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Personal Development and Proactive Health Initiative as Determinants of Physical Activity Index among Physiotherapists: Stratification by Professional Expertise Level

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Abstract: The aim of this study is to assess and compare the level of initiative for personal development and proactive health behaviors in relation to the physical activity index in two categories of professionals in the field of recovery: physiotherapists with clinical experience and master's students. 252 physiotherapists were classified into two groups based on professional expertise: Master's Student Group (G_M, N=146) and Expert Group (G_E, N=106, with at least 5 years of experience). They were administered 3 standardized questionnaires: the Personal Growth Initiative Scale (PGIS), the Employees' Initiative for Proactive Health (EIPH), and the Physical Activity Index (IAF). The correlation between EIPH and PGIS was positive and significant in both groups, with a substantially higher correlation in professionals ($r=0.619$; $p<0.001$) than in students ($r=0.253$; $p=0.002$), reflecting the progressive integration of proactive health initiatives and motivation for personal development with professional maturation. The association between EIPH and IAF showed significant positive correlations in both groups, with a stronger association in students ($r=0.387$; $p<0.001$) than in professionals ($r=0.199$; $p=0.041$), suggesting that the link between proactive health attitudes and concrete physical activity behaviors diminishes with professional experience. The relationship between PGIS and IAF revealed no significant correlations in either group ($r\_G\_M=0.094$; $p=0.260$; $r\_G\_E=0.008$; $p=0.939$), indicating no association between personal development initiative and physical activity level, regardless of professional expertise. The results of this study may contribute to the epistemological and practical substantiation of personalized, evidence-based intervention programs that promote both continuous personal development and the adoption and maintenance of an active and healthy lifestyle among young adults and health professionals.

Keywords: personal development, proactive health, physical activity, master's students, physiotherapists

1. Introduction

The transition to a proactive health model is a fundamental priority in the current context of modern health systems, which face mounting challenges from sedentary lifestyles and the rising prevalence of chronic diseases. The concept of proactive health involves assuming personal responsibility for maintaining and improving health by adopting preventive and anticipatory behaviors, before health problems manifest clinically [1-3]. In this context, psychological constructs such as personal initiative and commitment to personal development are determinants of active lifestyles and primary prevention of chronic diseases [4,5].

A personal development initiative is conceptualized as a proactive behavioral orientation, characterized by an individual's ability to systematically identify their

strengths and areas for improvement, set clear and realistic goals, and act autonomously to continuously improve their personal skills and performance [4,6,7]. This psychological dimension is significantly correlated with personal initiative for proactive health, which involves anticipatory, prevention-oriented, and self-monitoring behaviors, such as regular physical activity, a balanced diet, and effective stress management [2,8]. The specialized literature highlights the fact that individuals with a high level of personal initiative demonstrate significantly higher adherence to preventive health behaviors and a superior capacity for behavioral self-regulation [5,8,9].

Regular physical activity is one of the fundamental pillars of proactive health, being associated with a reduced risk of cardiovascular disease, type 2 diabetes, obesity and mental health disorders [11-13]. However, a recent study indicates that a significant proportion of young adults, including students, do not comply with the World Health Organization recommendations for minimum weekly physical activity [14]. This trend is particularly pronounced among young adults, including university students, among whom the prevalence of physical inactivity can reach 40-60% [15-17].

Master's students constitute a distinct demographic group, characterized by intense academic demands, rigidly structured study programs, pressure to perform academically and professionally, and high levels of stress [18,19]. These contextual factors can significantly compromise the adoption and maintenance of an active lifestyle, leading to a progressive decline in physical activity levels [20-23]. In addition, the master's period often coincides with the establishment of long-term behavioral patterns that will influence health and quality of life in the following decades [24,25]. In contrast, physical therapists, by the nature of their professional training and practice, are systematically exposed to in-depth knowledge of the physiological mechanisms of physical activity, its health benefits, and evidence-based strategies for promoting an active lifestyle [26]. The theoretical model of professional socialization suggests that physical therapy professionals should demonstrate greater personal initiative for proactive health and physical activity than other professional categories or students, a phenomenon known as the "professional model effect" [27,28]. This hypothesis is based on the premise that professional expertise can facilitate the efficient transfer of theoretical knowledge into consistent, sustainable personal behaviors [29,30].

