Integration Of Leadership And Management In Health Profession Programs As Viewed By Faculty Members In A Private Higher Education Institution

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Abstract: Leadership and Management are crucial assets to any successful and progressive organization. However, developing these skills remains to be challenging in a rapidly changing world in the field of health professions. This qualitative research focused mainly on the views of the faculty members in health profession programs on the integration of leadership and management in the curriculum in a selected higher education institution in Caloocan City from November 2019 to February 2020. There were 68 participants in the study consisted of faculty members and college deans of the different health profession programs in the locale of the study. A semi-structured interview guide was used in data gathering. The interview of each of the participants lasted for 30 to 45 minutes. The entire interview was audio recorded, transcribed, and analyzed through the use of repertory grids. Significant statements from the field text were identified and clustered into categories from which the themes emerged. The findings revealed that the faculty members viewed knowledge on leadership and management is important to help prepare students to become future leaders and managers who has the (ADSSS) Ability to Inspire, has Decisiveness, Self-confidence, Self-direction, and Self-discipline. The teaching learning activities that were suggested by the participants were Content Focus, Problem Solving, and Reflection. The integration of leadership and management should be incorporated in multidisciplinary subjects/courses and in all levels. Curriculum Review, Needs Assessment, Training and Workshop, and Syllabus Preparation should first be undertaken before the integration of the leadership and management in health profession programs.

Keywords—leadership, management, health profession, higher education

1. INTRODUCTION

Leadership and management are crucial assets to any successful and progressive organization. However, developing these skills remains to be a challenge in a rapidly changing world in the field of health professions.

Leadership is a set of methods that creates organizations and defines what the future should like, align people with the vision and aspires them to make it happen despite the obstacles that they encounter in the workplace. Whereas management is a set of processes that keep a complicated system of people and technology to run smoothly. The most important aspect of management includes planning, budgeting, organizing, staffing, controlling, and problem solving (Hao, 2015).

In today's healthcare system, everybody is expected to deliver exceptional care as well as management service delivery, oversee budget and continuously achieve quality improvements. This applies not only for those who are interested on leadership and management but rather a requirement for all people in the health professions. Health profession programs need to devise curriculum that have the ability to meet the challenges of modern-day health delivery system and provide students with valuable skills for their career. 2

In most professions, people who demonstrate strong leadership skills are the ones who take on greater leadership responsibilities at progressive stages of their career (Rotenstein, 2018). It is because the leadership and management education are embedded in the curriculum predominantly in business management related courses.

Management and leadership skills are invaluable in a constantly evolving healthcare system. Having an effective leadership and management skills will empower the youth in molding a brighter future and enable them to become a globally competitive healthcare provider.

In order to face the challenges concerning leadership and management education in health professions, experts across the globe are calling for an increase in awareness and acquisition of knowledge of the students, for them to be fully equipped in their future careers.

In early years, there are already several studies that have proven the effectiveness of incorporating leadership and management education in health programs. One of these studies was published in Taiwan entitled "Medical Leadership: An Important and Required Competency for Medical Students". This paper concludes that integrating leadership training into longitudinal curricula should be done by using areas of training that overlap with existing curricular contents (Tsung-Ying, 2017).

Another study was done in United Kingdom stating although medical leadership and management (MLM) is increasingly being recognized as important to improving healthcare outcomes, little is understood about current training of medical students in MLM skills and behaviors in the UK (Richard, 2016).

Even in the early years such as in 1990's there was a strong preference for experiential learning and mentoring by leaders as methods of developing future leaders. This view is confirmed by other studies where administrative and leadership experiences in the context of participation as small group leaders in the classroom setting, administrative rotations, stimulated exercises and community projects contributed to the development of optimal leadership styles in medical students (Dobbie & Huffine, 1994).

In other health professions like pharmacy, leadership and management education has significant role as stated by Boyd, (2016). Likewise, in dental practice its importance its importance was supported by the study made by Roig, (2015). In Optometry, they recognize that leadership and management is essential in every doctor and provides guidance detailing management and leadership responsibilities (Court, 2018).

In one of the educational institutions in the Philippines, the integration of leadership and management skills in the curriculum in different health programs started in 1990. It was initially introduced in the B.S. Nursing program. Years later, the College of Pharmacy and the College of Medical Technology followed. Other health programs such as Medicine, Dentistry, Optometry, Physical Therapy and Psychology have not integrated 4 leadership and management skills in their curriculum. It should be noted, however, that such integration is required based on the policies, standards, and guidelines (PSGs) set by the Commission on Higher Education. These PSGs are stated in CHED Memorandum Order No. 18, Series of 2016, CHED Memorandum Order No. 3, Series of 2018, CHED Memorandum Order No. 15, Series of 2018, CHED Memorandum No. 55, Series of 2017, and CHED Memorandum No. 34, Series of 2017.

At present, orientation and discussion on issues related to the integration of leadership and management theories and principles in the curricula are not given much emphasis. As a result, a number of health professionals lack the capability to think and formulate immediate solutions whenever they encounter a crisis or a problem concerning the practice of their profession.

Being fully aware of the theories about running an organization would definitely uplift the quality of education and would free the school from any form of risk that could directly affect the entire school or hospital system. Hao and Yazdanifard (2015) cited that effective leadership can bring positive change that helps the organization to improve.

Rotensteins, et al (2018) cited that evidence suggests that leadership quality affects patients, healthcare system outcomes, and finances alike. Moreover, hospitals with higher rated management practices and more highly rated boards of directors have been shown to deliver higher quality care and have better clinical outcomes, including lower mortality. In other words, if a health profession curriculum is strongly supported by principles of leadership and management, great impact on the practices of future health professional would become more evident.

This idea inspired the researcher to conduct a study particularly on leadership and management. Specifically, this study determined how the faculty members in the different health profession programs view the integration of leadership and management education in the curriculum. It will bridge the gap and address the need of incorporating leadership and management education particularly in medicine, dentistry optometry, psychology and physical therapy curriculum in the private educational institution with the mission of sustaining leadership in health science professional programs which is not explicitly manifested in all curricula.

The findings of this study will benefit the members of the academe in the planning and implementation of leadership and management education in their curriculum. The full implementation of the program will ensure that the students will acquire knowledge and skills on leadership and management that they can use to provide high quality patient care and services as future healthcare providers. Likewise, the findings can also serve as a references for future researchers who are interested in conducting a similar study.

2. LITERATURE REVIEW

Definition of Leadership and Management

There are many definitions of leadership and management from various authors having different perspectives on what leadership and management is all about. Baker, E (2014) defines that management includes making an interpretation of systems into tasks. In public health, this progression involves the production of programs or projects intended to propel the way toward accomplishing the vision. The management additionally includes distinguishing and following explicit strategies that are indispensable components of program activities. The author also defines leadership as the process of persuasion or example by which an individual or team induces a group to act.

Hao (2015) defines that leadership similarly to the previous literature, which is a set of methods that creates organizations and characterizes the picture of future, adjust individuals to the vision and tries them to get it going in spite of the challenges that they experience in the work environment. Whereas, management is a set of processes that keep a complex type of people and technology to run orderly. The most important aspect of management includes planning, budgeting, organizing, staffing, controlling, and problem solving.

Wajdi (2017) asserted that there is a difference between management and leadership. Although, management and leadership share similarities in duties which consists of working with people and influencing others to attain goals. Management skills are used to conduct plan, build, and direct organizational systems to achieve missions and goals, while leadership skills are used to focus on a potential change by

establishing direction, aligning people, and motivating and inspiring. Leadership and management must go hand in hand. They are both different, but they are both linked and complementary. Separating management and leadership are the likely to cause more problems than it solves.

Next Generation (2018) affirmed that people often mistake that leadership and management are the same but in essence, they are different. The main difference between leadership and management is that leaders have followers, while managers have people who works for them. To become successful leaders and manager, both must be strong to get their team on board with working towards their vision of success. Leadership is about getting people to comprehend and believe in the vision you set for the company and to work harmoniously on achieving your goals, on the other hand, management is more about administering and ensuring day-to-day activities are happening as they should.

Leadership and management must go hand in hand. They are not the same, but they are both linked, necessary, and complementary to one another. Separating leadership and management within an organization is likely to cause more problems than to solve ones.

In Prime Practice (2020)'s site, the viewpoint of the dental profession, stated that a thriving and high-performance dental practice runs on effective leadership. In any case, the practice that's devoid this leadership will soon run into difficulties. It will lack both a clear direction and well-defined employee roles. Thus, frequently prompts staff working in silos, with little coordination towards accomplishing business goals. Stress will build as the practice struggles, and this regularly leads to a toxic working environment culture. Such an absence of leadership comes with real costs to the practice. It will likely have low staff retention rates and high recruitment and training costs. Patient care starts to suffer as your group bicker about who is liable for what. And find it almost impossible to deliver a consistent patient experience.

