

## Leadership, management and governance in healthcare education

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Received: 20 July 2024

Available Online: 15 August 2024

Revised: 13 August 2024

DOI: 10.5861/ijrse.2024.24721

Accepted: 14 August 2024

ISSN: 2243-7703

Online ISSN: 2243-7711

OPEN ACCESS



### ***Abstract***

Healthcare education seeks to prepare students to be competent healthcare providers in the future. It provides theoretical and practical competencies to help students become ready for professions in the healthcare industry to deliver high-quality patient care and enhance health outcomes. This study aimed to find out the perspective of faculty members on leadership, management, and governance in healthcare education. The researcher utilized the descriptive research design and distributed the adapted questionnaires to 155 faculty member participants teaching healthcare courses such as Dentistry, Medicine, Medical Technology, Radiographic Technology, Physical Therapy, Nursing, Pharmacy, and others for second semester SY 2022-2023 from universities and colleges in Batangas City and in Cavite. A four-part instrument was adopted from Hinkin and Tracey (1999) on leadership, adapted from Urlick and Bowers (2019) on management and from Alshaerb et al. (2017) on governance. The instrument was distributed through questionnaires and through google forms and data were tallied, encoded, and analyzed using different statistical tool. Results showed majority of the respondents belong to 21-30 years old, female, has been teaching for 1-10 years and are mostly teaching at the college of nursing. Majority of the statement in leadership were rated as strongly agree while in management, most of the statements were rated as always being done, all indicators in governance were rated as highly evident except one. It was found that there was a highly significant relationship between leadership, management, and governance in healthcare education. A management plan has been proposed to improve leadership, management, and governance in healthcare education.

***Keywords:*** healthcare education, leadership, management, governance

## Leadership, management and governance in healthcare education

### 1. Introduction

Healthcare education seeks to prepare students to be competent healthcare providers in the future. It provides theoretical and practical competencies to help students become ready for professions in the healthcare industry to deliver high-quality patient care and enhance health outcomes. To deliver such services, health professionals are those who took courses that seek to prevent, identify, and treat illnesses and disorders. Medicine, nursing, dentistry, pharmacy, physical therapy, occupational therapy, and medical laboratory science are examples of healthcare courses. Additionally, they use management and administrative abilities to support healthcare systems, and they use scientific ideas and evidence-based procedures to help patients (Kent State University, 2022).

In 2020, there were a total of sixty-five million health care workers worldwide in which 29.1 M were nurses, 12.7M medical doctors, 3.7M pharmacists, 2.5M dentists, 2.2M midwives and 14.9M other healthcare workers (Boniol, et al., 2022). Five million allied health care professionals make up around 60% of all healthcare workers in the US and are employed in more than 80 different professions. As the number of employees in the healthcare sector rises from 15.6 million to 19.8 million between 2010 and 2020, the number of allied health care workers is projected to increase. People with bachelor's and graduate degrees will be required for an increasing number of those positions (Brooks, 2022). There are over 11,146 allied health instructors that are currently employed in the US in which are more likely to work at education companies in comparison to private companies (Zippia, 2022). However, there are challenges that are faced by healthcare education leaders. According to van Diggele et al. (2020), healthcare education caters many professional disciplines belonging to different organizations such as the academe, hospitals and other health care facilities which are governed with different policies, cultures, and structures in which it is very difficult in maintaining balance between academic and clinical aspects. In addition, leaders in healthcare education may find it stressful to extremely competitive higher education especially when dealing with accountable healthcare system and rapid change.

Jooste et al. (2018) reported that currently, academic staff members are assigned to leadership positions in higher education settings even though they have little professional management or leadership expertise. Higher education institutions, especially in healthcare education are impacted by changes in technology, student demographics, funding, and government regulations, and specific leadership qualities and talents are required. To effectively address the ongoing changes in the academic environment and lead people through change, department heads must be empowered in leadership development. Governance in higher education to which healthcare programs belong are experiencing several difficulties and are striving to reorganize and improve their institutions. Most of the Asian countries have resorted to giving higher education institutions (HEIs) more institutional autonomy in the hopes that the rising management flexibility will hasten the process of higher education growth. In addition to emphasizing human resource development, governments and HEIs in this region are fully aware of the significance and the meaning of "adaptation" because of the sector's altered goals and outlook (Asian Development Bank, 2012).

In the Philippines, education leaders are faced with the shortage of faculty members teaching healthcare courses because most of these healthcare professionals have their own private practices such as dentists and medical doctors. Others are working in the hospitals here and abroad and only few work in the academe as teachers. According to Dalanon (2018), recruitment and retention of faculty members to teach in dental colleges has been very difficult due to limited availability of dentist who possessed knowledge, expertise and commitment in teaching. Likewise, there are also problems in the shortage of faculty members as well as the quality of faculty members in nursing education program (Appiah, 2020). The Philippines is suffering from shortage of nursing educators causing limited number of students to be accommodated to the program that may cause shortage in

health care workers in the future. The cause of shortage is that many nurses are going abroad for greener pastures (Jaymalin, 2022).

Healthcare professionals focus on developing their clinical expertise rather than seeking more leadership positions in academe. Even though there were opportunities to become an education leader, healthcare professionals choose not to take advantage of them because of a lack of confidence, poor leadership perceptions, a lack of training opportunities, or a fear of losing their professional status (Gibbs, V., & Griffiths, M., 2021). Leadership, management, and governance are interrelated. Leaders are the visionaries who set the goals to be achieved in the future. Managers see to it that all are working towards the realization of the vision. Governance in education includes decision making process, procedures that support educational systems in establishing goals and plans, distributing duties and responsibilities, and carrying out educational policies and initiatives. According to Torrevillas (2019), governance must guide the education system to achieve its shared vision, mission, and goals making them responsive and relevant to the context of diverse environment.

An important aspect of healthcare education consists of effective leadership that will provide the highest quality of teaching and learning both in knowledge and skill acquisition among the students. Leaders in healthcare education cannot perform effective leadership alone and need the support of the faculty members in providing quality education to the students. Based on the study of Tosh and Dross (2019), teachers tend to rate their school head lower than what the leader rates themselves and this can cause unfavorable effects on job satisfaction and productivity of teachers. The faculty members' perception on leadership, management and governance is very relevant for the school leader to be aware of his limitations on leadership and management and make necessary adjustments in leadership style to improve their overall performance in order to have a harmonious relationship among faculty members that will enable them to be committed in working towards goal attainment.

