

## VIEWPOINT ARTICLE

# Why Respect for Learner Autonomy Is an Ethical Priority

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## ABSTRACT

Learner autonomy is essential in medical education, not just as an educational goal but as an ethical priority. Drawing on self-determination theory (SDT), this *Viewpoint* differentiates autonomy from independence and emphasizes the need for autonomy support throughout medical training. We explore the ethical imperative of supporting autonomy in medical learners, why current educational models are often inadequate and how educators can adopt practices that respect learner autonomy. The paper concludes with a call for structural changes in medical education, to better align with evidence-based approaches that foster motivation, professional development and ultimately well-being.

## 1 | Introduction

Medical education, historically defined by rigid hierarchies and authoritative teaching methods, has often overlooked the importance of supporting learner autonomy [1]. This paper argues that autonomy, an ethical imperative in medicine [2], must be an ongoing priority throughout the educational process. Rather than being understood simply as independence or an endpoint, autonomy support is a continuous relational and developmental process. Using self-determination theory (SDT) as a framework, we assert that respecting learner autonomy is not only necessary for optimizing learning outcomes but also a moral obligation for medical educators. We also explore the consequences of neglecting learner autonomy and offer practical strategies that educators can employ to better align their teaching with this ethical imperative.

### 1.1 | Autonomy Versus Independence

In medical education, autonomy is often confused with independence. Whereas independence refers to freedom from external

supervision or guidance, autonomy—rooted in the ancient Greek concept of self-governance (from *auto* meaning self and *nomos* meaning law or custom)—is more relational [2]. Learner autonomy in education involves making informed decisions, taking ownership of one's learning and feeling empowered to shape one's educational experience. It is about active engagement and personal agency, guided by intrinsic motivation. Importantly, autonomy does not require independence; learners can choose to seek support or work independently, depending on their unique social context.

Misunderstanding this distinction can lead to an oversimplified view of what it means to support autonomy in learners. If educators view autonomy solely as 'freedom' or 'independence', they may inadvertently disregard the social, emotional and relational aspects of learning that are necessary for true autonomy and well-being [3]. As others have discussed, autonomy support is not about leaving learners to navigate their education on their own; it is about creating environments where learners feel they can make informed decisions, supported by educators who recognize their needs and perspectives [4].

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## 2 | Theoretical Framework: SDT

SDT [5] offers a comprehensive understanding of autonomy as a basic psychological need, alongside competence and relatedness. SDT posits that motivation is more sustainable and effective when learners feel autonomous, competent and connected to others. In the context of medical education, autonomy is defined as the experience of acting with a sense of agency, where learners feel their actions are self-endorsed and aligned with their goals and values. In contrast, heteronomy (or controlled motivation) results from a more authoritative approach, where learners feel pressured by external controls like punishments, threats or incentives.

For educators, being autonomy supportive involves creating an environment where learners feel that their learning is meaningful and self-endorsed, even within a highly structured medical training system. Essentially, it means working from learners' perspectives to promote their engagement, sense of personal responsibility and feelings of competence, which helps learners feel capable and involved in the educational partnership [6]. Although this approach is well evidenced, it challenges the long-standing tradition in medical education of emphasizing authority and compliance over engagement and intrinsic motivation [7].

### 2.1 | Ethical Imperative for Autonomy Support

The ethical imperative to support learner autonomy stems from the core values of the medical profession, which are rooted in respect for individuals' rights to self-determination. An ethical principle is a fundamental agreed-upon standard that guides moral reasoning, behaviour and decision-making. Autonomy, as an ethical principle, is fundamental to the practice of medicine, where physicians are expected to respect patients' autonomy in decision-making about their care, for example [2]. Similarly, educators must uphold the autonomy of medical learners, recognizing their right to make informed choices about their educational journey.

Failure to support learner autonomy is not merely a pedagogical shortcoming; it constitutes an ethical issue that can have serious consequences. When autonomy is undermined or disregarded, medical learners may experience diminished motivation, disengagement and psychological harm, which can lead to a lack of ownership over their learning [8–10]. Such outcomes not only hinder the internalization of medical practices and competencies but also negatively affect learners' well-being [11]. When autonomy is not respected, medical education risks perpetuating a culture of compliance rather

than critical thinking, creativity and self-directed learning, ultimately impeding the development of competent, compassionate physicians [12].

