Original Article

Exploring Motivational Factors Influencing Self-Directed Continuous Professional Education among Health Professionals in Greece

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Abstract:
Introduction: Continuing Professional Development and Lifelong Learning are essential for health professionals to maintain their competencies and to support personal and organizational growth. However, the incentives that drive Greek health professionals to pursue different types of self-directed continuing education are not yet fully explored.
Aim: The aim of this study is to examine the interaction between internal and external motivations that influence the participation of Greek health professionals in self-directed types of continuing vocational education.
Methods: A cross-sectional survey was conducted between October and December 2021 using a socio-demographic questionnaire and the Participation Reasons Scale. The study involved 234 healthcare professionals from different health care settings in Greece.
Results: Strong correlations emerged among age, academic background, work experience, and foundational/specialized knowledge. Older employees, especially female nurses, exhibited a preference for self-directed CPE leading to postgraduate degrees, often personally managing associated costs while balancing demanding work environments and family responsibilities.
Conclusions: Further research focusing on specific professional specialties and leadership positions is recommended to understand the diverse motivations and obstacles related to Continuous Professional Education (CPE) in the workplace. This study advocates for a re-evaluation of the concept and role of CPE for healthcare professionals in Greece, both within the workplace and in undergraduate curricula, to enhance educational programs and promote lifelong learning.

Keywords: continuous professional development, health professionals, lifelong learning, motivation, self-directed continuous professional education

Introduction

Advances in technology and medical science, and the accumulation of expertise collectively drive healthcare professionals to improve and update their competencies through the medium of knowledge (Baumgartner et al., 2020). Continuing Professional Development (CPD) and Lifelong Learning (LL) are key parameters for both the acquisition of new knowledge and skills and the broader professional development of human resources (HR) (Dymock & Tyler, 2018). It is an investment with long-term objectives to maintain the competitive advantage of the organization, to increase productivity and continuity of care, employee and customer satisfaction, commitment to the goals and vision of the organization, and to promote personal development, interdisciplinary collaboration, innovation and scientific excellence (Chaghari et al., 2017).

The necessity for continuous personal and professional development among adults, as well as the need of organizations for new strategies to develop and promote their human resources, have led scientists to explore deeper motivations and suitable learning methods for this particular age group (Chaghari et al., 2017). Self-directed learning strategies (SDL) empower adults to consciously adapt to their roles as learners by balancing work, family, and other responsibilities while remaining aware of their personal and professional development choices (Chuang, 2021; Khiat, 2015). This approach aligns with the evolving learning and development needs of society (Morris, 2019). The World Health Organization's (WHO) Guiding Principles for Policymakers on Strengthening and Implementing CPD programs emphasize the importance of self-directed learning in fostering personal development influenced by organizational and systemic factors (WHO, 2013, p. 61).

The literature indicates significant heterogeneity in the mandatory status of professional recertification for health professionals across various national policies regarding Continuous Professional Development (CPE) and CPD globally. In Europe, for instance, in countries lacking a clear framework for the design and mandatory implementation of CPE and CPD such as Ireland, the Netherlands, Greece, Denmark, Finland, Germany, Norway, Poland, Portugal, and Sweden, participation in these programs is voluntary. This contrasts sharply with countries where national CPE and CPD policies are obligatory (e.g., Belgium, Cyprus, Czech Republic, Italy, Latvia, Lithuania, Romania, Slovakia, Spain, United Kingdom) (Mlambo et al., 2021; Vázquez-Calatayud et al., 2021).

Moreover, given the advancements in medical technology and its interaction with broader socio-economic contexts, health professionals' knowledge and proper implementation of Evidence-based practices are not only necessary but also imperative (Koskimäki et al., 2021). Therefore, discussions surrounding mandatory participation in CPE and CPD by health professional organizations should be viewed not as restrictions but as opportunities to expand and validate both existing and newly acquired knowledge (Macdougall et al., 2017). Additionally, these programs should be promoted and tailored to fit the specific working conditions and individual learning needs of health professionals within the organizational framework (van der Burgt et al., 2018; van der Burgt et al., 2019).