Leadership and management are two different ideas and needs both to drive an effective dental practice. Leadership is about providing the motivation the group needs to accomplish long-term vision. It's about setting a reasonable course, effectively discussing that direction with the group, and motivating the people to make it happen. Management, on the other hand, is about looking after the nuts and bolts of daily activities. It's about guaranteeing that the correct procedures and resources are in place to allowing the team to finish their tasks as effectively as possible.

However, Wali (2018) gave his viewpoint of leadership. Leadership has been considered as an activity, not a position and may even be fleeting in the moment interventions. Thus, leadership in dental education means mobilizing others to make progress on challenging moments. Dental profession needs to treat every single graduating and graduated dentist as a potential future leader. These skills are essential in a situation, where the very basis of terming dentistry as a profession is being questioned with calls to brand it as a business. Technical skills development is being focused on, but leadership training is sadly falling behind. Dental schools and curricula represent the best opportunity to begin training a future generation of dentists who will be well equipped to deal with these dynamic challenges, although leadership programs for dental students is emerging. It would be an inspiring beginning if at least the authorities involve with regulating dental professions in different countries respectively initiate a discussion at the very least, on the means of implementing leadership development programs in dental schools.

Integration of Leadership and Management Skills in Health Profession Programs

A considerable amount of literature has been published on leadership and management skills of health profession programs conducted by different authors.

According to Rotenstein et al. (2018), medicine involves leadership and almost all physician are taking significant responsibilities as leader throughout their career. However, doctors are neither taught in how to lead nor are typically rewarded for good leadership. Despite the fact that medical institutions have assigned leadership, a core medical competency, leadership abilities are seldom instructed and strengthened over the continuum of medical training, As more evidence shows that leadership skills and management practices positively influence both patient and health care, it is certain that leadership training should be officially integrated into medical curricula and residency training curricula.

In another study of Chen (2018), good medical leadership is the key to building high quality of health care but the teaching of leadership is not traditionally equaled to technical and academic competencies. Leaders in the medical profession needs to be reformed in health care in response to the challenges in the system and improvements in public health. There has been an increased drive for leadership education for doctors starting earlier and throughout their career. The author stated that being a doctor requires not only management leadership, but also competencies for communication and critical thinking and these attributes can be obtained through experience in teamwork. Medical students are expected to develop problem solving skills and other important skills of a leader to be able to render high quality of health care.

In a similar study made by Till et al. (2020), they describe that the medical leadership and management as the commitment of doctors in the authority and management of both individual patient care and of the departments, associations and frameworks in the work place. Across the countries, doctors are commonly acknowledged as the leaders of clinical groups, holding extreme responsibility for patient care. Be that as it may, the job of doctors as authoritative and

framework leaders inside social insurance where it shows significant variety. In this article, the author quickly investigates the historical background of leadership advancement for doctors, and afterward, taking a UK perspective on the improvements in undergrad instruction and postgraduate training, think about the challenges and difficulties for medical schools, teachers and doctors in actualizing these. The future of medical leadership and management development is promising although there is still lacking of evidence on the longer-term results and impact on patients of current interventions. It is clear, in any case, that the faculty should be skilled in holding viable formative discussions and organizing developmental encounters for those they instruct, and that initiative improvement must be coordinated longitudinally all through a doctor's vocation, with undergrad advancement being a basic stage for helping medical students perceive and comprehend their more extensive duty to the framework, just as the patient before them.

Likewise, Court (2018) recognizes that leadership and management is essential for every doctor, and provides guidance detailing management and leadership responsibilities. In optometry profession it was historically discussed mainly within the context of business and practice management, and as such has not engaged all clinicians. However, it is important for all committees to understand that in the face of national health system changes and increasing clinical responsibilities. Leadership skills are essential to enable them to deliver a safe and efficient service to patients. However, at present time there is no equivalent guidance and mandatory training within optometry.

Harvard College (2020) elaborated that global health care leaders must have expertise in leadership, health care finance and human resource management in order to keep excellence in service and patient care. With the support of Sunway University and Sunway Medical Centre, the Harvard Medical School Postgraduate Medical Education has developed Leadership in Medicine: Southeast Asia program to guarantee that rising health care leaders in Malaysia, Southeast Asia, Australia and the Pacific region have access the world's leading experts in safety, quality, complex organizational management and health leadership.

In other health professions like dentistry, Roig (2015) tested the hypothesis that leadership and management skills protect dental practices against the effects of an economic recession in a cross-sectional explanatory study. He concluded that dental practices applying leadership and management skills are related to attract and retain patients. As measured by an increased number of both initial consultation and continued of patient's patronage, thus, keep the economic crisis impact on revenue manageable.

Kalenderian (2010) in her study about the integration leadership into a practice management curriculum for third year dental students concluded that after the introduction of the course, a wide breadth of topics allowed the dental students to explore the difference between practice management and leadership. They also understand the challenges the dental professional and the individual dentist, researcher academician, faces as CEO of her or his practice in the department of the organization.

Morison (2013) explored the dental leader's perception of the current position of leadership in the dental profession and found out that the development of effective leaders was essential for all health care professions and was increasingly a key focus for the UK dental professions. Three (3) broad emergent teams were described and discussed in the study which included characteristics and behaviors of dental leaders, challenges for dental leaders and education and training for dental leadership.

Janke (2013) stated that other professions have explored the need for the student leadership development and have published work describing program initiatives concerning leadership attributes in students. Investigators from different health profession programs such as Dentistry, Medicine, and Physical Therapy have conducted surveys and interviews with students, academic administrators, faculty members. practitioners including the alumni to determine the need for teaching student leadership development and perceptions on the best approach on how to teach it. Engaging all stakeholders in generating their proposals for adding student leadership development to curricula, the survey showed that it is beneficial to all stakeholders including students to their development as healthcare providers in the future.

Janke (2016) did a follow up study for center advancement of pharmacy education (CAPE). It answered the call for an increased student leadership development (SLD) by identifying leadership as a desired curricular goal. Colleges and school of pharmacy are advised to identify the SLD competencies aligned with the vision and goals of the institution, and it should be integrated vertically and horizontally in the curricular program of pharmacy. The assessment plan should be aligned with the identified SLD competencies so that the students learning about leadership is evaluated. The study: recommended a positive environment for SLD to be cultivated within the school, including administrative backing and resources together with the support of the faculty for the integration of SLD in the curriculum.

Rasmussen (2018) stated that numerous studies have explored leadership competencies among health professions like nurses and doctors. However, limited attention has been given to Physio-therapy profession. To address this issue, a qualitative study was done to explore how leadership manifest between physiotherapist and patient interaction in primary health care. The study concluded that the findings could be used to empower physiotherapists in their clinical leadership and to give them confidence in taking on formal leadership roles thus becoming active participants in the improvement of health care.

In connection to the previous studies, Fernandes et al. (2018) emphasizes the significance of leadership and management in nursing profession. They stated that leadership role in nursing reflects the complexity and rapid changes which occur in healthcare services. The impacts of this catalyst of progress are significant for nurses' identity and professional development, as well as for evolving and innovating nursing practices. Nurse-managers may decide to distance or influence nurses; influence can be accomplished through not just a mix of authority and the board abilities yet in addition on the nurses-managers' evidence-based expertise and relational skills alongside a vision to support team unity in order to create a positive environment which encourages the nurses to be involved in high quality and innovative practices.

Willcocks (2011) stated that the development of leadership in health care has been seen as important in the past several years especially at the clinical level. There have been various specific initiatives focusing on the development of leadership for doctors, nurses, and other health care professions.

Mayers (2018) believes that through consideration of the leadership theory, it can improve one's understanding of how to develop leadership skills and find a unique leadership style. As a clinical psychologist, foundations of a leader is inherent. As a profession, clinical psychologists are fortunate to have the variety of skills and new ways to lead, to have an impact beyond clinical work. Everyone can be encouraged to develop their potential as leaders on a daily basis in a variety of ways.

In the Philippines, health profession programs like medicine, dentistry, optometry, physical therapy and psychology have their own individual policies, standards, and guidelines set by the Commission on Higher Education. Accordingly, leadership and management should be integrated in all the health profession programs and, in all courses, (CMO no. 18 series of 2016, CMO no. 3 series of 2018, CMO no. 15 series of 2018, CMO no. 55 series of 2017, and CMO no. 24 series of 2017).