However, the literature reports inconsistent findings regarding the relationship between professional health knowledge and the actual adoption of healthy behaviors at the personal level. Previous studies have identified the "knowledge-action gap," whereby health professionals do not always demonstrate higher levels of physical activity or healthier behaviors than the general population [31-33]. Systematic exploration of this potential discrepancy between master's students and experienced physiotherapists may provide valuable insights for developing more effective educational and motivational interventions tailored to the specific needs of each group [34,35]. The purpose of this study is to assess and compare levels of personal development initiative and proactive health behaviors in relation to the physical activity index across two categories of rehabilitation professionals: physiotherapists with clinical experience and master's students. The specific objectives of the research include: (1) assessing and comparing the level of personal development initiative in the two groups; (2) measuring and comparing personal initiative for proactive health; (3) objectively quantifying the physical activity index using validated instruments; (4) identifying and characterizing relationships between these variables by professional status.

2. Materials and Methods

2.1. Study design

The present study used a cross-sectional comparative design to evaluate the relationship between personal development initiative and physical activity level in

physiotherapists, with respect to professional expertise level. All participants provided informed written consent after receiving detailed information about the study's purpose, data collection procedures, confidentiality, and the right to withdraw without consequences. Participation in the study was voluntary and conducted in accordance with the principles stated in the Helsinki Declaration. Ethical approval for the study was obtained from the Faculty of Physical Education and Mountain Sports, Transilvania University of Brasov, with decision number 314/19.12.2025.

2.2 Participants

The study included a total sample of 252 physiotherapists, divided into two distinct groups based on professional expertise: Master Students Group (G_M, N=146) and Experts Group (G_E, N=106). G_M included students actively enrolled in master's programs in physiotherapy at the Faculty of Medicine of the Transylvanian Universities of Brașov and UMFST Târgu Mureș, in different stages of postgraduate academic preparation (years I-II). G_E included specialists from the professional association of physiotherapists from Brașov and Târgu Mureș counties. G_E included physiotherapists with 5-7 years of active professional experience, performing clinical work in hospital settings, recovery clinics, private offices, or rehabilitation centers. We set a minimum threshold of 5 years of active experience in the field because, according to previous studies, this period marks the transition from technical competence to intuitive clinical expertise and is associated with the formation of professional identity and the risk of abandoning healthy habits due to an intense work schedule [36,37]. Demographic characteristics of the sample: the mean age of participants in G_M was 23.92±7.36 years (11.26% male), and for G_E it was 28.55±12.78 years (8.32% male). Participants in G_E reported an average of 5.46±1.78 years of professional experience, with a range of 5-7. Inclusion criteria: (a) for G_M - enrollment in master's programs in physiotherapy and a bachelor's degree in the field; (b) for G_E - a bachelor's degree in physiotherapy and at least 5 years of professional experience; (c) for both groups - a minimum age of 22 years, ability to complete the questionnaires in Romanian, and written informed consent. Exclusion criteria: (a) presence of acute medical conditions that contraindicate physical activity; (b) incomplete completion of the questionnaires (<80% of the items); (c) refusal to sign the informed consent or to participate in the study. The sample size was determined by a priori statistical power analyses using G*Power 3.1, which indicated a minimum of 210 participants to detect medium-sized correlations (r=0.30) with 0.80 statistical power and an alpha level of 0.05. The final sample (N=252) provides adequate statistical power for testing the main hypotheses and performing comparative analyses between groups.

2.3. Evaluation tools

Data collection was carried out by administering a package of standardized and validated questionnaires, structured into three main instruments:

-Employees' Initiative for Proactive Health (EIPH). This instrument assesses the degree to which participants demonstrate proactive behaviors and personal initiative in maintaining and promoting their own health. The scale comprises 11 items rated on a 5-point Likert scale: 1 (Strongly disagree) to 5 (Total agreement), assessing personal initiative in preventive health. The 11 statements are structured around several key factors: Personal responsibility, meaning that the individual is primarily responsible for his or her health (Item 1); Proactive behaviors, targeting concrete actions such as medical check-ups, information, diet, sleep, and exercise (Items 2-6, 8-10); and Barriers and risk behaviors, including recognizing harmful habits for immediate pleasure (Item 7) and difficulty with long-term planning (Item 11). The results are interpreted by summing the points for the 11 items. A score of 40-44 points (equivalent to an average of over 4 points per item) indicates a proactive lifestyle and high

health awareness. Scores of 30-39 points may indicate moderate initiative, with certain barriers that require improvement, and scores below 30 points signify personal neglect of health in favor of daily stress or immediate pleasures.