The concept of motivation is increasingly recognized as a crucial factor in facilitating the lifelong learning and professional development of healthcare professionals with an emphasis on nursing (Qalehsari et al., 2017). Motivation in various forms of education leading to the development of health professionals is a parameter that can be defined either intrinsically by internal motivation or by external motivation or by the influence of both. In the realm of education, intrinsic motivation arises when individuals experience fulfillment and enjoyment from the learning or teaching process itself, making it a crucial factor in driving both academic success and professional engagement (Gök & Kabasakal, 2019). However, extrinsic motivation stems from external factors, such as the desire for career advancement, recognition, or financial incentives, increased job opportunities, and enhanced professional status within the healthcare system (Avraham et al., 2023).

Research highlights the significance of self-determination theory in promoting autonomous motivation and self-regulation among healthcare professionals within CPE and CPD contexts (Berdud et al., 2016; Deci et al., 2017; Orsini et al., 2016). The key motivators for employees participating in CPE and CPD include the nature of their work itself; opportunities for responsibility; recognition; prospects for personal growth; organizational values; and institutional goals. Considering the global socio-economic changes and technological advancements, it is concluded that emphasizing self-directed learning underscores the necessity for adults to cultivate self-direction for personal development as well as professional careers within society at large (Loeng, 2020).

Aim: The aim of this study is to examine the interplay of intrinsic and extrinsic motivations that influence Greek health professionals' engagement in self-directed professional development. By mapping these motivational factors, the research aims to inform the development and implementation of effective workplace-based lifelong learning programs tailored to the specific needs of health professionals. The study predicts that optimized lifelong learning programs will benefit healthcare organizations as well as professionals and patients.

Materials And Methods

Study design: This study employed a cross-sectional design. Data were collected using a socio-demographic questionnaire and the Participation Reasons Scale (PRS), (Grotelueschen, Arden D., Harnisch, Delwyn L., Kenny, William R., 1979). The PRS, translated and validated into Greek by Panagiotopoulou et al., (2016), comprises 30 closed-ended items measured on a seven-point Likert scale. Factor analysis revealed a four-factor structure: (a) Improving professional skills and services to patients; (b) Professional commitment; (c) Learning and interacting with colleagues; and (d) Personal benefits and safety. Cronbach's alpha for the entire scale was $\alpha = 0.92$ for physicians and $\alpha = 0.93$ for nurses, indicating high internal consistency. Responses were categorized as follows: 1-2 (not significant), 3-5 (slightly significant), and 6-7 (extremely significant). In the present study, the reliability of the scale was assessed using Cronbach's alpha. The coefficients ranged from 0.86 to 0.98, indicating very good internal consistency in the sample.

Sample: This study employed a convenience sampling method, enrolling 234 healthcare professionals from various healthcare facilities in Greece. Inclusion criteria were: (a) age ≥18 years; (b) licensure as a healthcare professional; (c) willingness to participate; and (d) completion of any form of continuing professional education. Due to the COVID-19 pandemic and associated restrictions, data collection was conducted online using Google Forms, distributed via a direct link. Informed consent was obtained from all participants after a thorough explanation of the study's purpose and ethical considerations. The questionnaire took approximately 10 minutes to complete, with data collection occurring between October and December 2021. Responses were automatically collected through Google Forms and exported to a spreadsheet for statistical analysis. The study adhered to the principles of the Declaration of Helsinki.

Research ethics: This research explicitly followed the rules and principles of ethics and ethics that govern the writing of scientific work in accordance with the Declaration of Helsinki, respecting anonymity, confidentiality, and the protection of the personal data of both participants and the conclusions drawn therefrom. The questionnaire contained a detailed, introductory, and informative note on the purpose of the research, compliance with the rules of ethics and research ethics, anonymity and confidentiality of personal data and informed consent.