According to Guinto (2012), despite advances in medicine and public health, there is a glaring inequity in the access to health care including the outcomes within and outside the Philippines. A major contributor is the risk management of human resources for health like doctors, nurses, and community health workers. It was stated that poor medical education partly causes the mismatched between competencies of health professional and the health need of the population. And to address the issue, they organize a three-day workshop which aimed to gain insights for current medical students about the current state of medical education and human resources for health in the Philippines. They also include in the discussion the existing and emerging health challenges locally and globally. The study was participated with forty-seven medical students from several medical school in the Philippines. After the session of interactive lectures, small group discussions and field visits the participants came up with three recommendation. One of them was the inclusion of leadership and management subject in the curriculum of medicine as part of medical education transformation. Likewise, the integration of leadership will help make successful healthcare providers in the future.

INSCOL (2015) emphasized that today, every healthcare system requires visionary and strong nursing leaders over every domain of the nursing discipline . To accomplish this, effective nurse leaders needs a strong foundation for both clinical and business viewpoints. Furthermore, the extent of nursing leadership and management is comprehensive and is required over all areas of nursing practice. Nurses aspiring to assume the role of nursing administrators, nurse managers or high scholarly positions can seek after a course with center around creating successful administration and the executive's aptitudes from a reputed organization.

Sonnino (2016) discussed that formal training in the multifaceted components of leadership is now acknowledged as desirable for health care leaders. Despite natural leadership instincts, some core leadership competencies must be officially taught or refined. Leadership development may start at an early profession stage. Despite the recognized need, the quantity of comprehensive leadership development opportunities is still limited. Leadership training programs in health care were begun principally as internal institutional curricula, with a limited scope, for the development of faculty or professionals. More comprehensive national leadership programs were developed in response to the needs of specific cohorts of individuals, such as programs for women, which are designed to increase the ranks of senior women leaders in the health sciences. As some programs reach their 20th year of existence, the results have shown that health care leadership training is best when it happens after some time, is thorough and interdisciplinary, and joins individual/institutional tasks permitting members prompt reasonable use of their recently gained skills.

Importance of Leadership and Management Skills

According to Rogers (2012), leadership in healthcare is essential to examine for some reasons. Health care leaders will definitely affect the lives of numerous individuals, as people depend on doctors and attendants during the absolute most crucial points in time in their lives.

Gillam (2013) stated that management and healthcare were about getting things done to improve the care of patients. Leadership skills help doctors become more actively involved in planning and delivery of health services and support roles in research education and health politics. Management competencies are crucially important to health professionals for ensuring that systems are in place to monitor and maintain the quality of care on leadership and management.

Warren (2010) elaborated further the importance of leadership to the provision of high-quality healthcare. The

author emphasized that leadership development should be an essential component of the education of all medical staff. Doctors must not only be strong academically and clinically but must begin early in their careers to develop a set of knowledge, skills and behaviors that will enable them to engage and lead in highly complex and rapidly changing environment.

Ackerly (2011) posits that in a rapidly changing world in the field of medicine, future physician-leaders need to excel in clinical healthcare enterprises. Most of them have become leaders by accident thus there is a need for active cultivation of future leaders. To address this need, several approaches targeting trainees at various stages of their careers, such as degree granting programs, residency and fellowship training including career and leadership development programs are necessary. Developing both clinical and management skill sets during graduate medical education holds the promise of engaging future leaders of healthcare at an early stage of their career.

Thompson (2012) regarded that staffing issues can emerge as a result of poor designation abilities or a failure by leaders to respond economic factors and patient demographics. Training dilemmas, meanwhile, can arise because of managers' confusion about what constitutes 'training' and what establishes 'education', and where responsibility of provision lies, with the outcome that they disregard these activities. Leaders who challenge financial budgets, consider new ways of better approaches for working and engage viably with the workforce can improve productivity and care, while the individuals who invest into proper learning will have an exceptionally trained workforce. The author clarifies how integration of leadership roles and management functions can lead to critical problem solving.

Francis (2013) noted that leadership and management skills are essential to ensure the provision of high quality of patient health care. Active participation of clinicians in such activities appear to be beneficial and have positive association with the over-all performance of doctor who have been appointed as hospital administrators.

Gopee (2017) stated that leadership and management are essential skills for all qualified care professionals, regardless of the position that they hold. These skills have relevance for everyday practice in delivering care today and also in leading and managing change and new ways of working for the care that is delivered tomorrow.

Lastly, great leadership training will help create leaders in the medical industry that would foster and develop the next generation of clinicians. Just like in any job, the one with the biggest influence on an individual will be their boss. When the boss is equipped with leadership skills and qualities that help you grow as both a person and a clinician, they will be a big help in developing the healthcare industry.

Finally, vocabulary learning should be the top priority for language teachers. Teachers are responsible for the improvement of their learners' vocabulary (Carranza et. al, 2015)

3. RESEARCH QUESTIONS

This study aimed to answer the central question "How do the participants in health profession program views the integration of leadership and management in the curriculum?"

It specifically sought to answer the following research questions:

1. What is the demographic profile of the participants, as to their age, sex, college where they belong, number of years in teaching and highest educational attainment?

2. What is the importance of the knowledge of leadership and management in the practice of the student's profession?

3. What are the teaching and learning activities where the students need to have the knowledge about leadership and management?

4. In what courses and level may the knowledge about leadership and management be integrated?

5. What are the steps needed to prepare for the implementation of the integration of leadership and management in the curriculum?

4. SCOPE AND LIMITATION

This study is a qualitative research focused mainly on the views of the faculty of the health profession programs towards the integration of leadership and management in the curriculum. The profile of the participants in the statement of the problem was only used as robofoto (profiling). The data were gathered through individual and in-depth interviews using an interview guide with a time allotment of 30-45 minutes for each participant.

The participants in the study were the faculty members and deans in different health programs from the Colleges of Medicine, Dentistry, Optometry, Physical Therapy and Arts and Sciences who have already earned their respective master's degrees and are currently teaching full-time or part-time with at least two (2) years of teaching experience regardless of vertical alignment and higher education institutions they are affiliated with. On the other hand, faculty members whose teaching experiences fell below two (2) years were excluded due to their bare knowledge and experience with respect to leadership and management. Moreover, issues concerning these are being given much emphasis in the graduate school program. Programs or colleges such as nursing, pharmacy, medical technology, information technology, and biology were excluded in this study because leadership and management are already integrated in their respective curricula.

This study was conducted in a private higher education institution in Caloocan City from November 2019 to February 2020. Data gathering, thematic analysis, and interpretation of data were done during this period.

5. RESEARCH METHODOLODY

This study determined how faculty members in different health profession programs view the integration of leadership and management skills in the curriculum in a private higher education institution in Caloocan City. Hence, the descriptive phenomenological qualitative method of research was used. The purpose of this research design is to uncover meaning of how human experience a phenomenon through the description of those experiences as they lived by individuals (Depoy & Gitln, 1998). This method has the capacity to provide the detailed and complex information regarding the view of the respondents about the integration of leadership and management skills through individual and in-depth interview using interior guide. Descriptive phenomenological research method is used to investigate various reactions or perceptions of a particular phenomenon (Fraenkel, 2015).

Sampling

The participants were chosen through purposive sampling technique which is consistent with this kind of qualitative research design. It involves the deliberate selection of individuals by the researcher based on pre-defined criteria (Depoy & Gitlin, 1998). The lists of the participants were identified through the help of the different deans from the different heath profession programs. Letters of request were sent to the deans stating the details of the research and the criteria for inclusion and exclusion for the expected participants of the study. A total of 68 participants composed of 63 faculty members and 5 deans/heads from the Colleges of Medicine, Dentistry, Optometry, Physical Therapy, and Department of Psychology were included in the study. They satisfactorily met the following criteria: actively teaching in different health care programs; part time; and had master's degree regardless of vertical alignment (MA/MS) at the time when the study was conducted. On the other hand, faculty members whose teaching experiences fall below two (2) years were excluded due to their bare knowledge and experience with regard to leadership and management. The primary participants for the in-depth interview in the study were the faculty members from the different colleges. The data that were gathered from them were verified through the interview conducted by the researcher with the deans/heads of the colleges during the triangulation process.

Instruments

The qualitative data in the study were gathered primarily through in-depth interview with the participants. The interview was conducted using a semi-structured interview guide to capture the view of the participants. The entire conduct of the interview was audio-recorded with the consent of the participants for the purpose of preserving the data for transcription and analysis.

The semi-structured interview guide includes the demographic profile participants like age, sex, college where they belong, number of years in teaching and highest educational attainment. The participants were asked to give their views or answers to the following questions.

a) What is the importance of the knowledge of leadership in the practice of the student's profession?

b) What are the teaching and learning activities where students need to have the knowledge about leadership and management?

c) In what courses and level may the knowledge about leadership and management be integrated?

d) What are the steps need to prepare for the implementation of the integration of leadership and management?