Literature shows leadership, management, and governance in healthcare education was not given enough emphasis because the curriculum's focus is to acquire knowledge and skill. Education leaders must understand the larger healthcare and educational agendas and support the advancement of emerging issues like interprofessional learning and teamwork and must support the advancement of innovation and diversity in leadership. As observed, most of the faculty members have limited knowledge in leadership and management because they are graduates of health-related courses, leadership and management was not part of their curriculum. The literature provides limited sources on leadership management and governance, especially in health science related courses. It provides a lot of studies on clinical practice among healthcare professionals but topics on leadership management and governance in medical and allied health courses were limited. The value of healthcare professionals cannot be underestimated during the pandemic as well as the qualities of education leaders that can cope to the needs of the fast-changing world to enter the new normal. Hence, this study is conducted to assess the perspective of the faculty members teaching in healthcare courses regarding leadership, management and governance as applied to healthcare education. In addition, the study proposed recommendations that may improve healthcare education.

**Objectives of the study** - This study investigated the role of leadership, management, and governance in healthcare education as perceived by faculty members. Specifically, it aimed to assess leadership skills in healthcare education in terms of: idealized influence, inspirational motivation, and intellectual stimulation; assess the managerial skills in terms of communicating school goals, promoting professional development and supervision of instruction; determined how well are the principles of governance applied to healthcare education in terms of: laws and regulations, transparency and disclosure, the rights of all stakeholders, and academic freedom; and test if there is statistically significant relation between leadership, management, and governance in healthcare education.

## 2. Methods

**Research Design** - The researcher utilized the descriptive research design to determine the leadership, management and governance in healthcare education. Descriptive design describes individuals, events, conditions,

and it does not manipulate the variables. It investigates characteristics of population, identify problems, and look at differences between respondents (Siedlecki, 2020).

**Participants** - Participants of the study were the 155 faculty members teaching healthcare courses such as Dentistry (31) Medicine (20), Medical Technology (17), Radiographic Technology (2), Physical Therapy (2), Nursing (69), Pharmacy (8) and others (6) for second semester of school year 2022-2023 from universities and colleges in Batangas City and Cavite.

**Instrument** - The first part presents the profile of the respondents as to age, sex, number of years in teaching, and the program they are teaching. Part two adopted the questionnaire from the study of Hinkin and Tracey (1999) on leadership with ten statements under idealized influence, ten statements under inspirational motivation, ten statements under intellectual stimulation and nine statements under individual consideration. All statements were rated based on four-point Likert scale such as strongly agree, agree, disagree and strongly disagree Part three was adapted from Urick, & Bowers, (2019) about management consisting seven statements on communicating school goals, five statements on promoting professional development and six statements on supervision of instruction. All statements were rated based on 4-point Likert scale such as always, often, sometimes and never. Part four adapted from Alshaerb et al. (2017), on governance consisted of five statements on laws and regulation, five statements on transparency and disclosure, five statements on the rights of all stakeholders and five statements on the principle of academic freedom. All statements were rated based on four-point Likert scale such as highly evident, evident, slightly evident and not evident.

To determine the reliability and consistency of the instrument, a four-part questionnaire was sent to 24 respondents through google forms. The Cronbach Alpha coefficients for different indicators in the context of leadership, management, and governance in healthcare education indicated that all items under inspirational motivation (0.926), intellectual stimulation (0.926) and communicating school goals yielded excellent Cronbach Alpha scores while idealized influence (0.871), promoting professional development (0.851), supervision of instruction (0.865), laws and regulation (0.855), transparency and disclosure (0.852), and the right of all stakeholders (0.849) have good Cronbach alpha scores. However, the domain of individual consideration has an unacceptable Cronbach Alpha score of 0.399, action taken was to gather data from different set of respondents in which for the second time it yielded an unacceptable Cronbach alpha score (0.419). It was decided to delete all items under individual consideration. Furthermore, the domain of the principle of academic freedom initially had a questionable Cronbach alpha score action taken was to delete item number #5 (the university imposes restrictions on faculty members because of their views.) the Cronbach alpha improved from 0.682 to 0.768 which is now acceptable.

**Data Gathering Procedure** - Questionnaires were distributed to 210 faculty members teaching healthcare courses such as Medicine, Dentistry, Nursing, Medical Technology, Physical Therapy, Radiographic Technology, and Pharmacy for the first semester SY 2022-2023 from universities and colleges in Batangas City and one university in Cavite. Prior to distribution, a letter of request was sent to the deans of the different colleges. Data collection commenced when given the approval from December 2022 to February 2023. Out of 210 questionnaires that were distributed, 155 answered the questionnaires while others refused.

**Data Analysis** - To perform data analysis, the following statistical tools were used. Weighted means and ranking were used to determine leadership, management and governance in healthcare education. The result of Shapiro-Wilk Test revealed that p-values of the main variable was less than 0.05 which means that the data set is not normally distributed. Likewise, Spearman rho was used to test the significant relationship of the treated variables. In addition, post hoc test was also conducted. The following Likert Scale was used in assessing the variables: 3.50- 4.00 = Strongly Agree; 2.50-3.49 – Agree; 1.50 – 2.49 –Disagree; and 1.00 – 1.49 –Strongly Disagree. In addition, all data were treated using a statistical software known as PASW version 26 to further interpret the result of the study using an alpha level of 0.05 and 0.01.

**Ethical Considerations** - To observe the highly confidential nature of the survey, no names were mentioned in

the study. The identity of the respondents was not revealed except that they are faculty members teaching healthcare courses. No opinion was given by researchers, only information and results based on the data gathered. The research participants were not subjected to harm in any way.

### 3. Results & discussion

**Table 1**

*Summary Table on Leadership in Healthcare Education*

Indicators	Weighted Mean	Verbal Interpretation	Rank
Idealized Influence	3.60	Strongly Agree	1.5
Inspirational Motivation	3.60	Strongly Agree	1.5
Intellectual Stimulation	3.52	Strongly Agree	3
Composite Mean	3.57	Strongly Agree	

*Legend: 3.50 – 4.00 = Strongly Agree; 2.50 – 3.49 = Agree; 1.50 – 2.49 = Disagree; 1.00 - 1.49 = Strongly Disagree*

Table 1 presents the summary of the different domains of leadership in healthcare education. It shows that the respondents strongly agree on all the domains of leadership garnering an overall weighted mean of 3.57. This means that the respondents perceive that leadership is very relevant in achieving their goals and improving the quality of healthcare education.

