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Commentary

Blaming the next generation: generational tensions in medical training

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1 COMMENTARY

2 ‘You worry too much about work-life balance; this profession was never meant to be comfortable’; ‘We
3 worked 36-hour shifts and survived. I don’t understand why you complain’; ‘Everyone wants evidence-based
4 medicine now, but no one wants responsibility’. These are some examples of phrases commonly heard in
5 academic settings and medical residency training programs. It is common to hear the younger generation being
6 described as ‘lazy’, ‘uninterested’, overly dependent on technology and rigid protocols. This raises the question
7 of what motivates this intergenerational tension.

8 For the first time, four generations (Baby Boomers, Generation X, Millennials, and Generation Z) —are
9 coexisting in the workforce [1]. Inevitably, generational tensions have emerged, and Generation Z (Gen Z), as
10 the youngest among them, have been on the recipient end of numerous critiques. Older generations frequently
11 typify Gen Z as unmotivated and resistant to hierarchical structures. In Medicine, similar allegations are often
12 directed toward medical students and trainees. However, do these perceptions truly reflect a generational
13 change, or are they better explained by the ‘kids these days’ effect?

14 The ‘kids these days effect’ is a psychological phenomenon that seeks to explain the long-standing belief that
15 modern youth is inferior to previous generations [2]. Protzko et al. conducted five preregistered studies
16 involving over 3,400 American adults to investigate whether this perception reflects genuine generational
17 decline or whether it arises from systematic psychological biases. The authors found that individuals high in
18 authoritarianism were more likely to believe youth lack respect. More intelligent participants tended to believe
19 youth is becoming less intelligent, and well-read individuals were especially likely to think children no longer
20 enjoy reading. Two main mechanisms accounted for this effect. The first is elective comparison: people who
21 excel in a domain are more sensitive to shortcomings elsewhere. The second is a memory bias: individuals
22 project their current abilities onto their own pasts and their peers. Collectively, these mechanisms likely account
23 for a substantial proportion of the criticism directed at Gen Z by older generations.

24 The close association between perceptions of generational decline and individuals’ own traits may be
25 particularly relevant in Medicine. Attaining senior academic or leadership positions, such as university
26 professor or department head, typically requires exceptional discipline, sustained motivation, and high
27 cognitive ability. Consequently, academic medicine is a biased sample of high-achieving individuals who may
28 be especially aware of, and vocal about, perceived generational change, as they are more likely to detect
29 discrepancies between their own characteristics and those of contemporary trainees.

30 This hierarchical asymmetry within academic institutions likely acts as a structural amplifier of the ‘kids these
31 days’ effect. In universities and teaching hospitals, the academic pyramid is both steeply selective and strongly
32 age-stratified: its apex is predominantly occupied by older individuals who attained leadership positions

33 because they were unusually competent, intellectually capable, and highly committed. As one moves
34 downward along the pyramid, not only does the number of individuals increase, but the average age
35 systematically decreases, concentrating progressively younger generations at its base. When individuals at the
36 top of the pyramid look downward, they primarily observe the mean behaviour and performance of a large and
37 heterogeneous group of students and residents, which inevitably includes many ordinary or struggling
38 individuals. When looking sideways, however, they see only their peers, those few who successfully passed
39 the same selection filters and reached comparable positions. This dual perspective creates the impression that
40 the ‘average quality’ at the top is inherently superior to that at the base. If, however, all members of the leaders’
41 own generation, including those who never reached leadership positions, were equally represented at the top
42 of the pyramid, a similar range of abilities and limitations would likely become evident, and the perceived
43 superiority of the apex would substantially diminish. By conflating age, generation, and selection effects, this
44 distorted comparison reinforces the ‘kids these days’ effect, making structural differences appear as evidence
45 of generational decline rather than as the predictable outcome of hierarchical and cognitive biases.