-Personal Growth Initiative Scale (PGIS). The instrument, designed by Robitschek (1998) [38], measures participants' tendency to actively engage in self-improvement, identify development opportunities, and implement personal growth strategies. It is a unidirectional scale consisting of 9 items, rated on a 6-point Likert scale, where 1 = Disagree Strongly, 3 = Agree a Little, and 6 = Agree Strongly. Interpretation of the results is based on the sum of the items (score range 9-54 points). A score of 40-45 points is considered high, indicating a person who not only wants to grow but also has a clear plan and actively initiates change. A score below 39 points indicates a low to moderate personal development initiative; changes are not based on planned decisions but only on external circumstances.

-Physical Activity Index (IAF). It assesses the overall level of physical activity among participants, integrating information on the 3 parameters of aerobic effort: frequency, duration, intensity, and the type of physical activities performed, allowing the calculation of a global physical activity score. The intensity and frequency parameters have 5 response options each, and the duration parameter has 4 options. After selecting a single option for each of the 3 parameters, a global score is calculated by multiplying them. Interpretation: a score below 40 indicates insufficient activity to sedentary; between 40 and 60, an acceptable index of physical activity; 60 to 80 indicates active and healthy people; and over 80 represents people with a very active lifestyle, manifesting a higher level of physical activity.

2.4. Data collection procedure

Potential participants received detailed information about the study's purpose, data collection procedures, confidentiality, and the right to withdraw at any time without consequences. The questionnaires were administered in person to master's students during seminar hours and online via Google Form to experienced physiotherapists actively working in the clinical field, after selecting subjects from the main specialized physiotherapy centers, with an average completion time of approximately 15-20 minutes. In addition to the three main instruments, demographic data were also collected, including age, gender, years of professional experience (for G_E), year of study (for G_M), and the institutional context of activity.

2.5. Data Analysis

Statistical analysis of the data was performed using SPSS software (Version 27.0 for Windows, Chicago, IL, USA), applying descriptive and inferential techniques to evaluate relationships between variables in the two groups of participants. The distributions of scores for each instrument were characterized by calculating means (M), standard deviations (SD), and skewness coefficients. Comparisons between groups were performed using the independent samples t-test, evaluating the statistical significance of mean differences, 95% confidence intervals (95%CI), and effect size using Cohen's d. To identify significant predictors of each dependent variable, simple linear regression models were applied, separately evaluating the contribution of age and IAF. Model quality was assessed using the coefficient of determination (R^2), the ANOVA test for overall model significance (F value and p threshold), and analysis of regression coefficients. Bivariate relationships between the studied variables were assessed using the Pearson correlation coefficient (r), tested for statistical significance at the $p<0.05$ and $p<0.01$ thresholds.

3. Results

The Cronbach's Alpha coefficients in Table 1 indicate good to very good reliability for all three instruments used in the study, exceeding the minimum accepted threshold of 0.70 in both investigated groups.

Table 1. Cronbach's Alpha

Questionnaire / Subjects	Cronbach's Alpha	
	G_M	G_E
	N=146	N=106
EIPH	.785	.798
PGIS	.830	.882
IAF	.842	.802

N- number of subjects, G_M – group of master's students; G_E – group of experienced subjects

PIPH scale showed comparable values across groups (α = 0.785 for G_M; α = 0.798 for G_E), indicating good internal consistency and inter-group stability. PGIS scale showed the highest reliability, with α = 0.830 (G_M) and α = 0.882 (G_E). The 0.052-point difference suggests greater coherence of responses among experienced professionals, likely reflecting the crystallization of awareness of professional development needs. IAF showed very good reliability in both samples (α = 0.842 for G_M; α = 0.802 for G_E). The inversion of these values may reflect more homogeneous patterns of physical activity among students than among active professionals. The robust psychometric properties of the instruments, as confirmed by Cronbach's Alpha values, validate the internal consistency of the measurements and support the credibility of subsequent correlational analyses, regardless of the different sizes of the investigated samples.