This indicates that the respondents strongly believe that effective leadership is crucial in enabling them to achieve their goals and enhance the quality of healthcare education. The respondents appear to recognize the vital role that leaders play in fostering an environment that supports faculty in reaching their full potential, driving innovation, and ultimately improving educational outcomes and patient care. The high weighted mean for intellectual stimulation indicates that the respondents place a strong emphasis on healthcare education leaders who actively encourage and facilitate creative and innovative thinking among the faculty. This suggests the respondents value leaders who foster an environment that stimulates critical analysis, challenges traditional assumptions, and motivates the team to explore novel solutions to problems. This is supported by Low et al. (2019) and Aufegger et al. (2020), who highlight the importance of leadership styles that promote collaborative, multifaceted, and dynamic management processes in healthcare settings.

Similarly, the equal weighted mean scores for idealized influence and inspirational motivation reveal that the respondents are drawn to leaders who serve as positive role models, demonstrating strong moral character and the ability to inspire the faculty to pursue ambitious goals. This highlights the respondents' desire for leaders who can both intellectually engage the team and provide the vision and motivation to drive continuous improvement in healthcare education, supported by the findings of Bharwani et al. (2019) and Arnold et al. (2019).

In summary, the respondents seek multifaceted leadership that combines intellectual stimulation to unlock innovation, along with inspirational qualities to galvanize the team around a shared mission of excellence in education and patient care. By striking this balance, healthcare education leaders can create a dynamic, high-performing environment that taps into the full potential of the faculty.

**Table 2**

*Summary Table on Management in Healthcare Education*

Indicators	Weighted Mean	Verbal Interpretation	Rank
Communicating School Goals	3.58	Always	2
Promoting Professional Development	3.58	Always	2
Supervision of Instruction	3.58	Always	2
Composite Mean	3.58	Always	

*Legend: 3.50 – 4.00 = Always; 2.50 – 3.49 = Often; 1.50 – 2.49 = Sometimes; 1.00 - 1.49 = Never*

Table 2 suggests that the respondents perceive the various aspects of management in healthcare education to be equally critical. The indicators of communicating school goals, promoting professional development, and supervision of instruction all received identical weighted means, which were interpreted as strongly agree. This indicates that the respondents believe these management domains are equally important in ensuring the quality

and effectiveness of healthcare education. The findings imply that the respondents feel their healthcare academic institution excels at implementing comprehensive management practices that encompass clearly articulating institutional goals, providing robust professional development opportunities for faculty, and rigorously supervising instructional activities. This holistic approach to management is likely crucial in cultivating a learning environment that is conducive to producing well-prepared healthcare providers (Algahtani et al., 2020).

The equal emphasis on these management domains underscores the respondents' perception that excellence in healthcare education requires a multi-faceted, systematically integrated approach to institutional leadership and oversight. These results are supported by the existing literature on the importance of effective management practices in healthcare education (Mano, et al., 2018; Kumar et al., 2020; Alloubani et al., 2019). Even though the data suggest the respondents perceive the management of their healthcare education institution to be highly effective across key domains such as goal-setting, professional development, and instructional supervision, this comprehensive, balanced approach may not fully address the diverse needs and learning styles of students (Dehnavieh et al., 2020). The emphasis on monitoring student progress and ensuring consistency in teaching methods could potentially undermine teacher autonomy and morale, stifling innovation and creativity in the classroom (Jeong & Luschei, 2018).

**Table 3**

*Summary Table on Governance in Education*

Indicators	Weighted Mean	Verbal Interpretation	Rank
Laws and Regulation	3.57	Highly Evident	2
Transparency and disclosure	3.56	Highly Evident	3
The rights of all stakeholders	3.52	Highly Evident	4
The principle of academic freedom	3.59	Highly Evident	1
Composite Mean	3.56	Highly Evident	

*Legend: 3.50 – 4.00 = Highly Evident; 2.50 – 3.49 = Evident; 1.50 – 2.49 = Slightly Evident; 1.00 - 1.49 = Not Evident*

The findings presented in Table 3 provide a comprehensive overview of the different domains of governance in the healthcare education institution. The overall composite mean of 3.56 indicates that the respondents perceived the institution's governance practices to be highly evident and effective. This suggests the institution has established a robust and multifaceted governance framework that is recognized and valued by key stakeholders. The highest weighted mean of 3.59 was observed for the principle of academic freedom, suggesting that the institution places a strong emphasis on empowering faculty members to exercise their intellectual autonomy in teaching, course design, and curricular decisions. This aligns with the existing literature, which highlights academic freedom as a fundamental tenet of effective university governance, as it fosters an environment conducive to innovation, creativity, and the pursuit of knowledge (Wan, 2022; Brennan et al., 2021).

The weighted means for "laws and regulations" (3.56), "transparency and disclosure" (3.56), and "the rights of stakeholders" (3.52) also suggest that the institution has established a robust governance framework that prioritizes adherence to relevant laws and regulations, as well as a commitment to transparency and the protection of stakeholder rights. These findings indicate that the respondents believe the institution is dedicated to upholding its obligations and ensuring the interests of all key stakeholders, including students, faculty, and the broader community, are respected and addressed. Studies by Kennedy et al. (2020) and Kiriri (2022) supported this notion, emphasizing the importance of an integrated approach to healthcare governance that encompasses various interrelated components, such as clinical governance, organizational development, and risk management. An area that warrants further attention is the institution's community engagement efforts, as indicated by the relatively lower weighted means for "participation with local community sectors" and "motivation to organize cultural seminars for community members on different occasions".

The relatively lower weighted means for items related to community engagement, such as "participation with local community sectors" and "motivation to organize cultural seminars for community members," suggest that the institution may face some challenges or limitations in actively involving local stakeholders and hosting community-oriented events and programs. This highlights an area for potential improvement, as Hains et al. (2021)

emphasizes the importance of higher education institutions fostering strong connections with their surrounding communities to enhance the relevance and impact of their academic programs, research, and service activities. Cultural seminars organized by university can promote community engagement, as discussed in the study by Hollingsworth (2019) and contribute to the institution’s governance and social responsibility. Overall, the findings suggest that the institution has cultivated a governance culture that is highly evident, with a strong focus on academic freedom, adherence to laws and regulations, and the protection of stakeholder rights. By further strengthening its community engagement efforts, the institution could further enhance its governance practices and demonstrate its commitment to serving the broader public interest.