Statistical analysis: The Statistical Package for Social Sciences (SPSS) for Windows (IBM SPSS Statistics for Windows, Version 27.0. Armonk, NY: IBM Corp) was used for all descriptive and inferential statistical analyses. The Microsoft Office Excel 2016 was used for graph creation. Descriptive statistics (frequencies and relative frequencies) were employed to analyze demographic and socioeconomic characteristics, profession, and type of Continuing Professional Education. Means and standard deviations were calculated for continuous variables. Pearson's correlation coefficient was used to examine the relationship between ordinal categorical

variables and continuous variables. Independent-samples *t*-tests were conducted to analyze differences between groups. The chi-square test (χ^2) was used to assess associations between categorical variables. The statistical significance was set at 0.05.

Results

Descriptive results

The research sample included 234 individuals. Summarizing the main demographic characteristics: most of the participants were women, (n = 205, 87,6%), aged 46-55 (n = 87, 37.2%), married, (n = 159, 67.9%), with 2 children (n = 80, 34.2%). Regarding employment, most of the participants worked in the public sector (n = 173, 73.9%), having 11-20 years work experience (n = 92, 39.3%). Finally, 94.9% (n=222) had a degree from a Higher Education Institution or a Technological Educational Institution etc. Regarding the socio – economic status of the participants, the sample included a diverse range of healthcare professionals, with nurses comprising the largest group (n=127, 50.6%), most of them (n=163, 69.7%) employees, having children, with an average income earned €16,000 - €25,000 (n=77, 32.9%). Concerning the participation in self-directed/independent continuing education/professional development with personal financial investment, many of the participants responded affirmatively (n= 149, 63.7%). The detailed Socio-economic and Demographic characteristics of the participants are presented in Table 1.

Participants were given multiple choices regarding the types of autonomous continuing professional education they pursued, dominated by postgraduate studies (n=157, 67,1%). The detailed results regarding the perceived importance of CPE for professional commitment are presented in Table 2. The average age at which participants began their autonomous training/education was 31 years (M = 30.78, SD = 7.81).

Participants in the study considered participation in Continuing Professional Education programs to be incredibly important for several reasons. The occupational commitment undergoing CPE revealed They valued CPE for enhancing their individual contributions to the public as healthcare professionals (M = 5.68, SD = 1.42) and for strengthening the image of their profession (M = 5.62, SD = 1.46). Further details on participants' motivation for CPE are illustrated in Table 3.

Additionally, the participants valued the benefits of CPE including learning (M = 5.31, SD = 1.48), Interaction with Colleagues (M = 5.14, SD = 1.51), Personal Benefits such as developing leadership skills (M = 5.33, SD = 1.64), and Job Security (M = 5.44, SD = 1.45). The detailed results regarding the perceived benefits of CPE for Learning, Interaction with Colleagues, Personal Benefits, and Job Security are presented in Table 4.

Moreover, the enhancement of professional skills and the quality of services provided to patients appears to be the most highly rated motivation of the participants for CPE (M = 5.7). This is followed by professional commitment (M = 5.4), personal benefits, and job security (M = 5.3), and learning and interaction with colleagues (M = 5.2), all of which were also evaluated as important (Graph 1.).

Correlations

All motivational factors within the PRS questionnaire demonstrated strong positive intercorrelations, suggesting high internal consistency. A one-way analysis of variance revealed a statistically significant difference in means across age groups for this motivational factor, $F = 2.879$, $p = 0.024$. The correlations between variables are presented in Table 5.

Also, the motivation for "learning and interacting with colleagues" exhibits a significant positive correlation with participation in Continuous Professional Education activities ($r = .138$, $p < 0.001$). A t-test further confirmed that the mean motivation for "learning and interaction" was significantly higher among those who engage in CPE activities compared to their non-participating colleagues ($t = 2.120$, $p = 0.035$) (Table 6).