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This is particularly important in the context of international medical education, where the concept of autonomy may carry different cultural connotations. In some cultures, the emphasis may be on collective decision-making or respecting authority, whereas in others, individual autonomy may be more highly prioritized. However, the ethical importance of supporting learners' autonomy—enabling them to make meaningful choices and guiding them towards self-determined growth—is universal [13]. Not respecting learner autonomy, regardless of cultural context, undermines the core human values of dignity, respect and empowerment that are central to medical education and practice.

## 3 | Challenges in Current Medical Education Practices

Despite widespread recognition of the importance of autonomy in learning, medical education remains dominated by authoritarian, hierarchical practices that prioritize control and compliance. This has contributed to a learning environment where autonomy support is often undervalued. For example, traditional clinical training emphasizes strict adherence to rules, regulations and established norms, with little room for learner input or personal reflection. Such involvement and reflection have been shown to amplify not only learning but also professional development and empathy among medical trainees [14].

Such practices can lead to negative outcomes, including burn-out, disengagement and reductions in prosocial attitudes and behaviours [15]. Although some may argue that these practices are necessary for producing competent professionals, the evidence suggests that autonomy-supportive approaches, which foster intrinsic motivation, are far more effective in promoting competence, engagement and well-being [16, 17]. Indeed, medical education should not be about producing compliant learners but about fostering thoughtful, self-directed individuals who are capable of critical reflection and ethical decision-making in complex clinical environments.

## 4 | Principles of Autonomy-Supportive Education

Supporting learner autonomy in medical education requires a shift towards more learner-centred, relationship-based approaches. Based on the principles of SDT, we suggest some strategies educators can use to support learner autonomy:

- **Providing meaningful rationales:** Educators should explain the rationale behind tasks, assessment and requirements. This helps learners understand why certain expectations are in place and how they contribute to their professional development. For example, explaining the reasoning behind a change in rotation schedules can help learners see the larger picture and make informed decisions about their engagement.
  - **Acknowledging emotions and concerns:** When learners express frustration or resistance to certain aspects of their education, it is essential to acknowledge their feelings. This does not mean acquiescing to every demand but rather recognizing and validating learners' perspectives, which fosters a sense of respect and trust.
  - **Offering choices and flexibility:** Where possible, educators should give learners choices about their learning experiences, such as the ability to select elective rotations or pursue research interests. Autonomy-supportive environments allow learners to take ownership of their educational path, which is crucial for fostering intrinsic motivation and active learning.
  - **Encouraging feedback and involvement:** Learners should be given opportunities to provide feedback on their learning experiences and suggest improvements that are acted upon. This promotes a sense of agency and helps educators understand the perspectives of their learners, ensuring that the learning environment is responsive, inclusive and conducive to a growth mindset.
2. **Acknowledging learners' concerns:** The educators could engage with learners' concerns by validating their desire for more flexibility in how they present. Instead of dismissing the request, educators could show empathy for how the rigid structure may not be motivating or reflective of the learners' individual lived experiences and contexts, which could impact their intrinsic motivation in completing the task.
  3. **Providing opportunities for learners to contribute:** The educators could ask the learners for suggestions on how they might modify the case presentation format to better align with their learning preferences while maintaining the core competencies of the assessment. For example, learners might propose incorporating multimedia elements or a more narrative, patient-centred approach to presenting cases, rather than simply following a formulaic structure. Educators could invite the learners to pilot these changes in small groups, offering constructive feedback along the way.
  4. **Collaborative decision-making:** The final step would be for the educators to work with the learners to cocreate a new, more innovative and flexible framework for future case presentations. By incorporating learner input and fostering a sense of agency in the decision-making process, educators show that they value the learners' perspectives and are committed to supporting their autonomy in a meaningful way.

This approach not only makes the learners feel respected and heard but also enhances their intrinsic motivation to engage with the learning task. Fostering a sense of ownership over their learning, the educators help to develop more self-determined learners.