**Table 4**

*Relationship between Leadership in Healthcare Education and Management in Healthcare Education*

Idealized Influence	rho-value	p-value	Interpretation
Communicating School Goals	.613**	0.000	Highly Significant
Promoting Professional Development	.460**	0.000	Highly Significant
Supervision of Instruction	.502**	0.000	Highly Significant
<b>Inspirational Motivation</b>			
Communicating School Goals	.663**	0.000	Highly Significant
Promoting Professional Development	.558**	0.000	Highly Significant
Supervision of Instruction	.607**	0.000	Highly Significant
<b>Intellectual Stimulation</b>			
Communicating School Goals	.511**	0.000	Highly Significant
Promoting Professional Development	.512**	0.000	Highly Significant
Supervision of Instruction	.509**	0.000	Highly Significant

*Legend: Significant at p-value < 0.01*

As seen from Table 4, the computed rho-values indicate a strong direct correlation and the resulted p-values were all less than the alpha level. This means that there is a strong, statistically significant relationship between leadership qualities (idealized influence, inspirational motivation, intellectual stimulation) and management effectiveness (communicating school goals, promoting professional development, supervision of instruction) in healthcare education. This suggests that effective leadership in healthcare education positively influences management practices.

In relation to communicating school goals, influential leaders who can clearly communicate the overarching goals and priorities of the educational institution play a crucial role in driving positive management outcomes. As supported by studies of Kumar et al. (2020) and Daniëls et al. (2019), when leaders are able to effectively articulate the institution's educational objectives and strategic vision, it helps align faculty, staff, and other stakeholders towards a shared purpose. This clarity and shared understanding facilitates more coordinated and efficient management practices across various aspects of the education system, from the allocation of facilities and resources to the oversight of personnel.

Moreover, leaders who can inspire and motivate their faculty and staff, and engage stakeholders in working towards a common vision, tend to have more successful management of educational operations. As proposed by Goodermote (2020), this inspirational leadership style, characterized by idealized influence and inspirational motivation, enables leaders to galvanize the educational community around collective goals. When faculty, staff, and stakeholders feel empowered and committed to the institution's vision, it contributes to more effective management of educational facilities, resources, and personnel. Leaders who can cultivate this sense of shared purpose and collective investment in the institution's success are often better equipped to oversee the complex operational and managerial responsibilities within the healthcare education context.

In relation to promoting professional development, effective leaders recognize the importance of supporting and cultivating the professional growth of their staff, as this ultimately contributes to more effective management practices within the healthcare education context. As supported by the research findings from Şenol (2020), leaders who provide avenues for open dialogue on values, strategies, and approaches to leadership empower their faculty and staff to take an active role in identifying their own professional development priorities. By

facilitating access to relevant literature and guiding them on leadership techniques, these leaders are able to nurture the leadership capacities of their teams, enabling them to drive innovation and positive change within their respective educational institutions.

Furthermore, as suggested by Mero-Jaffe and Altarac (2020), a well-designed framework to guide the planning and development of structured professional development programs for school leadership is crucial. Such a framework can help leaders thoughtfully plan the content, structure, and delivery of professional learning opportunities that address the unique needs and aspirations of their faculty and staff. By investing in the professional growth of their teams, leaders demonstrate a commitment to continuous improvement and create an organizational culture that values learning, adaptability, and shared leadership. This, in turn, fosters more effective management practices across various domains, such as resource allocation, personnel oversight, and the facilitation of collaborative problem-solving within the healthcare education context.

In relation to supervision of instruction, effective leadership in overseeing and guiding instructional practices has been shown to correlate with better overall management within healthcare education settings. A study by Khan et al. (2022) found that leaders who closely monitor and provide feedback on faculty teaching methods and student learning outcomes tend to have more efficient and well-coordinated management of educational resources, personnel, and facilities. Similarly, a review by Purfitasari et al. (2020) emphasized the importance of instructional supervision as a key leadership function, noting that it enables leaders to identify areas for improvement, provide targeted professional development, and ensure alignment between curricular goals and classroom instruction. In addition, a study by Taghavinia et al. (2021) presents how effective instructional leadership, characterized by regular classroom observations, data-driven decision making, and collaborative efforts to enhance pedagogy, can positively impact various management domains such as scheduling, budgeting, and personnel management within healthcare education programs.

**Table 5**

*Relationship Between Leadership in Healthcare Education and Governance in Education*

Idealized Influence	rho-value	p-value	Interpretation
Laws and Regulation	.505**	0.000	Highly Significant
Transparency and disclosure	.481**	0.000	Highly Significant
The rights of all stakeholders	.459**	0.000	Highly Significant
The principle of academic freedom	.521**	0.000	Highly Significant
<b>Inspirational Motivation</b>			
Laws and Regulation	.396**	0.000	Highly Significant
Transparency and disclosure	.490**	0.000	Highly Significant
The rights of all stakeholders	.443**	0.000	Highly Significant
The principle of academic freedom	.501**	0.000	Highly Significant
<b>Intellectual Stimulation</b>			
Laws and Regulation	.389**	0.000	Highly Significant
Transparency and disclosure	.469**	0.000	Highly Significant
The rights of all stakeholders	.468**	0.000	Highly Significant
The principle of academic freedom	.490**	0.000	Highly Significant

*Legend: Significant at p-value < 0.01*

Table 5 illustrates the association between leadership in healthcare education and governance in education. It was observed that the computed rho-values indicates a moderate direct correlation and the resulted p-values were all less than the alpha level. This means that there was significant relationship exists and implies that the better the assessment on leadership, the better is the assessment on governance education. This suggests that there is a strong, statistically significant positive correlation between leadership qualities (idealized influence, inspirational motivation, intellectual stimulation) and aspects of governance in education (laws and regulation, transparency and disclosure, the rights of all stakeholders, the principle of academic freedom) within healthcare education. The significant correlations indicate that effective leadership in healthcare education positively influences governance practices within educational settings.