Regarding the type of CPE chosen, the benefits of postgraduate studies (master's degree) as a form of continuing professional education are presented in Table 7. Furthermore, post-graduate studies correlated

with job hierarchy (r = .153, p < .001). A chi-square test revealed significant differences across hierarchical levels ($\chi 2$ = 17.543, p < .001), with 60% of employees holding post-graduate Degree, increasing to 92.5% for supervisors and 84.6% for managers.

Table 1. Socio-economic and Demographic characteristics of the participants (n=234).

n = Frequency; f (%) = Relative frequency.

Characteristics	Category	n	f%
Age	<25	6	2.6
	26-35	40	17.1
	36-45	87	37.2
	46-55	89	38.0
	56-65	12	5.1
Marital status	Single	46	19.7
	Married	159	67.9
	Divorced	18	7.7
	Widow/-er	2	0.9
	Cohabiting	9	3.8
Number of children	0	73	31.2
	1	44	18.8
	2	80	34.2
	3	30	12.8
	4	4	1.7
	4+	3	1.3
Employment status	Public sector	173	73.9
	Private sector	30	12.8
	Freelance profession	23	9.8
	Pensioner	1	0.4
	Unemployed	6	2.6
	Part-time	1	0.4
Work experience (years)	1-10	66	28.2
	11-20	92	39.3
	21-30	58	24.8
	>30	18	7.7
Education Level	Higher Education (University/College)	222	94.9
	Secondary Education	12	5.1

Family Income	<15.000	65	27.8
	16.000-25.000	77	32.9
	26.000-35.000	56	23.9
	>35.000	20	8.5
	Prefer not to answer	16	6.8
Job Hierarchy Position	General Director	7	3.0
	Director	6	2.6
	Head of Division	22	9.4
	Deputy Head	18	7.7
	Employee	163	69.7
	Private/freelance profession	18	7.7
Promotion of Employee Training Programs	No	99	42.3
	Yes	135	57.7
Participation in Self-Funded Training	No	13	5.6
	Seldom	34	14.5
	Most often	38	16.2
	Yes	149	63.7
Borrowed Loans for Training Purposes	No	214	91.5
	Yes	20	8.5
Children in Education During Training	No	153	65.4
	Yes	81	34.6
Gender	Male	28	12.0
	Female	205	87.6
	Other	1	0.4

Table 2. Types of Autonomous Continuing Professional Development (n=234).
n = Frequency; f (%) = Relative frequency.

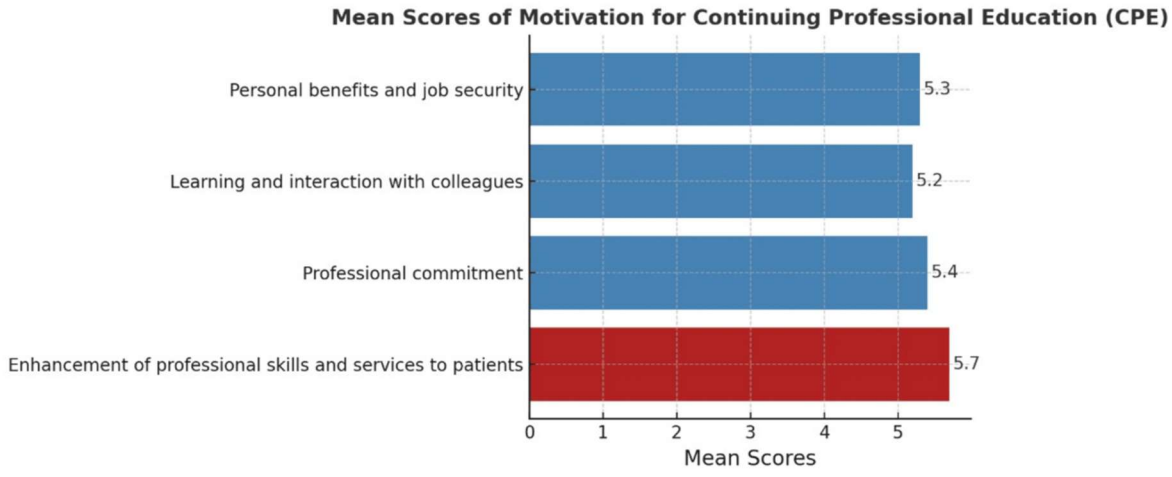
Type	n	f%
Clinical Workshops	83	35.5
Specialization Programs	61	26.1
Postgraduate Studies	157	67.1
Training Seminars	149	63.7
Conferences	153	65.4
Doctorate Studies	7	3.0