Table 2. Descriptive statistics of scores from questionnaires for the 2 groups

Questionnaire	Group	Mean	SD	Skewness	Mean Difference (G_E-G_M)	95%CI		p	Cohen's
						Lower	Upper		
EIPH	G_M	36.657	2.396	-.679	.619	-.194	1.434	.135	.183
	G_E	37.037	4.131	-.361					
PGIS	G_M	31.342	4.704	-.274	-4.148	-5.487	-2.808	<0.01	.762
	G_E	35.490	6.087	-.138					
IAF	G_M	40.575	24.186	.379	12.292	6.700	17.883	<0.01	.562
	G_E	28.283	19.262	.594					

The comparative analysis of the descriptive statistics presented in Table 2 reveals significant differences between master's students (G_M) and experienced physiotherapists (G_E) on two of the three instruments evaluated. At EIPH, no statistically significant differences were identified between the groups, indicating a moderate level of proactive health initiative. The negative Skewness values in both groups (-.679 and -.361) indicate asymmetric distributions with a tendency towards higher scores, and the higher dispersion at G_E (SD=4.131 vs. 2.396) suggests increased variability among experienced professionals. The small effect size (d=.183) confirms the similarity of the level of proactive health initiative between the two populations. PGIS highlights statistically significant differences ($p<0.01$) in favor of the experienced group (M_G_E=35.490±6.087 vs. M_G_M=31.342±4.704; mean difference=-4.148; 95%CI[-5.487; -2.808]). The mean effect size (d=.762) indicates a substantial difference, with experienced physiotherapists showing a higher level of initiative in personal development, a result probably correlated with professional maturation and awareness of continuing education needs, both groups being at a moderate level.

IAF shows statistically significant differences ($p<0.01$) in the opposite direction, with students registering higher scores (M_G_M=40.575±24.186 vs. M_G_E=28.283±19.262; mean difference=12.292; 95%CI[6.700; 17.883]; d=.562). The average effect size, given the considerable dispersion in both groups, suggests that students have more time for personal physical activity than active professionals, whose professional obligations may limit their availability for regular physical exercise. The positive Skewness values (.379 and .594) indicate the presence of subjects with very high levels of physical activity in both samples. The results reveal that the

level of physical activity in students falls within the acceptable range, whereas that of active professionals falls within the insufficient range. These results suggest that professional expertise moderates the relationship between personal development initiative and physical activity: while professional experience enhances motivation for personal development, it is paradoxically associated with a reduction in practical physical activity, highlighting a potential dissonance between professional development aspirations and concrete physical health maintenance behaviors in physiotherapists.

Table 3. Linear regression of questionnaires with the predictor age and IAF subjects

Questionnaire	Predictors		G_M Age	G_E Age	G_M IAF	G_E IAF
EIPH	Regression	R^2	.047	.220	.149	.040
	ANOVA	F	7.135	29.285	25.291	4.278
		p	.008	<0.001	<0.001	.041
PGIS	Regression	R^2	.087	.121	.094	.008
	ANOVA	F	13.785	11.634	21.778	2.237
		p	<0.001	<0.001	<0.001	.341
IAF	Regression	R^2	.108	.156	-	-
	ANOVA	F	17.499	12.587	-	-
		p	<0.001	<0.001	-	-

Analysis predictive: the influence of age and physical activity on the studied variables reveals that the linear regression results presented in Table 3 highlight differentiated prediction patterns depending on the level of professional expertise, relevant for understanding the relationship between personal development initiative and physical activity in physiotherapists. To identify significant predictors of each dependent variable, simple linear regression models were applied, separately evaluating the contribution of age and IAF. Age proved to be a significant predictor for all three variables in both groups, except for PGIS in professionals (p=0.953). The predictive power of age for EIPH was substantially higher in the experienced group (R^2=0.220) compared to students (R^2=0.047), suggesting that professional maturity amplifies the association between age and proactive health behaviors. For IAF, age explained 10.8% of the variance in students and 15.6% in professionals, confirming the consistent negative relationship. IAF as a predictor showed differentiated patterns between groups. For EIPH, the predictive power was more pronounced in students (R^2=0.149) compared to professionals (R^2=0.040), indicating that direct experience of physical activity more strongly influences proactive health attitudes among students. For PGIS, IAF presented a significant predictive association exclusively in students (R^2=0.094; p<0.001), being non-significant in professionals (p=0.341), suggesting that the personal development initiative becomes independent of the level of one's own physical activity with the accumulation of professional experience.