In terms of idealized influence, leaders who demonstrate idealized influence are associated with better



governance related to laws, transparency, stakeholders' rights, and academic freedom. Leaders who demonstrate this form of transformational leadership, where they serve as inspiring role models who are admired and respected by their followers, are linked to stronger governance practices within healthcare education contexts (Velthuis et al., 2021; Kumar et al., 2019). Such leaders tend to foster a greater adherence to relevant laws and regulations, maintain higher levels of transparency in their decision-making processes, implement stronger protections for the rights and autonomy of key stakeholders like faculty and students, and demonstrate a stronger institutional commitment to preserving academic freedom.

Through demonstrating these idealized influence qualities, transformational leaders are able to mold the broader governance landscape of the educational institution, rendering it more resilient, accountable, and adaptable to the evolving needs and priorities of the academic community. This is supported by studies that have found idealized influence to be a key driver of good governance practices, as it enables leaders to model the values, behaviors, and ethical standards that the institution aims to uphold (Kentab, 2018; Whittaker & Montgomery, 2022). When leaders consistently demonstrate integrity, high moral standards, and a deep commitment to the institution's mission and values, it helps cultivate a governance culture that is grounded in transparency, inclusivity, and a steadfast protection of the fundamental freedoms that are essential for excellence in teaching, learning, and research.

In terms of inspirational motivation, leaders who inspire and motivate their teams play a critical role in shaping governance practices that are more transparent, inclusive of diverse stakeholders, and supportive of academic freedom. According to Santos and Garcia (2020), these transformational leaders are able to articulate a compelling and aspirational vision for the institution, communicate high expectations that challenge faculty, staff, and other stakeholders to excel, and provide a sense of meaning and purpose to their work. This inspirational leadership style fosters a shared commitment, sense of empowerment, and collective ownership among the educational community.

In turn, this cultivates governance structures and processes that prioritize open and frequent communication, the inclusive participation and representation of diverse voices, and the steadfast protection of the academic freedoms that are essential for driving innovation and excellence in teaching, learning, and research (Maron et al., 2019; Kentab, 2018). Leaders who are skilled at inspiring and motivating others are uniquely positioned to shape governance policies and practices that better serve the evolving needs, aspirations, and priorities of the healthcare education institution and its key stakeholders (Catanzano et al., 2021).

In terms of intellectual stimulation, leaders who encourage innovation and foster an environment of intellectual curiosity among their teams tend to promote governance practices that strike a balance between upholding necessary laws and regulations, while also maintaining transparency and protecting the fundamental rights and autonomy of key stakeholders. Such transformational leaders recognize the immense value of critical thinking, challenging the status quo, and exploring novel ideas, as explored in the studies by Nimble Leadership (2019) and Mokat et al. (2022).

By stimulating the intellectual capacity of their faculty and staff, these leaders are able to cultivate governance structures that are adaptable, responsive to the evolving needs and priorities of the institution, and respectful of the academic freedom that is essential for driving groundbreaking teaching, learning, and research, as highlighted by Whittaker and Montgomery (2022) and Casper (2018). This balanced approach allows the institution to remain compliant with relevant laws and policies, while also empowering the broader educational community to contribute meaningfully to the decision-making process. In doing so, it preserves the autonomy that is necessary for sparking innovation and achieving excellence in the healthcare education context.

In promoting an intellectually stimulating environment and governance practices that are both accountable and forward-thinking, these transformational leaders are able to foster a culture of creativity, collaboration, and adaptability within the institution, enabling it to navigate complex challenges and seize emerging opportunities in service of its mission and the evolving needs of students, faculty, and the wider community (The

Transformation-Ready Higher Education Institution, 2023).

The findings underscore the importance of strong leadership in shaping effective governance in healthcare education. Educational institutions and policymakers can leverage these insights to prioritize leadership development initiatives that enhance governance practices (Kennedy et al., 2020). Leaders who embody transformational qualities like idealized influence, inspirational motivation, and intellectual stimulation, are more likely to foster governance structures and processes that serve the broader interests of the academic community, ensure accountability and transparency, and preserve the essential academic freedoms that enable healthcare education to thrive.

**Table 6**

*Relationship between Management in Healthcare Education and Governance in Education*

Communicating School Goals	rho-value	p-value	Interpretation
Laws and Regulation	.493**	0.000	Highly Significant
Transparency and disclosure	.572**	0.000	Highly Significant
The rights of all stakeholders	.558**	0.000	Highly Significant
The principle of academic freedom	.538**	0.000	Highly Significant
<b>Promoting Professional Development</b>			
Laws and Regulation	.344**	0.000	Highly Significant
Transparency and disclosure	.463**	0.000	Highly Significant
The rights of all stakeholders	.400**	0.000	Highly Significant
The principle of academic freedom	.435**	0.000	Highly Significant
<b>Supervision of Instruction</b>			
Laws and Regulation	.424**	0.000	Highly Significant
Transparency and disclosure	.559**	0.000	Highly Significant
The rights of all stakeholders	.546**	0.000	Highly Significant
The principle of academic freedom	.541**	0.000	Highly Significant

*Legend: Significant at p-value < 0.01*

Table 6 displays the association between management in healthcare education and governance in education. It was observed that the computed rho-values indicates a moderate direct correlation and the resulted p-values were all less than the alpha level. This means that significant relationship exists and shows that the better the assessment on management, the better is the assessment on governance education. This indicates a strong, statistically significant positive correlation between management practices (communicating school goals, promoting professional development, supervision of instruction) and governance aspects (laws and regulation, transparency and disclosure, the rights of all stakeholders, the principle of academic freedom) in healthcare education.

This suggests that the quality of governance in education is profoundly influenced by the management standards and practices employed in the healthcare education context. Effective management techniques and strategies implemented within healthcare education settings can have a highly favorable and far-reaching impact on the overall quality, resilience, and responsiveness of governance structures and processes across the broader education landscape. As elaborated by Shao-ning (2019), the implementation of rigorous management practices focused on key areas such as performance measurement, financial oversight, and human resource development appears to translate into more transparent, accountable, and stakeholder-inclusive governance frameworks within educational institutions. This is further corroborated by Mythili (2019), who argued that the adoption of effective management practices in healthcare education can significantly enhance the strength, adaptability, and sustainability of the governance structures that underpin these learning environments.

