a negative environment at the workplace. Conflicts can be managed effectively by analysing their thoughts before enacting their behaviour.

6.2. Education and Training

Studies show only 10% of the corporate training provided to be productive at work is effective (Hollard, 2016). Since the baby boomers and veterans are not technology savvy, it is important to understand their perspective and provide them with the coaching and training they need to equip them with the skills needed by today's generation. Mutual learning, helping each other when in a problem, generation X can help boomers learn new things and gain the experience the older generation has to offer.

6.3. Motivate: Sharing Helps

Motivation acts as a stimulus to propel passion. Everyone, from baby boomers to Generation Xers, requires a spark to motivate and work. The older workforce can enrich the new generation with their extensive experiences and knowledge; the younger generation can give back by recognizing the efforts made by the older people at work.

6.4. Transparency

A clear and transparent workplace instils a sense of trust and security in employees. Also, a leader's transparent behavior can positively impact the employee's behavior by providing a platform to be creative and generate novel ideas [35]. Transparent culture affects both affective and cognitive learning at work; In contrast, the affective perspective of a leader provides a clear image behind the decisions made, and the cognitive perspective provides individual feedback to employees, which may enhance the focus at work.

6.5. Positive Reinforcement

Reinforcement accentuates one's behavior; positive reinforcement may be defined as adding "something" in response to a behavior. Positive reinforcement is a technique to deal with problem behaviours including aggression, tantrums, and non-compliance. Studies show positive reinforcement, including non-compliance at work, can significantly decrease behavior problems [36]. While dealing with different generations at work, a common approach to modify or influence the behaviour can be positive reinforcement.

7. Conclusion

Each generation contributes invaluable assets to the workforce. While different generations have different approaches to work, technology and feedback, a proper understanding of the intrinsic perception can help build teams and positively influence the organization. What they need and what can be provided are simple questions that can be answered by analyzing the psychology behind people from different periods. An efficient and effective team can be built when one can understand and address the relevant issues associated with the employees. Implementing the concepts of EI, studying the thought process, and providing the culture and training to influence behavioural outcomes can benefit an organization to grow. Mentorship is vital in academic medicine, especially for research-oriented physicians. It helps them navigate competing priorities and advance in their careers while maintaining research pursuits. The National Institutes of Health recognizes physician-scientist decline and promotes mentorship through programs like KL2 Mentored Career Development Awards.

Research-focused mentorship involves regular meetings to guide mentees on securing funding, publishing in high-impact journals, and exploring alternative funding sources. This emphasis on research productivity accelerates clinical innovations, benefiting patient care and trainee learning. Mentorship extends beyond medical school and residency due to the rapid advancements in healthcare. It facilitates the transmission of clinical knowledge and skills, allowing individuals to refine their expertise through interactions with experienced practitioners. Mentorship is integrated into quality improvement efforts and interprofessional teams to enhance care coordination and patient outcomes. In medical education, mentoring benefits both faculty and students. It creates a non-hierarchical relationship where mentees contribute curiosity and inspire mentors to challenge assumptions. Mentoring fosters professionalism and ethical behaviour and helps mentors stay connected to their calling. Diverse mentor-mentee pairings increase awareness of differences. Mentorship is critical for the professional development of underrepresented minority faculty, who comprise only a small percentage of full-time faculty. Targeted and culturally appropriate mentorship programs promote diversity, enrich scientific inquiry, and address health disparities.

Furthermore, mentorship cultivates the next generation of leaders in academic medicine. Leadership programs with mentoring components focus on developing skills beyond research and clinical care, such as business acumen and effective communication. One-on-one mentoring relationships contribute to leadership development in academic medicine. Effective mentors possess qualities such as accessibility, knowledge, supportiveness, passion, motivation, and attentiveness. They offer guidance, share wisdom, and create a safe space for mentees. Collaborative goal-setting and strong interpersonal communication skills are crucial for successful mentorship. As for mentees, proactive behaviour, commitment, eagerness to learn, open-mindedness, effective communication, and a positive demeanour are important. They should actively listen, adhere to ethical principles, and be receptive to guidance. A communicative and self-aware mentee stands a greater chance of success. The initiative, adaptability, and embracing feedback are also essential. Engaging wholeheartedly in the mentoring relationship maximizes its potential benefits. Establishing a fruitful mentoring relationship involves finding a suitable match organically or through formal programs. Clear goals and roles are defined in the initiation stage, ensuring a supportive environment for mentees. The cultivation stage focuses on growth through open communication and regular meetings. In the transition stage, mentees gain independence while maintaining occasional contact with mentors. The redefinition stage acknowledges the shift to a colleague relationship, allowing for new mentoring opportunities.

Emotional intelligence (EI) is crucial in healthcare settings to address conflicts and improve patient-centred care. Unproductive behaviours at work can lead to negative outcomes, but higher EI has been linked to improved patient satisfaction and clinical outcomes. Understanding the role of emotional quotient in medical staff is more important than simply relying on ratings. Preventing and resolving conflicts requires analyzing and managing unproductive thoughts before they manifest as negative behaviours. Effective education and training programs should consider the unique needs of different generations, such as providing coaching and technology training for older generations. Motivation is essential across all generations, with older workers sharing their experiences and younger workers recognizing their contributions. Transparent workplaces foster trust and creativity; positive reinforcement can effectively modify behaviours. Implementing these strategies can create a harmonious work environment that benefits employees and patients.

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