Data Collection

The list of health profession programs and participants were identified through website research, conversation, and referral from the deans of the selected colleges in a private higher education institution in Caloocan City. A letter of request was addressed to the research director of the institution which was endorsed by the Dean of MCU - School of Graduate Studies.

Five letters of request were sent to the deans of the different health profession programs. The letter explicitly informed them of the nature and purpose of the research, questions to be asked, and the data collection procedures to be followed. Follow-ups of the request were made until it was approved. After the approval of the request, the in- depth interview with the participants followed. Each interview was conducted in a private room conducive for the said activity. The interviews were scheduled according to the participants' availability or during their free time. The English language was used during each of the interview which lasted for about 30 to 45 minutes. In line with the existing Data Privacy Act, the names of the participants were not disclosed and codes were properly assigned. Audio recording was also done with the permission of the interviewees.

The interview focused on the core questions. However, follow-up questions were raised to further clarify the answers of the participants. All the interviews were audio- recorded and were transcribed into field texts prior to data analysis.

Participants were followed up for saturation of their responses during the data collection period from November 2019 to February 2020. They were requested again for another set of interviews to be able to know if there will be new insights or understanding that the researcher could possibly gather. According to Deploy in 1998, saturation refers to the state where participants can no longer provide new insights about the topic.

For the researcher to validate the accuracy of the information gathered from the faculty participants,

triangulation was done through in-depth interviews with the deans of the College of Medicine, Dentistry, Optometry, and Physical Therapy. The same set of core questions was used during the interview with the deans. Depoy and Gitlin (1998) define triangulation as the use of one or more strategies to collect information that bears on the same phenomenon to validate a particular finding.

Ethical Considerations

The involvement of all participants in the study was purely on a voluntary basis. Consent was secured from each of the participants declaring the nature and purpose of the study, procedures to be used, their voluntary participation, and their option for withdrawal from the study. Moreover, they were informed about the purpose of the study, the benefits of their participation, the procedures and methods to be used (the length of the interview and the use voice recorder) and their right to withdraw from the study. The possible risks and discomfort that might arise from their participation to this study were also explained. In compliance with existing Data Privacy Act, anonymity and confidentiality of all the information obtained from the participants were strictly followed. Lastly, codes were used instead of the real names of the participants during the voice recording and the discussion of the findings.

Data Analysis

Phenomenological research seeks to identify, understand, and describe some commonalities that human beings have in how they interpret similar experiences referred to us essence. It works through the study of multiple perception of a phenomenon and through the identification by the essential characteristics of this experience (Fraenkel & Wallen, 2006).

In-depth interviews were conducted with the participants using semi-structured guide questions. Characteristics of the participants were identified prior to the conduct of the interview. Participants were asked to answer the questions and encouraged to talk freely and tell their views on the integration of leadership and management in different health programs in the curriculum. During the interview, the researcher observed verbal and non-verbal responses and was focused on the insights narrated by the participants. Likewise, awareness to the biases and the prejudices to the topic was carefully maintained. The neutrality of conversation was sustained throughout the entire interview.

The primary subjects of data analysis of this study were the transcribed audio recordings of the participants referred to as field text. The researcher personally facilitated the transcription of audio recordings. The field text was based on the views of faculty members in the private higher education institution on the integration of leadership and management skills in health profession programs.

Repertory grids were used to lift the significant statements in the field text that appeared to be relevant and meaningful to the research question of the study. Significant statements were clustered into categories from which the themes evolved The researcher read the significant statements to capture the full grasp of the essence of the phenomenon.

The views of the faculty members on the integration of leadership and management skills in health profession programs in the private higher education institution were described in terms of their profile, the contents that were included, the teaching and learning activities that were utilized, the evaluation method that was applied, the preparation of faculty members for the integration of leadership and management skills in the curriculum, and the importance of the integration of leadership and management skills in the curriculum.

The current study utilized the critical friend technique where the researcher's adviser who was described by Great School Partnership (2014) as encouraging and supportive but who also provides honest and often candid feedback that may be uncomfortable or unpleasant to hear. He is also someone who agrees to speak truthfully but constructively, about the weaknesses, problems and emotional challenges of the research. The consistency of the transcribed information and the interpretation of the emerged themes were verified by the researcher's adviser.

A. Profile of the Participants

The study involved the five colleges in a private higher education institution in Caloocan City. A total of sixty-eight (68) respondents covering faculty member and deans participated in the study. There were twenty-nine (29) faculty members from the College of Medicine, twenty-one (21) from the College of Dentistry, five (5) from the College of Optometry, five (5) from the College of Physical Therapy and three (3) from the Psychology Department.

In terms of age, three (3) of the participants were less than 30; nine (9) were between 31 and 40; twenty-two (25) were between 41 and 50; twenty-six (28) were between 51 and 60; three (3) were between 61 and 70. 41% of the total population belongs to age 51 to 60. While the least of the population belongs to the extremes of ages.

As to the sex of the participants eighteen (18) were males and fifty (50) were females. In terms of highest educational attainment sixty-five (65) of them have Master's Degree and only three (3) have Doctorate Degree. The data suggested that majority of the faculty participants were female comprising of about 74% of the total population.

As to their years of teaching experience, fourteen (14) participants have been teaching for 2-5 years; eighteen (19) had 6-10 years; five (6) taught for 11-15 years; ten (10) had taught for 16-20 years; ten (11) for 21-25 years of teaching experience; four (5) had taught 26-30 years; and two (3) had 31-35 years of teaching experience. The data showed that 28% of the total participants has an experience of teaching of

6-10 years with the majority came from the College of Dentistry.

The participants in the study were collected unevenly from the five different health programs, consequently, speculation was considered with caution. Moreover, they originated from an assortment of scholarly backgrounds and have their own training in various settings and environment.

B. Importance of Knowledge of Leadership and Management in the Practice of Profession

- Preparing the Student as Future Leader and Manager

Based on the recorded feedbacks, it was found out that a number of participants have answered that knowledge on leadership and management is very important in the practice of medical profession. They pointed out that it could prepare them to become future leaders in the practice, health care system, community and clinic. They believe that being knowledgeable about management principles could be a guide to become future ideal administrator.

These findings are consistent with Warren (2010) and Ackerly (2011) study wherein they emphasized that in a rapidly changing world in the field of medicine, future physician leaders must excel not only in clinical health care enterprise but also in leadership and management, thus the need for active cultivation of future leaders is necessary at an early stage of their careers.

Leader in his/her Practice

As stated by Participant M14, "Doctors are likely to be leaders and managers in their own practice, as well as their physician-patient relationship."

Since they will be handling patients eventually, if they have the leadership instill in them, they will be easily followed by their clients. This was further elaborated by Participant M17, "Professional expertise and knowledge are clearly necessary in order to gain the trust and confidence of patients." Thus, it is a must that even in the four-corners of the clinic of a health care practitioner, leadership and management traits of the clinician is vital.

Clinicians are expected to be excellent not only in the quality of service they are providing. The chance of facing other challenges ahead is high. Challenges could be in the aspect of decision making in times of crisis. No clinic or health institution exists without experiencing some problems that require stability. Thus, strong leadership should be developed by the students during their school days since it is considered as one of the most essential parts of the over-all methods for the achievement of goals and objectives in rendering a quality health care.

According to West (2014), there is a clear evidence of the link between leadership and a range of important outcomes of health services and the overall quality of health care. The study suggested that there are a number of relatively well-identified practical strategies that can be taken to improve cultures of high quality, safe and compassionate patient care.

Leader of the Health Care System

For a healthcare system to work a good leadership is a must, especially in a third world country, thus with the integration of leadership and management in the curriculum an ideal proposal to develop a future health care provider can be developed. This is affirmed by Participant M7 stating that, "…Being a physician requires knowing how to lead people and manage the people. Cliché to say we are the captain of the ship. Without leadership we cannot mobilize people and resources efficiently. Health care system needs good leadership. This was validated by Participant M9 affirming that, "Leadership and management is important for the delivery of good health care services, since leaders will be able to communicate to others and motivate people to realize their plans and goals".

The health care administration has to provide a dynamic and responsive health care system with a workforce that can cope with frequent organizational change. To achieve this, there must be clinicians who can demonstrate leadership skills and act as role models at all levels of health care provision. Donnelly (2016) stated that achieving good leadership is more of a journey than a destination and is easy to recognize in action. Thus, training future leaders must start at the tertiary level so as to really prepare the students in their future professions and at the same time as future generation leaders.