In essence, the quality of governance in education is intrinsically linked to the management standards and competencies cultivated within the healthcare education sector (Nabaho et al., 2020). Stronger management practices drive more robust, responsive, and stakeholder-centric governance, ultimately better positioning educational institutions to fulfill their core mission and serve the evolving needs of students, faculty, and the wider community. The governance standards and practices observed in healthcare education settings are closely tied to the management techniques and strategies employed by institutional leaders and administrators. Effective

management that prioritizes key areas such as rigorous performance measurement systems, robust financial oversight and control mechanisms, and strategic human resource development initiatives appears to translate into more transparent, accountable, and stakeholder-inclusive governance structures (Martini et al., 2020).

Institutional leaders who are able to implement management practices that rigorously track and evaluate organizational performance, exercise prudent financial management and stewardship, and cultivate a talented and engaged workforce, tend to foster governance frameworks that are better equipped to uphold laws and regulations, maintain high levels of transparency, protect the rights and autonomy of key stakeholders, and responsively address the evolving needs of the academic community (Bhutoria & Aljabri, 2022; Temprosa, 2021). The synergistic relationship between effective management and responsive governance is critical for ensuring that healthcare education institutions are able to fulfill their core mission and serve the best interests of students, faculty, and the wider community. Conversely, deficiencies or weaknesses in management are likely to undermine the strength and responsiveness of the overall governance framework (Marwein et al., 2019). Hence, cultivating rigorous, forward-thinking management practices has the potential to drive meaningful improvements in the governance outcomes, ensuring greater adherence to laws and regulations, higher levels of transparency, stronger protections for stakeholder rights, and a more robust commitment to preserving academic freedom and autonomy (Audretsch et al., 2023).

Transformational leadership qualities and effective management practices play a vital role in shaping the governance of healthcare education institutions. Transformational leaders who embody idealized influence, inspirational motivation, and intellectual stimulation are able to cultivate governance structures that are more transparent, inclusive, and supportive of academic freedom (Effendi & Maunah, 2021). Similarly, the implementation of rigorous management techniques focused on performance measurement, financial oversight, and human resource development can translate into more accountable, stakeholder-responsive, and adaptable governance frameworks. Hence, the synergy between transformational leadership and effective management serves to strengthen the overall governance of healthcare education institutions, ensuring they are better equipped to fulfill their mission and serve the evolving needs of the academic community (Vieweg et al., 2020). Ultimately, the findings highlight the importance of investing in leadership development and management capacity building initiatives to drive meaningful improvements in the governance of healthcare education.

While the findings suggest a correlation between management practices and governance in healthcare education, this relationship may not be as straightforward or unidirectional as presented. It is possible that the observed positive association could be influenced by other confounding factors or third variables not accounted for in the analysis (Bloom et al., 2020). Additionally, the causal mechanisms underlying this relationship remain unclear - it is equally plausible that strong governance structures could enable more effective management practices, rather than the other way around. Further research is needed to tease apart the complex interplay between leadership, management, and governance in the healthcare education context.

#### **4. Conclusion and recommendations**

All items in leadership in terms of idealized influence and inspirational motivation were rated as strongly agree while some items under intellectual stimulation were rated as agree. Management in healthcare education in terms of communicating school goals, promoting professional development, and supervision of instruction were consistently rated as always being done. All indicators in governance in healthcare education were rated as highly evident except from one item under “the rights of stakeholders” (The university follows the method of dialogue in reaching decisions through the concerned committees and the beneficiaries) which was rated as evident. There is a highly significant relationship between leadership, management, and governance in healthcare education.

Healthcare educational institution administrators may include topics on leadership, management and governance in healthcare education to ensure graduates possess necessary skills to ensure smooth transition

when current leaders retire. Administrators through the Human Resource Office may gather feedback from educators to identify which areas need improvement in terms of encouraging critical thinking and innovation to propose intervention based on their needs. The university management may provide continued professional training and resources to administrators to further improve their managerial skills. Colleges concerned may implement frequent evaluation and assessment of the level of stakeholder involvement and satisfaction with the decision-making to determine areas for improvement. The school academic committee may conduct regular meetings between leaders and faculty to check on the progress on how school goals are integrated in the curriculum and use different channels of communication such as emails, and social media to reach out to faculty and staff. Colleges may develop courses or modules to further strengthen the relationship between leadership, management, and governance in healthcare education and devise activities to promote practical application of concepts learned. The proposed management plan may be presented to healthcare courses for further deliberation and evaluation for possible implementation. Future researchers may use different variables or respondents to expand on the findings of the present study.

## 5. References

- Algahtani, H., Shirah, B., Alshawwa, L., Tekian, A., & Norcini, J J. (2020, July 31). Factors to be considered in designing a faculty development program for medical education: local experience from the Western region of Saudi Arabia. *Yeungnam University College of Medicine*, 37(3), 210-216. <https://doi.org/10.12701/yujm.2020.00115>
- Alloubani, A., Akhu-Zaheya, L., Abdelhafiz, I M., & Almatari, M. (2019, July 8). Leadership styles' influence on the quality of nursing care. *Emerald Publishing Limited*, 32(6), 1022-1033. <https://doi.org/10.1108/ijhcqa-06-2018-0138>
- Alshaerb, I. M. A., Al-Hila, A. A., Al Shobaki, M. J., & Abu Naser, S. S. (2017). Governance of public universities and their role in promoting partnership with non-governmental institutions. *International Journal of Engineering and Information Systems (IJEAIS)*, 1(9), 214-238.
- Appiah, S. (2020). Quality of nursing education programme in the Philippines: faculty members perspectives. *BMC nursing*, 19(1), 1-7.
- Arnold, L., Cuddy, P G., Hathaway, S., Quaintance, J., & Kanter, S L. (2019, November 15). Medical Leaders Identify Personal Characteristics and Experiences that Contribute to Leadership Success in Medicine. *Association for Medical Education in Europe*, 8, 206-206. <https://doi.org/10.15694/mep.2019.000206.1>
- Asian Development Bank. (2012). Administration and governance of higher education in Asia: Patterns and implications. Manila: Asian Development Bank.
- Audretsch, D B., Fisch, C., Franzoni, C., Momtaz, P P., & Vismara, S. (2023, January 1). Academic Freedom and Innovation: A Research Note. Cornell University. <https://doi.org/10.48550/arxiv.2303.06097>
- Aufegger, L., Alabi, M., Darzi, A., & Bicknell, C. (2020, May 13). Sharing leadership: current attitudes, barriers and needs of clinical and non-clinical managers in UK's integrated care system. *BMJ*, 4(3), 128-134. <https://doi.org/10.1136/leader-2020-000228>
- Bharwani, A., Kline, T J B., & Patterson, M B. (2019, July 21). Perceptions of effective leadership in a medical school context. *Canadian Medical Education Journal*, 10(3), e101-106. <https://doi.org/10.36834/cmej.53370>
- Bhutoria, A., & Aljabri, N. (2022, December 19). Managerial practices and school efficiency: a data envelopment analysis across OECD and MENA countries using TIMSS 2019 data. *Springer Nature*, 10(1). <https://doi.org/10.1186/s40536-022-00147-3>
- Bloom, N., Lemos, R., Sadun, R., & Reenen, J V. (2020, June 1). Healthy Business? Managerial Education and Management in Health Care. *The MIT Press*, 102(3), 506-517. [https://doi.org/10.1162/rest\\_a\\_00847](https://doi.org/10.1162/rest_a_00847)
- Boniol, M., Kunjumen, T., Nair, T. S., Siyam, A., Campbell, J., & Diallo, K. (2022). The global health workforce stock and distribution in 2020 and 2030: a threat to equity and 'universal' health coverage?. *BMJ Global Health*, 7(6), e009316.
- Brennan, J., Deer, F., Trilokekar, R D., Findlay, L., Foster, K., Laforest, G., Wheelahan, L., & Wrighth, J M.