Table 3. Means and Standard Deviations for occupational commitment in CPE (n=234)

Statement	M	SD
Improve my individual contribution to the public as a healthcare professional	5.68	1.42
Enhance the image of my profession	5.62	1.46
Evaluate the direction my profession has taken	5.44	1.44
Reflect on the value of my professional duties	5.43	1.39
Redefine my commitment to my profession	5.41	1.45
Maintain my identity through my profession	5.40	1.49
Redefine my current duties	5.35	1.47
Examine the limitations of my role as a healthcare professional	5.34	1.45
Respond to the cognitive challenges of my colleagues	5.32	1.53

Table 4. Means and Standard Deviations for Learning, Interaction with Colleagues, Personal Benefits, and Job Security (n=234)

Statement	M	SD
I learn through interaction with colleagues.	5.31	1.48
I can relate my professional perspectives to those of my colleagues.	5.23	1.46
I exchange views with colleagues.	5.14	1.51
I feel more secure in my current position.	5.44	1.45
It helps me develop leadership skills relevant to my profession.	5.33	1.64
It increases the likelihood of personal financial gain.	5.18	1.65
It enhances potential benefits for my family and friends.	5.13	1.63



Graph 1. Mean response rate of Motivation for CPE (n=234)

Table 5. Correlation Matrix of Socioeconomic Variables with Continuous Professional Education and Incentives Note: *p ≤ .05, **p ≤ .01, ***p ≤ .001, all significant correlations, r < 0.25 not related at all, 0.25 < r < 0.5 low relationship, 0.5 < r < 0.75 moderate relationship, r > 0.75 strong relationship

Table 5

Pearson Correlations Among Study Variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Improvement of professional skills and services	-																	
2. Professional commitment	.92**		-															
3. Learning and interaction with colleagues	.775**	.777**																
4. Personal benefits and job security	.831**	.831**	.734**															
5. Incentives for CPE	.980**	.967**	.837**	.891**														
6. Age	-.104	-.086	-.021	-.166*	-.104													
7. Number of Children	.063	.100	.038	.053	.073	.464*												
8. Family income	-.006	.003	.085	.029	.011	.294**	.323**											
9. Work experience	-.051	-.036	-.017	-.121	-.056	.716**	.280**	.283**										
10. Age of onset of CPE	.059	.104	.022	.081	.076	.456**	-.111	.116	.233**									
11. Work hierarchy	.044	.004	.075	-.011	.029	.149*	-.078	.231**	.248**	.831								
12. Promotion of training	-.028	-.046	.138*	-.079	-.055	-.018	-.141*	-.040	.026	.164	.084							
13. Master's degree	.165*	-.127	-.062	.154*	.149*	.099	.000	-.041	.037	-.052	.153*	.571						
14. Training seminars	-.128	-.093	-.122	-.083	-.116	-.070	.029	-.028	.143*	.152*	-.066	.086	-.105					
15. Clinical tutorials	.149*	-.122	.162*	-.050	.136*	-.154*	.038	-.044	-.172*	.046	-.169*	.088	.003	.387**				
16. Conferences	-.057	-.018	-.064	.021	-.037	-.063	.037	-.067	.131*	.148*	-.058	.110	.145*	.504**	.519**			
17. Specialization Programmes	-.095	-.068	-.116	-.115	-.097	-.105	.041	-.051	-.081	.089	-.053	.231**	-.034	.306**	.231**	.231**		
18. Doctoral degree	.063	.055	.010	.119	.066	-.034	-.067	-.012	-.031	-.017	-.088	.050	.122	-.075	.129*	.025	.011	