46 However, the ‘kids these days’ effect can account for generational tensions only to a limited extent. Each
47 generation is not merely a chronological accident, but a specific historical task. While receiving a legacy from
48 the previous generation, it must develop its own response to the challenges of the present [3]. In a period when
49 existential stability is no longer a given, in the face of frequent economic crises and rapid technological change,
50 Gen Z (within a broader Covid-shaped generational moment, sometimes referred to as ‘Gen C’) is undergoing
51 a process of redefining what it means to ‘live well’. This is a vital reappropriation of the inheritance received.
52 Coexisting at the same time, different generations experience the present in different ways, generating
53 historical tensions and transformations. The new generations bring a renewed ‘vital sensitivity’ (*sensibilidad*
54 *vital*) to the present [3].

55 As described by Roberta Katz et al. in *Gen Z, Explained: The Art of Living in a Digital Age*, Gen Z is
56 characterized by a strong valuation of flexibility, a skepticism toward hierarchy for its own sake, and a fluid
57 and open approach to identity and roles [4]. Gen Z’s emphasis on flexibility is partly due to the fact that this
58 generation entered the workforce in a context of recurring economic instability. This has led to a greater
59 tolerance for uncertainty. For this generation, change is understood as the norm rather than the exception.
60 Consequently, there is a stronger emphasis on flexibility, and a weaker association between personal identity
61 and career.

62 In Medicine, the dissociation between personal identity and career may be less pronounced than in other fields,
63 but it nonetheless persists. There is increasing debate as to whether Medicine should be regarded as a calling
64 or just a job. Previous generations largely considered Medicine to be a vocation, and now Baby Boomers and
65 Generation X are working alongside Gen Z, a cohort more likely to view Medicine as a job like any other,

66 highlighting intergenerational differences. Earnings decrease and rising competition have contributed to Gen
67 Z's skepticism toward traditional professional narratives. This generation is less inclined to believe that
68 dedicating most of their lives to work will yield the outstanding results anticipated by previous generations.
69 Consequently, work is increasingly perceived as an important component of life, but not at all the most
70 important part.

71 Historically, framing Medicine as a vocation has at times served to legitimize abusive structures and excessive
72 demands within training and professional environments. Medical students experience higher rates of
73 depression and other mental health problems than the general population [5]. Such abusive culture is currently
74 being challenged by younger generations. For example, Diana Dovgy, a second-year medical student,
75 published an article in BMJ Student questioning whether the growing 'academic weapon' trend (i.e., glorifying
76 extreme study behaviours), popularized on social media, truly supports academic success or instead worsens
77 stress, unhealthy competition, and diminished wellbeing within an already demanding educational environment
78 [6].

79 In response to the previously mentioned article, Pakunwanich et al. argued that the more concerning issue in
80 contemporary medical education is not excessive personal motivation, but rather systemic disincentives that
81 undermine academic effort, excellence, and initiative [7]. Calls for improved well-being are legitimate and
82 long overdue in Medicine; however, as illustrated by the juxtaposition of these two BMJ articles, an
83 overemphasis on trainee well-being may be weakening the rigour required for clinical competence and
84 professional excellence. Moreover, the dynamics of so-called 'cancel culture' may disproportionately amplify
85 the voices of a vocal minority expressing distress or grievance, making it difficult for those with opposing
86 views to express themselves without being labeled as 'toxic'. As Dr. Rosenbaum has discussed in an article for
87 the New England Journal of Medicine, the central question is how to distinguish unavoidable, educationally
88 necessary discomfort from genuinely harmful or unnecessary suffering [8].

89 Therefore, a reassessment of long-standing norms and traditions is in order. Younger generations have the
90 merit of questioning convention, but individuals across all age groups should actively contribute to a shared
91 reflection on which traditions merit preservation and which may no longer serve their intended purpose. For
92 harmonious intergenerational coexistence, meaningful dialogue is essential, not in the form of a lecture, but as
93 a genuine exchange of perspectives. In this debate, there must be a place for multiple narratives of academic
94 excellence, not only those that frame high motivation as toxic behaviour.

95 In conclusion, intergenerational tension is multifactorial and only partially attributable to true generational
96 change. Perceptions of youth decline are, in part, driven by cognitive biases that predispose individuals to
97 unfair or inaccurate judgments. As with other cognitive biases, awareness is a powerful tool to minimize its

98 impact. By fostering open exchange of experiences and perspectives, different generations within Medicine
99 can learn from one another and strengthen both professional culture and educational practice.

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