Table 4. Pearson Correlation between Questionnaires and age for the 2 groups

Parameters statistically		G_M			G_E		
		EIPH	PGIS	IAF	EIPH	PGIS	IAF
Age	R	-.217**	.296**	-.329**	.469**	.006	.156
	p	.008	.000	.000	.000	.953	.110
EIPH	R	-	.253**	.387**	-	.619**	.199*
	p	-	.002	.000	-	.000	.041
PGIS	R	-	-	.094	-	-	.008
	p	-	-	.260	-	-	.939

The matrix correlations presented in Table 4 reveal differential combinations among the investigated variables, highlighting the module in which professional level of expertise moderates relationships among age, development initiative staff, and physical activity in physiotherapists. In master's students, age correlated significantly with all three variables: negatively with EIPH (r=-0.217; p=0.008) and IAF (r=-0.329; p<0.001), and positively with PGIS (r=0.296; p<0.001). This pattern suggests that age is associated with increased motivation for personal development in students, but concomitantly with decreases in both proactive health initiative and physical activity levels. In contrast, in experienced professionals, age correlated strongly positively only with EIPH (r=0.469; p<0.001), with no significant associations with PGIS or IAF. This fundamental difference indicates a radical transformation of the relationship between age and health behaviors with professional experience. The correlation between EIPH and PGIS was positive and significant in both groups, substantially higher in professionals (r=0.619; p<0.001) than in students (r=0.253; p=0.002), reflecting the progressive integration of proactive health initiative and motivation for personal development with professional maturation. The association between EIPH and IAF revealed significant positive correlations in both groups, stronger in students than in professionals, suggesting that the link between proactive health attitudes and concrete physical activity behaviors diminishes with professional experience. The relationship between PGIS and IAF revealed the absence of significant correlations in both groups. This dissociation suggests that motivation for professional development operates on different conceptual dimensions than concrete behaviors for maintaining physical health.

4. Discussions

The present study investigated the association between personal development initiative and physical activity levels in physiotherapists, examining how professional expertise level moderates this association. The results provide a complex perspective on the dynamics among professional aspirations, proactive health behaviors, and concrete physical activity practices among physiotherapists.

One of the study's most significant findings is a fundamental paradox in the professional evolution of physiotherapists: while professional experience enhances the conceptual integration of proactive health initiatives and personal development, it is also associated with a significant reduction in one's own level of physical activity. This dissonance suggests that the accumulation of theoretical knowledge and professional experience does not automatically translate into the adoption of recommended behaviors in professional practice. This phenomenon aligns with the specialized literature on the "theory-practice gap" in health professions. Blake et al. (2017) [33] documented high rates of physical inactivity among health professionals, despite superior knowledge of the benefits of physical exercise. Similarly, Fie et al. (2013) [39] found that health promotion professionals often exhibit discrepancies between the behaviors recommended to patients and their own health practices. Stanford et al. (2014) [40] found that physicians who regularly exercise are significantly more likely to advise patients to exercise and are perceived as credible, supporting the importance of behavioral congruence. The explanation for this paradox lies in multiple dimensions. The time and professional constraints of active physiotherapists limit their availability for personal physical activity, a phenomenon documented by Proper and van Mechelen (2008) [41], who identified time pressure as a major barrier among health professionals.

Predictive analysis revealed fundamental changes in how age influences the variables examined, depending on professional expertise. Among master's students, age shows a paradoxical pattern, correlating positively with personal development initiative but negatively with proactive health initiative and physical activity. This configuration suggests that, in the absence of consolidated professional experience, aging enhances general motivation for personal growth but simultaneously reduces

concrete health-maintaining behaviors. Bauman et al. (2012)[42] documented the decline in physical activity associated with aging and the transition to active working life, identifying young adulthood as critical for establishing long-term behavioral patterns. Kwan et al. (2012) [25] demonstrated that the transition from education to employment is associated with significant decreases in physical activity, mediated by changes in time management and the prioritization of professional responsibilities. In contrast, among experienced professionals, age is a strong predictor only of proactive health initiatives, with no significant associations with personal development or physical activity. This shift suggests that professional experience recalibrates the relationship between age and health behaviors, with professional maturity reinforcing awareness of the importance of proactive health. The absence of a correlation between age and personal development among professionals indicates that motivation for development becomes independent of age, likely driven by contextual factors such as continuing education opportunities and individual career aspirations, a phenomenon documented by Ng and Feldman (2012) [43] in studies of motivation for lifelong learning.