Table 6. Motivation to learn and interact with colleagues * Promote participation in CPE (n=234)

		N	Mean	Std. Deviation	t	Sig. (2-tailed)
		135	16.148	4.091		
	No	99	15.030	3.840		
					2.119	.035

Table 7. Benefits of postgraduate studies as a form of CPE (n=234)

Variable	Master's Degree	N	Mean	Std. Deviation	t	Sig. (2-tailed)
Personal benefits and job security	Yes	157	21.643	4.955		
	No	75	19.867	6.097		
					2.366	.019
Total incentives of CPE	Yes	157	169.395	32.983		
	No	75	157.867	41.688		
					2.280	.023
Improving professional skills and services	Yes	157	81.956	15.921		
	No	75	75.813	19.839		
					2.532	.012

Discussion

This study included 234 healthcare professionals from various healthcare facilities in Greece, predominantly female nurses aged 46-55, with 11-20 years of work experience. Most were married with children and had a middle-range family income. The overwhelming majority possessed a bachelor's degree.

According to the findings a large proportion of these professionals, being more experienced and therefore older, independently pursued continuing professional education, primarily in the form of self-funded postgraduate studies. These results corroborate findings from previous studies (Burrow et al., 2020), including the issue of a lack of funding. Similar findings regarding lack of funding, among other factors, were reported by van der Burg et al. (2018) in a sample of surgical trainees across five hospitals in the Netherlands. Likewise, other international studies have highlighted issues of funding and funding policies, the ethics of CPE approval, lack of time for healthcare professionals, organizational support limited to in-hospital training, staff shortages and cutbacks, difficulty obtaining educational leave, the location and format of CPE, lack of logistical support, lack of time, and work burnout as the main barriers to participation in CPE and continuing professional development (Cunningham et al., 2019; Hobbs et al., 2021; Kjaer et al., 2017; Lawn et al., 2017; Mlambo et al., 2021; Mundet-Tuduri et al., 2017; Viljoen et al., 2017).

Furthermore, this study highlighted that older healthcare professionals engaged in self-directed CPE regardless of family income or the presence of children. A similar view emerged from a study among nurses in the UK, where the primary motivation for participation in self-directed post-tertiary education was the desire to address knowledge gaps compared to newly appointed colleagues, ensuring equal opportunities for personal and professional development (Bahn, 2007). A similar finding was presented in a study conducted in Ireland among nurses with secondary education who self-funded higher-level education, including postgraduate degrees, after obtaining their initial qualification (Joyce & Cowman, 2007).

Additionally, a considerable percentage of participants who attended CPE activities worked in the private sector. It also emerged that 81% of self-employed healthcare

professionals and 71% of unemployed healthcare professionals promoted their training autonomously. A strong motivation for self-directed CPE and CPD among self-employed healthcare professionals (pharmacists) was also highlighted by Saade et al., 2018). Similarly, a previous study involving radiologists in Western Australia working in the private sector, contrary to the findings of the present study, emphasized the support and promotion of CPD by private institutions as a prerequisite for remaining active in the profession (Sholer et al., 2011).

Regarding the motivations for participation in self-directed CPE, the findings of this study revealed a strong correlation across all dimensions of motivation for healthcare professionals' participation in self-directed CPE, specifically regarding a) personal benefits and security, b) learning and interacting with colleagues, c) professional commitment, d) improvement of professional skills and patient care. However, the motivation related to "improvement of professional skills and patient care" emerged as fundamental to healthcare professionals' participation in self-directed CPE in this study. These findings are corroborated by similar research in the healthcare field globally. For instance, a study conducted in a public hospital in Namibia found that the primary motivation for nurses' participation in CPE activities was improving their work to provide high-quality nursing care in clinical practice, without necessarily expecting promotion (Mbidi & Damons, 2020).