Leader of the Community

Twelve of the participants claimed that the importance of knowledge of leadership and management is the development of future leader of the community. This was affirmed by different participants from different health profession programs. One of them was Participant M27, who narrated, "To prepare the students for their future career not only as physician but also as leader of the community." This was also supported by Participant O7 who shared the same importance, "We want to develop future professionals to have that leadership skills and knowledge because we want them to become leaders in their own communities." Lastly, Participant D18 mentioned that, "Yes, it is important. To be a successful dentist is having responsibility not only for ourselves but also in our community thus proper training in Leadership and Management is essential."

According to Ewens (2015), there is room in this world for more community leaders. The model of one leader at the top with everyone else at the bottom just doesn't work for communities including that in the health care system. One or two leaders cannot possibly solve all the complex problems that our communities face. With more community leaders, the health care community will do better. The more people become leaders, the more problems we will be solved. Community leaders in the health care community are needed

to think about and organize around many issues in the health care sector. Thus, by starting the training for the future leaders in school by integrating leadership and management in the curriculum will really do good in the improvement of the health care system in the country. It will also provide a great impact on the statistics of morbidity and mortality of the different diseases affecting Filipinos.

Manager in the Clinic

Another importance of knowledge on leadership and management is that students will be trained to manage their future clinics. There are 7 participants who said that managing the clinic is one of the benefits of knowledge on leadership and management. One of the 7 participants is O7 who said:

"The practice of Optometry profession is mainly interacting with patients as well as co-professionals. It is important to know leadership and management skills in order to adopt to actual workplace scenario and to be able to understand the leaders and managers they encounter in their workplace. Also, it will be important to provide basic knowledge to prepare them as well in becoming leaders and managers of their clinics."

Court (2018) recognizes that leadership and management is essential for every doctor to enable them to deliver a safe and efficient service to patient. The author presented a clinical leadership competency framework which includes managing self, managing people, and managing performance to address high quality health care service.

One more participant agreed that managing clinic can be developed through knowledge on leadership and management. Participant D17 said, "It is important for our profession that we manage our own dental clinic in a manner by which we will be able to sustain the trust given by our patient. Therefore, good management by proper leadership is important as a way of enticing patients."

That claim of the participant was supported during triangulation by Participant O8 which stated that "the practice of Optometry profession is mainly interacting with patients as well as co-professionals. It is important to know leadership and management skills to be able to adapt to the actual workplace and be able to understand the leaders/managers they encounter in their workplace. Also, it will be important to provide basic knowledge to prepare them as well when they become managers/leaders in their respective clinics."

This statement is affirmed by Hawkins (2015) that managers ensure that the available resources are well organized and applied to produce the best results. In the resource constrained and difficult environments of many low to middle- income countries, a manager must also be a leader to achieve optimum results.

Administrator

Healthcare administrator leads interdisciplinary teams to improve patient care and outcomes while improving workplace efficiency and maintaining accreditation. They coordinate and organize everything from compliance to financial planning. Thus, an effective administrator should have both competence and experience in leadership and management, and introducing this concept among students will surely help the future healthcare administrator. However, being a manager is a person in charge of a group or a team of people which is not necessarily a function of an administrator.

This was emphasized by Participant M22 stating that, "Leadership and Management are important to further improve our practice as clinicians both academically and administratively". Similarly, Participant M3 stressed that, "Doctors are also tasked to handle administrative positions hence knowledge of leadership and management is important". However, Dean Participant O8 highlighted the administrative function of leader in the clinic rather than in the hospital and school. According to her, "the practice of Optometry profession is mainly interacting with patients as well as co-professionals. It is important to know leadership and management skills in order to be able to adapt to the actual workplace and to be able to understand the leaders/managers they encounter in their workplace. Also, it will be important to provide knowledge to prepare them as well as when they become managers/leaders in their respective clinic."

Francis (2013) noted that leadership and management skills are essential to ensure the provision of high-quality patient health care. Active participation in such activities appears to be beneficial and has positive association with the overall performance of doctors who have been appointed as hospital administrators.

- Developing the Traits and Qualities of an Ideal Leader and Manager

A number of participants pointed out that being knowledgeable about leadership could enhance medical students' attributes or qualities as future leaders. Being equipped of these could develop future leaders' ability to inspire patient, self-confidence, decisiveness, being goal-oriented, and self-discipline.

Given the complex issues and problems the world is facing the only solution to these problems can only be possible if the next generation leader, who are obviously students, have idealistic leadership skills. These are practical and idealistic and inspired by ethics, morals, nature, environment, and humanity which may be developed by integrating leadership and management in the curriculum.

As stated by Participant M21, "Leadership and management is now a trend in the health profession and we need to be at far with the global standards." To emphasize the statement, Alisson (2014) stated that aligning leadership Curriculum with Competence Model would create

opportunities to standardize evaluation of outcomes leading to better measurement of student competency and better understanding of best practices of becoming a good leader in the future.

Ability to Inspire

Inspiring people nowadays is one of the priceless initiatives being highly- regarded in our community. In the academe, it is not important that an educator only does his work to earn a living. Moreover, his responsibility in the school does just end in imparting knowledge and skills to his students for them to become future professional. Ideally, students under his supervision should have been guided for them to explore something positive beyond the four corners of the classroom. As the learners actively get involved in the daily discussion focusing on content, they must also be motivated in reaching the height of success. They must be thoroughly inspired to finish their chosen courses by giving some extraordinary life stories or any form of motivating activities that could basically allow them to discover how they would face the academic challenges lying ahead.

Traditionally, those who get good ratings in a particular course are regarded as successful in terms of academics. In education, an educator inspires if he is able to let students realize that failures could be part of success or achievement. An educator inspires if he still tries to manage giving emphasis on the importance of acquiring good values while learning the content. As a result, this would give enough time for the students to reflect on their experiences which would definitely guide them to become more productive future leaders. An educator is inspiring if he explains that in reality, receiving a low or high rating does not represent the wholeness of an individual. This quality of being an inspiring educator could be further enhanced by acquiring principles of leadership and management.

In a hospital setting, a particular heath professional inspires if he focuses not only on giving his patient an accurate medical prescription for their suffering but offering a personal advice leads to become hopeful in life as well. A physician who has the leadership and management background certainly knows how to deal with this hopeless people. As Rotenstein et al. (2018) mentioned, evidence suggests that leadership quality affects patients, healthcare system outcomes, and finances alike. Moreover, hospitals with higher rated management practices and more highly rated boards of directors have been shown to deliver higher quality care and have better clinical outcomes, including lower mortality. Because of these, leadership and management theories must be incorporated to the curriculum of medicine and in other health-related programs.

An M.D. or any other job title does not make a leader Inspirational. Rather, it is the ability to drive people to reach great heights of performance and success and to demonstrate the qualities that the employees will follow by choice, passion, purpose, listening, and giving meaning to their role

(Handy, 2017). This is affirmed by Participant M2, "Leadership and Management integration in the curriculum is important because as a physician, we need to act as leader and be an example to our patient by being positive in any situation and by inspiring them."

While participant M12 stated that as a physician, "You must know how to stimulate and inspire people under your supervision so that you will be able to achieve your objectives, mission and vision and when it comes to management you must know how to apply the management style or techniques in order to carry out the plans", to become a good leader. The leader must have a positive outlook and certain charms to be able to communicate effectively the path and direction of an organization/company. This ability will persuade the people to achieve the common goal. For patient, this character of a clinician will create a strong doctor-patient-relationship that impacts to health care management and recovery.

Participant M30 stated that "We have to teach our students/ residents as early as possible and instill them the value of responsibility, ethics and good patient care and management." This statement showed the importance of inspiration. The young generation regarding good patient relationship and inspiring them to continue in providing a good health services so that the mission and vision of an organization will carry on.

Decisiveness

Ejimabo (2015) cited in his study that in organizational leadership and management operations, decision making has emerged as one of the most dynamic, ongoing, challenging, and active areas of leadership investigations. Leadership Decision Making (LDM) is an act of being accountable and responsible in the organizational matters and challenges by their leaders. It requires maturity, common sense, knowledge, skill, ability, energy, self-discipline, sense of direction, and motivation on the side of the leader. In organizational decision making, good leaders provide an encouraging atmosphere to perk up the performance and efficiency of the followers (Leiter & Maslach, 2002). The purpose of LDM is always to make matters, issues, or challenges in the organization right, efficient, goal oriented, justifiable, clear, transparent, trustworthy, credible, and accommodating for all that are involved in the organization to accept and be comfortable with in their place of work.

Decision making is a critical skill for effective management and leadership. Some people are just not suited to leadership roles because of their lack of ability to make decisions. Hence, Participant O5 emphasized that, "the integration in the curriculum of Leadership and Management will develop their self- confidence and firm decision-making skills."