#### 4.1 | Example Scenario: Autonomy Support in Action

Imagine a situation in a clinical training programme where a group of clinical clerks is required to complete a series of case presentations as part of their assignment. The programme has traditionally used a highly structured format for these presentations, with strict guidelines regarding how students should present their cases, including specific templates and time limits. In response to this rigid approach, several students express that they feel stifled by the lack of creativity and would prefer a more flexible approach that allows them to present cases in a way that reflects their individual strengths and styles.

An autonomy-supportive approach to this scenario would involve the following steps:

1. **Providing meaningful rationales:** The educators could first listen to and consider the learners' points of view and explain the reasons behind the structured format, such as its role in ensuring all essential aspects of the case are covered and its purpose in assessing specific competencies. However, they could also explain how they value learner engagement and self-expression in learning, which would be supported within a more flexible framework.

## 5 | Conclusion

Respecting learner autonomy is not merely an ideal; it is an ethical obligation for medical educators. Autonomy support is essential for optimizing learner motivation, engagement and well-being, and it aligns with the ethical principles of the medical profession. Educators must move away from outdated, authoritative approaches and adopt strategies that prioritize learner autonomy. This shift will ultimately benefit learners, educators and patients by nurturing motivated, competent and ethically grounded physicians (Table 1).

*“Educators must move away from outdated, authoritative approaches and adopt strategies that prioritize learner autonomy to nurture motivated, competent and ethically grounded physicians.”*

## 6 | Key Takeaways for Clinical Educators

The principles of autonomy-supportive education are shown in Table 1.

**TABLE 1** | Principles of autonomy-supportive education.

Key principle	Actionable strategy
Take learners' perspectives	Before proceeding with an educational task, begin by trying to understand learners' positionality. This means being curious and actively listening to their concerns and preferences instead of immediately applying your own methods. Taking learners' perspectives ensures that any changes made are grounded in their contexts and needs, fostering a more engaged and self-motivated learning process.
Provide meaningful rationales	Explain the reasons behind your educational and curricular design choices. Instead of imposing rules or tasks without explanation, provide clear, thoughtful rationales for your decisions, emphasizing the learning outcomes. This helps learners understand the value of what they are being asked to do, enhancing their internal motivation.
Acknowledge learners' emotions	Recognize and validate learners' feelings and concerns. This might involve acknowledging when their preferences or needs differ from what is required. Validation helps learners feel heard, reducing resistance and fostering a supportive environment.
Give opportunities for choice	Where possible, provide learners with options to exercise choice within the learning process. Autonomy support is not about total freedom but giving learners opportunities to make decisions and act in ways that align with their goals and personal values.
Collaborate in decision-making	Involve learners in cocreating learning experiences. This enhances their sense of agency and involvement. By including learners in the decision-making process, educators can ensure that learning tasks are aligned with learners' goals and experiences, increasing engagement, innovation and continuous improvement.

#### Author Contributions

**Adam Neufeld:** conceptualization, writing – original draft, writing – review and editing. **Aliya Kassam:** conceptualization, writing – review and editing.

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#### Ethics Statement

We did not seek Institutional Research Board approval for this manuscript.

#### Conflicts of Interest

The authors declare no conflicts of interest.

#### Data Availability Statement

Data sharing is not applicable to this article, as no new data were created or analysed in this study.

#### References

1. C. van Diggele, A. Burgess, C. Roberts, and C. Mellis, "Leadership in Healthcare Education," *BMC Medical Education* 20 (2020): 456, <https://doi.org/10.1186/s12909-020-02288-x>.
2. T. Beauchamp and J. Childress, "Principles of Biomedical Ethics: Marking Its Fortieth Anniversary," *American Journal of Bioethics* 19, no. 11 (2019): 9–12, <https://doi.org/10.1080/15265161.2019.1665402>.
3. N. P. Kenny, S. B. Sherwin, and F. E. Baylis, "Re-Visioning Public Health Ethics: A Relational Perspective," *Canadian Journal of Public Health* 101, no. 1 (2010): 9–11, <https://doi.org/10.1007/bf03405552>.

4. A. Neufeld and C. S. Rigby, "Autonomy vs. Independence: Implications for Resident & Faculty Engagement, Performance, and Well-Being," *HCA Healthcare Journal of Medicine* 5 (2024): 209–213.

