Abstract

The doctoral dissertation addresses the issue of physicians' participation in professional training as a phenomenon of strategic importance for human capital management in healthcare, going beyond the formal and regulatory dimension of continuing education. The starting point is the identification of a research gap consisting in the predominance of approaches focused on the institutional and procedural aspects of professional development, accompanied by an insufficient recognition of motivational mechanisms and internal organizational and managerial conditions that determine physicians' actual training engagement. Consequently, training is conceptualized in the dissertation as an instrument for the reproduction and development of human capital, determining the quality of clinical processes, patient safety, the operational efficiency of healthcare facilities, and the stability of therapeutic teams under conditions of work overload, staff shortages, and the risk of professional burnout. The main objective of this doctoral dissertation is to identify and analyze motivational and organizational determinants influencing physicians' participation in professional training and to assess their significance in the context of human capital management in the healthcare sector. For the purposes of the dissertation, a thesis was adopted according to which physicians' participation in professional training is determined by the interplay of intrinsic and extrinsic motivation, organizational factors, and systemic conditions, and effective human capital management enables an increase in physicians' engagement in professional development by adapting training strategies to their needs and the specificity of their specialization. The research problem was decomposed into nine specific questions covering: (1) managerial policies and training strategies, (2) financial and logistical accessibility, (3) the relationships between intrinsic and extrinsic motivation among physicians and managerial staff, (4) leadership and decision-making competencies of management boards, (5) the role of digitalization and e-learning, (6) the importance of an organizational culture conducive to learning, (7) specialization-related differentiation, (8) the impact of systemic conditions (including regulatory and financial), and (9) the level of awareness of the benefits and mechanisms of professional development. Empirical verification of the adopted assumptions was based on a quantitative research project using a diagnostic survey and an original questionnaire including a professional-demographic section and a set of statements assessed on a five-point Likert scale. The study covered 712 respondents from Poland (resident physicians, specialists, and managerial/management staff), using stratified

sampling that took into account specialization, type of facility, and region, which enabled a multidimensional analysis from the perspectives of both participants in training processes and decision-makers shaping development policies. Statistical analyses were conducted using SPSS and AMOS packages, including, inter alia, correlations, regression models, analysis of variance, as well as verification of the instrument's psychometric properties (confirmatory factor analysis, reliability) and structural equation modeling (SEM). Validation of the SEM model was based on rigorous fit measures (including RMSEA, CFI, TLI, χ^2/df) and stability assessment procedures (cross-validation), which enabled simultaneous estimation of direct and indirect relationships between latent constructs and the ranking of their predictive significance for training activity.

The most important result of the dissertation is the development and validation of an original, integrated model of determinants of physicians' participation in professional training, which organizes influences at three interrelated levels: individual (motivational), organizational (managerial), and systemic (regulatory-financial). The model adopts a process perspective: competence development is interpreted as a continuous process embedded in the realities of clinical work and the operating conditions of a medical organization, rather than as incidental compliance with formal requirements. A fundamental added value of the model is the indication that the effectiveness of training strategies is not a function of the educational offer itself, but the result of the coherence of organizational solutions (planning, communication, coordination, flexibility) with motivational mechanisms and systemic constraints, with these components mutually reinforcing or offsetting each other. Hypothesis verification confirmed that in Polish healthcare facilities physicians' participation in training is to a significant extent determined by the inconsistency and immaturity of organizational solutions and by systemic constraints, which in practice reduces individual agency and hinders the durable embedding of competence development in human resource management strategies. At the same time, it was shown that training strategies are often fragmentary and reactive, which translates into lower effectiveness of development processes and limits the possibility of treating training as a tool for stabilizing human capital. The level of participation proved to be strongly dependent on the availability of financial, organizational, and logistical resources (time, work organization, infrastructure, coordination support), and the leadership competencies of managerial staff and the quality of internal communication were identified as key factors shaping an organizational climate conducive to learning and undertaking training activity. In parallel, the importance of specialization-related differentiation in terms of needs and motivational patterns was indicated, as well as the significance of digitalization/e-learning as a mechanism expanding the

accessibility and flexibility of training, especially under conditions of organizational and geographical constraints. The applied implications of the dissertation focus on recommendations for managerial staff and system-level decision-makers, aimed at a shift from ad hoc "administration of training" to long-term management of competence development as an element of human capital strategy. In particular, it is recommended to: (a) systematically plan competence development with the adjustment of the forms and timing of training to the rhythm of clinical work and with increased organizational flexibility; (b) strengthen mechanisms of coordination and information flow (internal communication, transparent rules of access to training, logistical support); (c) allocate stable financial and infrastructural resources for training processes; (d) develop leadership and managerial competencies of managerial staff as a condition for building an organizational culture conducive to learning; (e) use digital tools and e-learning to increase accessibility and reduce time costs; (f) link training strategies with measures reducing work overload and burnout risk (rational staffing planning, working-time solutions, psychological support), which is conditional—stabilization of working conditions constitutes a prerequisite for the effective implementation of durable development policies. In the scientific dimension, the dissertation provides a structured conceptual framework and an empirically verified model integrating motivational, organizational, and systemic determinants, which may serve as a framework for further comparative and implementation research on competence development in medical organizations. In the practical dimension, the model and conclusions enable the design of training strategies aimed at increasing physicians' engagement in professional development, stabilizing human resources, and improving the quality of healthcare services through deliberate, systemic human capital management under the constraints of the Polish healthcare system.