Making effective decisions as a manager is a very significant challenge in a fast-moving world. Managers are expected to act under conditions of uncertainty or limited

information, which have a considerable impact at every stage of the decision-making process (Heath, 2014). Thus, starting early, the process of developing the decision-making skills will surely help students in acquiring this skill.

The knowledge on leadership and management operation could really help the future health professional become a good decision maker. In the actual setting, there are instances wherein medical professionals encounter a serious problem and sometimes this problem requires background on management operation to be fully settled. Hence, the inclusion of theories pertaining to this in the curriculum in medical and other health allied profession school programs is really necessary. A hospital administrator who possesses adequate background as to how the organization is properly controlled can think of immediate and appropriate solution to a problem.

Self-Confidence

Self-confidence is one's ability to judge his own social and personal standing with respect to his environment and be able to derive satisfaction out of it.

Before one can exert leadership, one needs to develop an appropriate amount of self-confidence. Self-confidence is necessary for leadership because it helps assure the members of the organization to boost morale that the situation in under control (Gardner, 2016). Through the integration in the curriculum of Leadership and Management one particular trait that may be enhanced is the self- confidence of future leaders. As pointed out by Participant M19, "Knowledge of leadership and Management in Medicine strengthens the confidence of the students in their endeavor. It prepares the medical students and medical practitioners with capability to lead."

Leaders have a key role as 'change agents' and role models. Change agents can be described as requiring seven skills to manage change effectively (Dale et al., 2015), one of these skills is self-confidence and tempered with humility.

According to Owens and Keller (2018) self-confidence is recognized as one of the most influential factors to affect performance. Individual, leader, and team confidence plays a vital role in achieving success and the absence of confidence has been connected with failure. Confidence is an important characteristic of the healthcare workforce.

Axelrod (2017) cited in his book that self-confidence has two aspects: general self-confidence, which is a stable personality trait that develops in early childhood, and specific self-confidence, which is a changing mental and emotional state associated with the specific task or situation at-hand. The author developed both types of self-confidence through automatic, mostly unconscious, internal dialogues whereby people make judgements about themselves based on their experiences and others' feedback. While both types of self-confidence profoundly affect their thoughts, emotions and behavior, their level of general self-confidence is important

primarily in new and unusual circumstances while specific self- confidence is pertinent to their every-day performance. High levels of both types are essential for effective leadership and enable the leader to influence his collaborators, or followers, to build task-specific self-confidences that can strengthen their job performance.

Self-confidence is fundamental for leaders to face challenges and achieve significant standards. Leaders who are self-confident tends to arrange promptly and straightforwardly with issues and conflicts, instead of dawdling, overlooking, or passing issues to other people (Chance and Chance 2002). Leadership includes impacting others and self-assurance permits the leader to feel guaranteed that their endeavors to impact are suitable and right.

In the above discussions, it is evident that the two concepts are inseparable. Knowledge on leadership directly affects improving one's self-confidence and vice- versa. In reality, there are leaders who are not that good in speaking or in governing but after having been exposed to productive experiences, they start to become confident not only in speaking but in conceptualizing and presenting proposals for the progress of the organization. The confidence of a leader is enhanced by attending leadership seminars/trainings that basically provide opportunity to improve knowledge on leadership and management. As pointed out by Participant M19, "Knowledge of leadership and Management in Medicine strengthens the confidence of the students in their endeavor. It prepares the medical students and medical practitioners with capability to lead."

Dao (2008) in his article said that self-confidence is the fundamental basis from which leadership grows. He emphasized that trying to teach leadership without first building confidence is like building a house on a foundation of sand. It may have a nice coat of paint, but it is ultimately shaky at best. While the leadership community has focused on passion, communication, and empowerment, they've ignored this most basic element and, in the process, they have planted these other components of leadership in a bed of quicksand. Dao added that at the end of the day, leadership is about having the confidence to make decision."

Self-Direction

Through management and leadership skills student can optimize habits, learning, execution, entertainment, and use of time. By doing this they become focused and more productive to achieve specific goals, thus making them goal oriented. As stated by Participant D3, "In any operation especially in an organization or institution it requires managing and leading skills in order to fulfill and achieve goals." Similarly, Participant D6 said that, "Knowledge of leadership and management in the practice of profession is important to improve the efficiency and achieve the goals as a professional dentist".

Learning how to set a goal and stick to it is one of the most important skills a student can learn. Throughout their lives, students will be in situations where they will have to set a goal and practice self-discipline. If students do not learn these skills at a young age, they may struggle throughout their education and professional career. By presenting students with a challenge, leadership training provides students an opportunity to use goal-oriented thinking. A simple leadership development course can translate into tangible, real-world success (Riggio, 2015).

Self-Discipline

Seven participants said that instilling discipline is one of the importance of leadership and management in the curriculum. One of the seven participants, Participant M14 mentioned that, "Of course so that students will become aware of their role once they become leaders and managers, this will instill discipline in them early in their lives. Without it, you cannot accomplish anything because how can you manage others if you haven't figured out how to manage yourself."

Leadership is all about discipline, and it is a daily activity that a leader is consistently doing every day. Discipline creates more power, flexibility, and control in every aspect of our lives or in other words, it creates freedom. Great leaders are known to have self-discipline and learn how to employ it to their followers.

According to Hmieleski and Baron (2018), the number-one trait needed to accomplish one's goals in life is to have discipline. Discipline is a learned behavior that not every student has. The ability for a student to be able to monitor and control his or her own behavior is a concept that many teachers would love their students to have, but unfortunately not all of them do. That is why with the integration of leadership and management in the curriculum discipline is one trait that can be developed among students.

C. Teaching and Learning Activities where Students Need to Acquire Knowledge about Leadership and Management

- Content Focus

Content focus are activities which involves student interaction with content which include listening to and/or watching a live or recorded talk, engaging with a written or visual text, engaging with multimedia, or a combination of these (Schuell, 2016). Furthermore, in content focus teaching methods, both the teacher and the learners have to fit into the content that is taught. Generally, this means the information and skills to be taught are regarded as very important. A lot of emphasis is laid on the clarity and careful analyses of content. Both the teacher and the learners cannot alter or become critical of anything to do with the content (Makokha & Ongwae, 2015). Typically, students are more likely to retain information presented in these ways if they were asked to interact with the material in some way, which is why it is useful to ask or invite questions, or include another activity

type after every 5 or 15-minute piece of information. Several participants show different strategic technique that will encompass the content focus. In the case of Participant D6, "I usually start with the objectives of the topic then encourage them to ask questions and later make a short discussion". While participant M19 uses, "Lecture, interactive activities, videos, demonstrations and blended learning and question and answer during meeting with the students". Same with participant M26, "Through lectures, slides and video presentations."

Overall, all majority of the participants in this study suggested that the above teaching-learning activities like video presentation and reporting using PowerPoint presentation are the methods needed by the students to acquire the knowledge about leadership and management.

The use of technology in teaching creates many amazing opportunities for schools and teachers to benefit from integrating some forms of technology in the classroom and to make teaching and learning more effective. It is true that this improves engagement, knowledge retention and encourages individual learning. Besides, technology can help develop many practical skills, including creating presentations, learning to differentiate reliable from unreliable sources on the Internet, maintaining proper online etiquette, and writing emails. These are very important skills that can be developed in the classroom particularly in discussing leadership and management theories.

As stated by Waddell (2015), technology is the key to numerous segments of the society and its integration into the education process for students learning. With technology, one can expect increased efficiency and effectiveness on both the part of teachers and students. With the widespread availability of student databases that are able to track individual progress, teachers are encouraged to identify learning objectives and differentiate instruction based on the needs of their students. Technology can also prompt pedagogical change and address issues that affect learning, teaching and social organization. Technology can therefore be seen as both a tool and a catalyst for change. Students should embrace technology for them to benefit and teachers should be open to introducing technology into the classroom to improve and innovate their teaching practice.

- Problem Solving

Presenting students with a problem, scenario, case, challenge or design issue, which they are then asked to resolve, address, meet, or deal with provides students with a visible and clear reason for learning. If, in order to solve the problem, they are required to have knowledge, understandings and skills, that they don't currently have, they are likely to be motivated to gain them. The scale and extent of the problem, and the amount of scaffolding provided by you, the teacher, will need careful consideration and reference to the learning outcomes of the unit, module and/or session.

After a careful scrutiny of the responses the goal of having problem solving activity is to be able to hone the creative part of every student in finding solution. It was found out that based on their experiences; problem solving strategy seems to be the effective one. The participants noted the importance of assessing how to solve the problem and not just the outcome according to Participant M21 "Giving them problems and hearing their solution would be the best teaching strategies for the students". According to Participant D2 "Giving different cases for them to apply in their practice and using their critical thinking in assessing or solving a problem." Important also to hone their creativity. Likewise, participant M8, mentioned that "Problem solving as one of the effective teaching-learning strategies."