5. R. M. Ryan and E. L. Deci, *Self-Determination Theory: Basic Psychological Needs in Motivation, Development, and Wellness* (Guilford Publishing, 2017), <https://doi.org/10.1521/978.14625/28806>.

6. G. C. Williams and E. L. Deci, "The Importance of Supporting Autonomy in Medical Education," *Annals of Internal Medicine* 1998 129, no. 4 (1998): 303–308, <https://doi.org/10.7326/0003-4819-129-4-199808150-00007>.

7. O. T. J. ten Cate, R. A. Kusurkar, and G. C. Williams, "How Self-Determination Theory can Assist our Understanding of the Teaching and Learning Processes in Medical Education," *Medical Teacher* 33, no. 12 (2011): 961–973, <https://doi.org/10.3109/0142159X.2011.595435>.

8. A. Neufeld and G. Malin, "Basic Psychological Needs, More Than Mindfulness and Resilience, Relate to Medical Student Stress: A Case for Shifting the Focus of Wellness Curricula," *Medical Teacher* 42, no. 12 (2020): 1401–1412, <https://doi.org/10.1080/0142159X.2020.1813876>.

9. A. Neufeld and G. Malin, "Need Fulfillment and Resilience Mediate the Relationship Between Mindfulness and Coping in Medical Students," *Teaching and Learning in Medicine* 2021 34, no. 1 (2021): 78–88, <https://doi.org/10.1080/10401334.2021.1960533>.

10. A. Neufeld, O. Babenko, H. Lai, C. Svrcek, and G. Malin, "Why Do We Feel Like Intellectual Frauds? A Self-Determination Theory Perspective on the Impostor Phenomenon in Medical Students," *Teaching and Learning in Medicine* 35, no. 2 (2023): 180–192, <https://doi.org/10.1080/10401334.2022.2056741>.

11. G. C. Williams and E. L. Deci, "Internalization of Biopsychosocial Values by Medical Students: A Test of Self-Determination Theory," *Journal of Personality and Social Psychology* 70, no. 4 (1996): 767–779, <https://doi.org/10.1037/0022-3514.70.4.767>.

12. R. A. Kusurkar, G. Croiset, K. V. Mann, E. Custers, and O. ten Cate, "Have Motivation Theories Guided the Development and Reform of Medical Education Curricula? A Review of the Literature," *Academic Medicine* 87, no. 6 (2012): 735–743, <https://doi.org/10.1097/ACM.0b013e318253cc0e>.

13. R. M. Ryan, J. J. Duineveld, S. I. di Domenico, W. S. Ryan, B. A. Steward, and E. L. Bradshaw, "We Know This Much Is (Meta-Analytically) True: A Meta-Review of Meta-Analytic Findings Evaluating Self-Determination Theory," *Psychological Bulletin* 148, no. 11–12 (2022): 813–842, <https://doi.org/10.1037/bul0000385>.
14. A. F. Winkel, S. Yingling, A. A. Jones, and J. Nicholson, "Reflection as a Learning Tool in Graduate Medical Education: A Systematic Review," *Journal of Graduate Medical Education* 9, no. 4 (2017): 430–439, <https://doi.org/10.4300/JGME-D-16-00500.1>.
15. M. Asim, L. Zhiying, M. A. Nadeem, U. Ghani, M. Arshad, and X. Yi, "How Authoritarian Leadership Affects Employee's Helping Behavior? The Mediating Role of Rumination and Moderating Role of Psychological Ownership," *Frontiers in Psychology* 12 (2021): 667348, <https://doi.org/10.3389/fpsyg.2021.667348>.
16. E. L. Deci, R. Koestner, and R. M. Ryan, "A Meta-Analytic Review of Experiments Examining the Effects of Extrinsic Rewards on Intrinsic Motivation," *Psychological Bulletin* 125, no. 6 (1999): 627–700, <https://doi.org/10.1037//0033-2909.125.6.627>.
17. Y. L. Su and J. Reeve, "A Meta-Analysis of the Effectiveness of Intervention Programs Designed to Support Autonomy," *Educational Psychology Review* 23, no. 1 (2010): 159–188, <https://doi.org/10.1007/s10648-010-9142-7>.