- (2021, January 1). Investing in a better future: higher education and post-COVID Canada. Canadian Science Publishing, 6, 871-911. <https://doi.org/10.1139/facets-2021-0006>
- Brooks, (2022), Allied Health Professions Overview, ExplorerHealthCareers.org. Date Retrieved: Sept 11, 2022, <https://explorehealthcareers.org/>
- Casper, G. (2018, January 11). Governing for Creativity. Cambridge University Press, 26(S1), S85-S90. <https://doi.org/10.1017/s1062798717000564>
- Catanzano, T., Slanetz, P J., Schaefer, P W., Chetlen, A L., Naeger, D M., Mohammed, T., Agarwal, V., & Mullins, M E. (2021, July 1). Vice Chair for Education: Twelve Roles to Provide a Framework for Success. Elsevier BV, 28(7), 1010-1017. <https://doi.org/10.1016/j.acra.2020.02.022>
- Dalanon, J., Gimena, A. J., Arreza, A. C., Jalbuna, J. A., Salinas, L., Tumamac, M., ... & Matsuka, Y. Organizational Dilemma: Dental Faculty Acquisition In The Philippines.
- Daniëls, E., Hondeghem, A., & Dochy, F. (2019, June 1). A review on leadership and leadership development in educational settings. Elsevier BV, 27, 110-125. <https://doi.org/10.1016/j.edurev.2019.02.003>
- Dehnavieh, R., Hosseini, S., Hekmat, S N., Mehroolhassani, M H., Pourdanghan, N., Haghdoost, A A., & Kalantari, A R. (2020, January 1). Challenges of Medical Education Development Centers: A Content Analysis of Authorities' Views. , 16(1). <https://doi.org/10.5812/sdme.85677>
- Effendi, M., & Maunah, B. (2021, December 2). Dimensions of Transformational Leadership Headmaster. STAIN Ponorogo, 19(2), 237-251. <https://doi.org/10.21154/cendekia.v19i2.3096>
- Gibbs, V., & Griffiths, M. (2021). AHP leadership in academia: opportunities, challenges and current positioning. Studies in Higher Education, 46(11), 2216-2229.
- Goodermote, C. (2020, January 1). Leadership core competencies for higher education facilities managers. , 4(1), 1-8. <https://doi.org/10.22361/2474-6630-4.1.1>
- Hains, K D., Rios, M., Hains, B J., Koundinya, V., Abrams, C., & Stanard, V. (2021, February 18). An exploration of community development higher education in the United States: A programmatic study. Routledge, 52(4), 425-439. <https://doi.org/10.1080/15575330.2021.1874457>
- Hinkin, T. R., & Tracey, J. B. (1999). The relevance of charisma for transformational leadership in stable organizations. Journal of organizational change management.
- Hollingsworth, S. (2019, October 24). Place-Based Community Engagement in Higher Education: A Strategy to Transform Universities and Communities. University of North Carolina at Greensboro, 10(2), 237-239. <http://libjournal.uncg.edu/prt/article/view/1935>
- Jaymalin (2022), Philippines suffering from shortage of nursing educators, The Philippine Star. Date retrieved: November 2, 2022 <https://www.philstar.com/headlines>
- Jeong, D W., & Luschei, T F. (2018, September 1). Are teachers losing control of the classroom? Global changes in school governance and teacher responsibilities, 2000–2015. Elsevier BV, 62, 289-301. <https://doi.org/10.1016/j.ijedudev.2018.07.004>
- Jooste, K., Frantz, J., & Waggie, F. (2018). Challenges of academic healthcare leaders in a higher education context in South Africa. Educational Management Administration & Leadership, 46(4), 692-708.
- Kennedy, D R., Harrell, T K., Lodise, N M., Mattingly, T J., Norenberg, J P., Ragucci, K R., Ranelli, P L., & Stewart, A. (2020, July 1). Current Status and Best Practices of Shared Governance in US Pharmacy Programs. Elsevier BV, 84(7), ajpe7281-ajpe7281. <https://doi.org/10.5688/ajpe7281>
- Kent State University, (2022). What is Allied Health?, Date Retrieved: Sept 11, 2022 <https://www.kent.edu/publichealth>
- Kentab, M Y. (2018, January 1). The Applicability of Governance at King Saud University in Riyadh. Horizon Research Publishing, 6(1), 25-41. <https://doi.org/10.13189/ujer.2018.060103>
- Khan, R., Aziz, A., & Siddiqui, N A. (2022, March 7). Clinicians as Leaders: Impact and Challenges. Professional Medical Publications, 38(4). <https://doi.org/10.12669/pjms.38.4.4918>
- Kiriri, P. (2022, April 1). Management of Performance in Higher Education Institutions: The Application of the Balanced Scorecard (BSC). , 5(1), 141-154. <https://doi.org/10.26417/158crg70k>
- Kumar, B., Swee, M L., & Suneja, M. (2019, November 21). The ecology of program director leadership: power relationships and characteristics of effective program directors. BioMed Central, 19(1).