Regarding the type and format of self-directed CPE, the results of this study revealed that participants prefer clinical tutorials as a self-directed learning method, favoring learning through interaction with colleagues. The significant importance of collaborative constructive interaction through self-directed learning is confirmed by recent research (James et al., 2022). Similar conclusions emerged from a study by Cunningham et al., (2019) in Scotland and the UK, where all four studied groups of healthcare professionals, including general practitioners, nurses, pharmacy staff, and pharmacists, revealed a preference for learning with colleagues (Cunningham et al., 2019). These results mirror those of Kipen et al., (2019) who observed similar findings in a study conducted in Melbourne, Australia, with medical trainees in geriatrics (Kipen et al., 2019). This finding is also consistent with the research by Sagasser et al., (2017) who concluded that the presence of a supervisor contributes to the self-efficacy of healthcare trainees.

Furthermore, a significant finding of this study is that healthcare professionals holding a postgraduate degree have increased motivation across all four dimensions of the motivational factors measured by the questionnaire, with personal benefits and job security being the most prevalent. Another important finding is the association between postgraduate education and the hierarchical level of healthcare professionals. This could be attributed to the fact that holders of postgraduate or higher-level degrees can apply for administrative positions in healthcare organizations and services, as reflected in a similar study (Kvas et al., 2014). This finding was also reported by Burrow et al., (2020) in a sample of specialized healthcare professionals in dementia care in the UK. They confirmed that postgraduate education is a significant factor in consolidating specialized knowledge for upgrading care provision, as well as increasing job confidence in daily clinical practice.

The younger healthcare professionals appeared to be primarily motivated to engage in CPE for personal benefit and job security, compared to their older colleagues. A similar distinction between nurses' motivations for CPE and CPD, and the stages of their professional careers (and therefore their age) was noted in a study by Pool et al., (2015) in the Netherlands. Regarding hierarchical position, our study found that those who participate in clinical tutorials are supervisors and directors. A twofold explanation could be offered for this: a) Leaders in vertical management structures may aim to set a positive example of motivation for their subordinates, b) There is a need to meet the educational requirements for lifelong learning and development, which also applies to leadership staff.

Finally, the healthcare professionals in this study who attended specialized CPE programs demonstrated a more positive

attitude towards the learning process and, by extension, self-regulation. They converged on being more receptive to participating in all other forms and types of CPE offered by their institution. This result was also reported in a study conducted on physicians in Hong Kong, People's Republic of China (Yam et al., 2020).

Research limitations: The limitations of the present study were related to the COVID-19 pandemic, as the time available to healthcare professionals was limited due to their heavy workload, making it difficult to obtain a larger sample size. Consequently, the method of questionnaire distribution was adapted to electronic formats. In addition, the time available to conduct the survey was limited. Furthermore, the convenience sampling method used in this study, combined with the limitations imposed by the pandemic, is likely to impact both the representativeness and generalizability of the results.

Conclusion: The need for self-directed learning, self-regulation, and self-determination in the workplace among adult health professionals in Greece has resulted in strong intrinsic motivations to undertake self-directed learning activities focused on specific educational goals and tailored to their personal professional development and growth. Furthermore, these results highlight the high cognitive and scientific background of Greek healthcare professionals, as a significant percentage lean towards postgraduate courses and specializations.

The concept and role of Continuing Professional Education for healthcare professionals in Greece requires redefinition at both the workplace and foundational educational levels. This could involve enhancing educational programs with courses focused on career guidance, specialization, mental resilience strategies, communication, and pedagogical skills. Policymakers should consider these findings to revise national strategies concerning organizational structures, funding, and methodologies for Continuing Professional Education, investing in lifelong learning for healthcare professionals with an emphasis on self-directed learning.

Effective implementation of a new educational culture could benefit organizations, healthcare professionals, and patients through knowledge acquisition supported by workplace-based programs with appropriate supervision and feedback mechanisms. This approach should facilitate high-quality care and opportunities for self-actualization while mitigating healthcare disparities.

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