Lastly participant O5 stated that "problem-based learning, outcome-based learning and case-based learning seem to be effective way of teaching leadership and management among students".

Clyne (2015) in his paper about leadership in undergraduate medical education enumerated the different teaching methods focusing on problem solving which includes small group discussion, case study, simulation, and research activities, with these activities it is not only the interaction between learners and teachers that we focus on but instead the logical and abstract thinking and creativity of once student to achieve a unique solution to certain problem will be developed. They want the students to develop their problem-solving skills so that they will be able to handle difficult challenges or unexpected situations in the workplace in the future. It is also useful in other areas of their personal lives like building relationship and making a decision.

- Reflection

According to Bourner (2015), reflection is an activity that supports the development of students' meta-cognition, that is, their understanding of how they think, learn, and understand. The process of reflection starts with the student thinking about what they already know and have experienced in relation to the topic being explored/learnt. This is followed by analysis of why the student thinks about the topic in the way they do, and what assumptions, attitudes and beliefs they have about, and bring to learning about the topic. These activities include reflection paper/insight, real life situation and role playing. This is an important teaching and learning activity in the integration of leadership and management in this activity will be important for the educators since it serves as assessment on student emerging patterns and heads in the student reflection thinking that course objective. the curriculum, which will help in developing the leadership skills of the students. These are being used by participants M7 and D14. Participants M7 narrated that "I asked my students to read the book and reflect based on what they have read". While participant D14 said that "I suggested small group discussion, group playing, shadowing, video or film showing and reflective thinking that course objective.

Obviously, several teaching and learning reflection activities are being suggested by the above participants for the students to be able to deepen their knowledge and skills on leadership and management. This is supported by the fact that in order to help with the process of critical thinking, reflective thinking is thought to enhance this process.

San and Chee (2010) in their study cited that an important role played by reflective thinking is to act as a means to prompt the thinker during complex problem solving situations because it provides students an opportunity to step back and think about how they actually solve problems and to use the best set of strategies to achieve their goals. Through reflection, as one of the teaching strategies, is a good way of developing students to become a good leader/manager in the future.

On the other hand, participant M1 stated that "Real-life situations like medical missions, health-related problems and policies for me I think one of the effective teaching and learning activities for the students to acquire knowledge about leadership and management". These are being supported by the participants O3, who narrated that "Real-task assignment like encouraging my students to join the extra-curricular activities in the school here they will be assigned to do a particular task to perform their expected role". Then participant D3 stated that "The myriad of the activities that can be provided to students, one of those is exposure to case studies; there are real situations that beacon for tangible and feasible actions". Lastly participant T2 stated that "Subjecting the students to immersion or training in the real work or field I think is effective for the acquisition of knowledge about leadership and management".

To summarize, the above last four (4) participants preferred their respective students to be exposed in real life situations like attending medical, dental, and optical missions because according to them it is the best time to observe students how they perform the individual task assigned to them. Role playing was also suggested by participant P1 stating that "Actual or by role playing, our students will acquire their knowledge and skills in leadership and management principles". It was mentioned also by participant T5 that "Role playing and group dynamics are the effective teaching strategies for our students".

Thus, to be able to learn more about leadership and management principles, Real-life situation and role playing must be applied as a teaching strategy.

D. Subjects and Year Level the Knowledge about Leadership and Management may be Integrated

- Subjects/ Course

Community Related Subject

The participants' viewed that leadership and management must be integrated in the community related subject/s. They believed that the purpose of community learning and

development is to develop the capacity of individuals and groups of learners through their actions provided in the community. This brings the opportunity for the students' thoughtful knowledge and ideas to their personal observation and social interaction with the community.

It was supported by Participant M15 who wanted to integrate leadership and management in a community subject (Family and Community Medicine-FCM) mainly because it is multidisciplinary course. While for Participant M27, she opted to include leadership and management in "FCM because it is a course that prepares the student to become an effective primary care provider in the hospital and community, wherein leadership and management skills are important." Participant M28 agreed that "FCM is the subject where knowledge in leadership and management can be applied".

On the other hand, for Participant D7 and Participant O1 preferred that leadership and management be integrated "In NSTP, Community Dentistry and Hospital Dentistry because these courses involve program, planning, and implementation that can develop the leadership and management skills of the students".

As indicated in the course description of NSTP (2019), the course is designed to immerse students in activities that will arm them the capability to contribute in the upliftment of the general welfare and the quality of life of the community which includes the enhancement of the leadership skills of the students and the enhancement of its facilities especially those that are devoted to improving the health, environment, entrepreneurship, safety, recreation and morale of the citizen. Thus, integrating the subject leadership and management in NSTP or other community subjects is very sound and possible.

Taichman (2012) affirmed that leadership education was delivered in several setting of practice management, community outreach and public health.

These findings are similar to the viewed stated by the participants in this study wherein the integration of leadership and management must be included in community related subjects.

All Subjects/Courses

There are various reasons as to what subject/course where leadership and management must be integrated. According to Participant M13, leadership and management must be included in "All courses because we want consistency and constant learning. With this habit we can develop our students and when they practice their profession it will be inherent for them to apply the leadership and management skills." Similarly, Participant D6 stated that "All courses should incorporate leadership and management to prepare the students to become globally competitive." Likewise, D14 stated that "It should be incorporated in all subjects and courses to produce graduates who are competent and

provides dental treatment sensitive to social and moral climate of the Filipino people, research oriented and can assume leadership role in the national and global community."

Such claims from the participants was favored by Participant D22. She stated that it is possible to integrate leadership and management in the College of Dentistry where she specifically identified the following subjects/courses such as "Purposive Communication, Ethics, LTS, Health Economics, STS, Nutrition in Dentistry, Dental Informatics, Infection Control, Dental Public Health, Practice Management, Interdisciplinary Approach, Special Needs, Interprofession approach. Because these should be in all those subjects to teach leadership and management."

Similar findings were comparable with the study of Janke (2016) wherein student leadership development should be integrated vertically and horizontally in the curricular program in the College of Pharmacy.

The significance of the statement above is aligned with the CHED recommendation regarding the integration of the topics, stating that the minimum curricular content regardless of the curriculum design shall include topics on leadership and management to be integrated in all health profession programs and in all subjects.

- Year Level

First Year

During the in-depth interview with the participants, they were asked what year level they think the knowledge about leadership and management be integrated. It is important to determine as early as possible as to what level is it appropriate for the students to learn about leadership and management.

Significant statements from the Participants were collected. Participant D19 stated that integration of leadership and management should be done "As early as first year, if they start it in early years of teaching, the students will acquire the habit until they become a dentist". Same with Participant T4, she also wanted the integration to be done "during first year so that it can be hone and refine all throughout". And it was further emphasized by Participant D17 that it should start from first year because "We need to immerse our student in their curriculum every single day for them to become skillful in leadership and management".

The suggestions of the participants affirm the findings of a survey by Career Builder (2017) wherein more than 26% of managers said they were not ready to become a leader when they started managing others, and 58% said they did not receive any management training at all, thus the suggestions of those that were surveyed was to incorporate leadership topics as early as the freshmen years of College students.

Varkey (2009) supported the previous study where he stated that one of the changes made in undergraduate medical

education was the introduction of an explicit curriculum on leadership that is integrated in all blocks of first year level. These findings are aligned in the perspective of the participants regarding the integration of leadership and management in health profession programs.

All Year Level

The participants were asked their view on what year level may the knowledge of leadership and management be integrated in the curriculum. The following comments of the participants was elaborated during the conversation: some participants established the importance of consistency in integrating leadership and management in all year levels such as participant D7, she stated that leadership and management be integrated "In all levels because it takes some time for leadership and management skills to be developed. Also, it becomes a way of life and is embedded deeper into the understanding of students". The statement furtherly agreed by Participant O8 where she stated that, "I think we can start incorporating topics about leadership and management starting with first year up to the sixth year, with varying degrees or level depending on the outcomes we want to develop from our students." Moreover, Participant M29 narrated that leadership and management should be integrated in "All levels to set good foundation from first year up to the time of graduation". This was also supported by Participant D2 that it should start as early as "first year to the last year because it should be practiced and make that a habit". Likewise, Participant D22 also said that "As early as first year because this can be learned depending on our environment. Doing it in the last year will be too late. Having it already form by then." Participant M29 and D2 concurred that consistency is the key. These statements can be supported by the study conducted by Clyne.