- <https://doi.org/10.1186/s12909-019-1869-3>
- Kumar, B., Swee, M L., & Suneja, M. (2020, June 2). Leadership training programs in graduate medical education: a systematic review. *BioMed Central*, 20(1). <https://doi.org/10.1186/s12909-020-02089-2>
- Low, S., Butler-Henderson, K., Nash, R., & Abrams, K. (2019, September 26). Leadership development in health information management (HIM): literature review. *Emerald Publishing Limited*, 32(4), 569-583. <https://doi.org/10.1108/lhs-11-2018-0057>
- Mano, M S., Çitaku, F., Zillioux, D., & Waldrop, M. (2018, December 1). Leadership Competencies in Medical Education: The Importance of Cross-Cultural Validation. *American Society of Clinical Oncology*, 1-4. <https://doi.org/10.1200/jgo.18.00162>
- Maron, N., Kennison, R., Bracke, P J., Hall, N., Gilman, I., Malenfant, K., Roh, C., & Shorish, Y. (2019, January 1). Open and Equitable Scholarly Communications: Creating a More Inclusive Future. <https://doi.org/10.5860/acrl.1>
- Martini, R., Sari, K R., Wardhani, R S., & Choiruddin, C. (2020, January 1). Good University Governance and Its Implication on Managerial Performance. <https://doi.org/10.2991/assehr.k.200813.034>
- Marwein, M B., Simon, P S., & Rao, S. (2019, January 30). Critical Role of Governance in Educational Institutions. , VI(1(8)), 76-76. [https://doi.org/10.18843/ijms/v6i1\(8\)/12](https://doi.org/10.18843/ijms/v6i1(8)/12)
- Mero-Jaffe, I., & Altarac, H. (2020, July 27). A Professional Development Model for School Leadership. *Taylor & Francis*, 21(3), 483-500. <https://doi.org/10.1080/15700763.2020.1777436>
- Mokat, J., Sendouw, R H E., Mantiri, J., & Rantung, M. (2022, January 1). Decision-Making of Women Leaders in Government Organizations. *EDP Sciences*, 149, 03008-03008. <https://doi.org/10.1051/shsconf/202214903008>
- Mythili, N. (2019, June 1). Governance and Leadership for Achieving Higher Quality in School Education: A Study of Sikkim. *SAGE Publishing*, 65(2), 298-324. <https://doi.org/10.1177/0019556119844585>
- Nabaho, L., Turyasingura, W., Kiiza, A K., Andama, F A., & Beinebyabo, A. (2020, September 16). Quality Assurance of Higher Education Governance and Management: An Exploration of the Minimum Imperative for the Envisioned African Common Higher Education Space. *Laureate Education*, 10(2). <https://doi.org/10.18870/hlrc.v10i2.1183>
- Nimble Leadership. (2019, July 1). <https://hbr.org/2019/07/nimble-leadership>
- Santos, K E S., & Garcia, M C. (2020, January 1). Perceptions of Neust Instructors, Deans and Directors toward Leadership Capabilities. , 4(1), 162-165. <https://doi.org/10.22161/ijels.51.32>
- Şenol, H. (2020, March 18). Professional Development of Educational Leaders. *IntechOpen*. <https://doi.org/10.5772/intechopen.89260>
- Shao-ning, Q. (2019, January 1). Exploration and Research on Educational Governance in Higher Vocational Colleges. <https://doi.org/10.2991/erss-18.2019.59>
- Siedlecki, S. L. (2020). Case study research design in nursing. *Clinical Nurse Specialist*, 34(6), 250-256.
- Taghavinia, M., Maleki, M R., & Arabshahi, S K S. (2021, January 1). Educational leadership in education development centers: A qualitative study. *Medknow*, 10(1), 46-46. [https://doi.org/10.4103/jehp.jehp\\_733\\_20](https://doi.org/10.4103/jehp.jehp_733_20)
- Temprosa, M A M. (2021, December 15). Strategic Priorities, Management Competencies, and Performance of the Divisions of Schools in Negros Island, Philippines. , 4(4), 82-90. <https://doi.org/10.52006/main.v4i4.443>
- The Transformation-Ready Higher Education Institution. (2023, January 1). <https://www.huronconsultinggroup.com/insights/transformation-ready-higher-education-institution>
- Torrevillas, A. (2019). School based management (sbm) as correlates to academic performance of secondary schools in quezon city. *Luz y Saber*, 13(4), 1-1.
- Tosh, K., & Doss, C. J. (2019). Perceptions of School Leadership: Implications for Principal Effectiveness. *Data Note: Insights from the American Educator Panels*. Research Report. RR-2575/5-BMGF. RAND Corporation.
- Urick, A., & Bowers, A. J. (2019). Assessing international teacher and principal perceptions of instructional leadership: A multilevel factor analysis of TALIS 2008. *Leadership and Policy in Schools*, 18(3),

249-269.

- Van Diggele, C., Burgess, A., Roberts, C., & Mellis, C. (2020). Leadership in healthcare education. *BMC Medical Education*, 20(2), 1-6.
- Velthuis, F., Dekker, H., Coppoolse, R., Helmich, E., & Jaarsma, D. (2021, March 1). Educators' experiences with governance in curriculum change processes; a qualitative study using rich pictures. *Springer Science+Business Media*, 26(3), 1027-1043. <https://doi.org/10.1007/s10459-021-10034-1>
- Vieweg, J., Sainfort, F., Jacko, J A., & Wales, P S. (2020, February 28). Management Principles to Drive the Creation of a 21st Century Medical School. , 1(1). <https://doi.org/10.36518/2689-0216.1019>
- Wan, C D. (2022, October 31). Academic Freedom in Malaysian Public Universities. *University of Science Malaysia*, 40(2), 1-19. <https://doi.org/10.21315/km2022.40.2.1>
- Whittaker, J A., & Montgomery, B L. (2022, March 30). Advancing a cultural change agenda in higher education: issues and values related to reimagining academic leadership. *Springer Nature*, 3(1). <https://doi.org/10.1007/s43621-022-00079-6>
- Zippia, (2022). Allied health instructor demographics and statistics in the US. Date Retrieved: Sept 27, 2022