A consistent finding of the study is the absence of significant correlations between personal development initiative and physical activity level in both investigated groups. This statistical independence suggests that the two constructs operate on distinct conceptual dimensions. Personal development is predominantly oriented toward professional, cognitive, and relational competencies, whereas physical activity represents a concrete behavioral dimension related to health and lifestyle. Rhodes and Quinlan (2015) [44] demonstrated that favorable intentions and attitudes toward physical activity do not automatically translate into concrete behaviors, identifying a substantial "intention-behavior gap". For experienced professionals, personal development becomes predominantly oriented toward specialized professional dimensions, which no longer include personal physical activity as a constitutive element [45,46].

A key finding is the substantially stronger correlation between proactive health initiatives and personal development among experienced professionals compared with students, suggesting that professional experience facilitates the holistic integration of proactive health concerns and motivation for personal development. This conceptual convergence can be explained by professional maturation, through which experienced physiotherapists develop a comprehensive perspective on professional development. Frank et al. (2013) [47] demonstrated that health professionals who exhibit positive personal health behaviors tend to be more effective in counseling and motivating patients, a phenomenon mediated by perceived credibility and professional authenticity. Lobelo and de Quevedo (2016) [48] found that physicians who practice regular physical activity are significantly more likely to discuss exercise with patients and provide specific recommendations, suggesting that personal behaviors influence professional practices. However, the paradox identified in the present study - strong conceptual integration but low levels of physical activity - suggests that this integration remains predominantly at the cognitive and attitudinal level, without consistently materializing in concrete behaviors. This divergence is consistent with cognitive dissonance theory [49], which posits that individuals may experience psychological tension between contradictory beliefs or between beliefs and behaviors. Godin et al. (2008) [34] documented strategies for reducing cognitive dissonance among health professionals, including rationalizations based on time constraints and exceptional circumstances.

4.1. Study limitations

The present study has methodological limitations that must be acknowledged for the correct interpretation of the results. The cross-sectional design does not allow for causal inferences, as the differences identified between groups may reflect both the effects of professional experience and cohort differences or selection effects. Self-reported physical activity measures may be affected by social desirability biases, es-

pecially among health professionals. The absence of qualitative data on the perceptions, motivations, and specific barriers encountered by physiotherapists in maintaining personal physical activity limits understanding of the explanatory mechanisms of the identified patterns. Organizational and contextual variables that may influence the investigated relationships were not systematically assessed in the present study.

4.2. Practical implications of the study

The study's results have significant implications for the design of initial training programs and the continuing professional development of physiotherapists. Identifying moderate physical activity scores in students suggests the need for preventive interventions that support the maintenance of an active lifestyle after entering professional practice. Training programs could benefit from integrating modules on time management, prevention of occupational burnout, and strategies for maintaining work-life balance, similar to the interventions developed by Proper et al. (2003) [41] for health professionals. The significant correlation between physical activity and proactive health initiatives in students suggests that this formative period represents a window of opportunity for consolidating healthy behaviors that can persist throughout the career. For experienced professionals, the results suggest the need for continuing professional development programs that explicitly address the incongruence between professional knowledge and personal practices. Employing organizations could implement institutional policies that facilitate the maintenance of physical activity among employees.

4.3. Future research directions

Longitudinal studies that follow the same participants throughout their professional careers could clarify the temporal mechanisms through which professional experience influences the relationship between personal development and physical activity. Prospective designs would allow the identification of critical moments of decline in physical activity and predictors of the maintenance of healthy behaviors throughout the career, providing empirical bases for the development of targeted preventive interventions. Future research that combines quantitative and qualitative methods could provide more nuanced insights into the psychological and contextual processes that mediate the relationship between professional experience, personal development, and health behaviors. Investigating organizational factors and the professional context as potential moderators or mediators of these relationships is an important direction.

5. Conclusions

The present study confirms a complex relationship, modulated by professional expertise, between personal development initiatives and physical activity in physiotherapists. Professional experience generates a fundamental paradox: it strengthens the conceptual integration of proactive health and personal development, yet is associated with reduced personal physical activity and a weakening of the link between proactive attitudes. The results suggest that age differentially influences the investigated variables according to professional experience, transforming from a predictor of decline in physical activity in students into a predictor of proactive attitudes toward health in professionals. The absence of significant correlations between personal development and physical activity in both groups, indicates that these constructs operate on distinct conceptual dimensions, with professional development orienting toward specialized competencies that no longer explicitly include personal health behaviors.

6. Patents

Author Contributions: Conceptualization, A.B.; methodology, A.B.; investigation, A.B. writing—original draft preparation, A.B.; writing—review and editing, A.B.; All authors have read and agreed to the published version of the manuscript.

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