In Warren Alpert Medical School of Brown University, Clyne (2015) designed a four-year integrated curriculum on leadership in healthcare to engage leadership topics starting early in the pre-clinical stages of their medical school. Thus, leadership and management must be a continuous process, it should be integrated in the entire duration of the program in the curriculum.

E. Steps Needed to Prepare for the Implementation of the Integration of Leadership and Management

- Curriculum Review

Curriculum Review is a critical examination of academic programs for the purpose of optimizing student learning experiences headed by the staff who teach within the program. The purpose of curricular review is to assess how well is the program or which part of the program needs to be enhanced.

The main reason behind conducting a curriculum review is to provide beneficial information to a larger audience and a theoretical base and a context- based information on particular implementations (Weir & Roberts, 2014). While

Brown (2015) summarized curriculum review under four main categories: 'product oriented approaches', which focus on the extent of reaching the objectives; static characteristic approaches, conducted by an outsider to evaluate the efficacy of the program; 'process oriented approaches', which answer the questions of how to improve or revise the current curriculum; and decision facilitation approaches, based on collecting information before making decisions. These approaches can be utilized in the curriculum review for the integration of leadership and management in the curriculum.

Indeed, the curriculum review is one of the steps needed to prepare for the implementation of the integration of leadership and management. This was agreed upon by Participant M7 who said that "Curriculum review is one of the steps needed to prepare for the implementation of the integration of leadership and management in the curriculum." Hence, Participant D3 stated that they need to "Create a curriculum with integrated leadership and management." In addition, Participant M3 suggested that "Workshop among faculty and development of curriculum and instructional design" is needed. It was supported by Participant P3 who also said that "Workshop for faculty on curriculum course placement is needed prior to integration of leadership and management."

However, Participant M19, proposed the following steps that are needed for curriculum review, "(1) Survey to determine if the stakeholders are amenable with leadership and management in medicine; (2) Prepare the curriculum based in consultation with management; (3) Present to the administration; and (4) Trial lecture." According to him, those steps are essential to successful curriculum development and needs to be emphasized.

- Needs Assessment

Needs assessment is a systematic process for determining and addressing the needs or gaps between current and desired conditions. It is a part of a planning process in individuals, education, training, organization or committee. According to Johns (2017), the needs analysis is the first step in course design and it provides validity and relevancy for all subsequent course design activities. This information should include the desired outcomes or expectations of a high-quality program, the role of assessment, the current status of student achievement and actual program content. The information should also consider the concerns and attitudes of teachers, administrators, parents and learners in the integration of leadership and management in the curriculum.

Participants M7 elaborated that "Needs assessment to the stakeholders, conduct meeting/focus for curriculum review and syllabi making all the steps needed before the integration of leadership and management in the curriculum". While Participant M29 agreed that "Needs analysis, objectives formulation, learning activities and evaluation" are important

factors to consider prior to integration of leadership and management in the curriculum of health profession programs.

To summarize, the second step needed to prepare for the implementation of the integration of leadership and management is needs assessment. That is to come up a survey to determine if all stakeholders are amenable with the integration of leadership and management. Each institution needs to define leadership in a meaningful way before it can develop a meaningful curriculum for its students. A leadership program should be based on the values and mission of the university. If those values are not defined, or if the program does not follow them, students will be left with a mash-up of courses with conflicting purposes and nothing tying them together. Upon the recommendation of the officials, proposal should be created and submitted to the administration for scrutiny and final review. A proposal should contain the description of the course, objectives and the sequence of the topics and learning activities preparing for prior integration in the different health profession curricula.

- Training and Workshop

Attendance to training and workshop on leadership and management will help create an effective learning environment, improve teaching-learning situations, keep updated on modern instructional devices and inspire them to become better teachers in the modern world. This faculty development is created by the management of an organization to enhance the knowledge and skills of the employees while providing information and instruction on how to better perform a specific function.

Just like in any new program being implemented it is a must that faculty members be properly trained so as to fully prepare them in the new program or course. Out of the 68 faculty participants, only eleven (11) faculty have not attended any leadership and management seminar. The rest of the participants have attended seminar through teambuilding sessions, as part of their post graduate subject, faculty development, and through their professional organizations. It was confirmed by Participant D11 who suggested to "Provide training for leadership andmanagement, attend seminars for additional knowledge, and make a plan for the success of integration."

In coming up with topics on the training and workshop a good suggestion was given by the American Federations of Teachers (2014) on the principles of professional development which includes the following: ensure depth of content knowledge; provide a strong foundation in the pedagogy; provide more general knowledge about teaching and learning processes, and about schools and institutions; contribute to measurable achievements in student learning; expect teachers to be intellectually engaged with ideas and resources; and provide sufficient time, support and resources to enable teachers to master new content and pedagogy and integrate these into their practice.

- Syllabus Preparation

Syllabus preparation is a creation of course planning tool that will help the teachers prepare and organize the course. It describes the course goals, the teaching and learning activities, the learning materials and the evaluation required for the students to learn in the specific time and duration.

Five (5) participants agreed that syllabus preparation is also part of the steps needed to prepare for the implementation of the integration of leadership and management in their curriculum. As stated by Participants O5, it is important to "Prepare syllabus which specified the specific objectives that will integrate both leadership and management in the curriculum." Same as with Participant D7 who stated that inclusion of "Syllabus review, curricular review, consultation and workshop should be done."

Those statements regarding the significance of syllabus preparation in the integration of leadership and management in the curriculum where fortified by dean Participants M9 who narrated that, "Yes, course syllabus has to be prepared before the approval of the curriculum prior to the integration." Attested by D1 stated also that "preparation of syllabus (enhancement) is needed" prior to integration of leadership and management. It was also agreed by Participants 08 who said that, "Yes, syllabi review and also drafting syllabi for new subjects where leadership and management can be integrated."

In preparing the syllabus it is important to remember the following goals in coming up with a comprehensive syllabus: to provide a comprehensive guide containing specific information to help students determine course selections and keep up-to-date with course requirements throughout the semester; to communicate meaningful and measurable course objectives; to refer students to critical policy information regarding class attendance; and to outline evaluation standards clearly. As fortified by Card (2015), a syllabus actually serves as the contract between the students and the teachers which contains functions and ideas that are used for the assessment of the students' performance. The effect of syllabus will act as guide for educators in integrating the course of the student's learner hence if this is not well-organized learning will be compromised.

6. CONCLUSION AND RECOMMENDATIONS

From the foregoing findings the following conclusions were drawn:

- The participants were mostly female and belonging to 51 to 60 age group.Similarly, majority of them belong to the College of Medicine and with 6 to 10 years teaching experience. Moreover, predominantly of the respondents were Master's Degree holders. The participants in the study were gathered unevenly from the Colleges of Medicine, Dentistry, Optometry, Therapy and Psychology. Speculation was considered with caution. Moreover, they

originated from an assortment of scholarly backgrounds and have their own training and experience in various settings and environment.

- In terms of importance of knowledge on leadership and management the faculty and dean participants were unanimous in saying that it will help prepare students to become future leaders and managers in their own field of profession. Likewise, it will lead to the development of an ideal leader and manager, that is one serves as an (ADSSS) Ability to Inspire, has Decisiveness, Self-Confidence, Self- Direction and Self-Discipline. The participants assumed that when leadership and management will be integrated in the curriculum in health profession programs, it will impact on the personal and professional aspect of the students.

- The focus of the teaching and learning activities that were suggested by the participants that are important for the students to acquire knowledge about leadership and management revolved on the following: Content Focus, Problem Solving, and Reflection. This means that the participants knew the importance of having varied and diverse teaching and learning activities that will be effective in developing the student's capacity to become future leader and manager in their own fields.

- The subjects where integration of leadership and management may be done in community related subjects and in all subjects. This means that the course leadership and management can be integrated in multidisciplinary subjects and to ensure consistency it can be integrated in all subjects/courses. While in terms of year level it can be integrated as early as first year and possibly in all year levels. Leadership and management should be introduced as early as possible in one course and for the students to develop habit in leadership and management it can be done in all year level.

- As to steps needed to prepare for the implementation of the integration of leadership and management in the different health profession programs curriculum, seasoned deans and faculty members have proposed the following procedure prior to its integration: Curriculum Review, Needs Assessment, Training and Workshop, and Syllabus Preparation. Disregarding the importance of these steps will lead to confusion and misdirection of the teachers and the learners. In effect we have established that indeed knowing the basic steps in integrating leadership and management in the curriculum is a requisite for strong foundation.

Based on the results of the study, the researcher would like to give the following recommendations:

- School administrators may integrate leadership and management across all courses particularly those that are community-related. This may be introduced to the students as early as their first-year level after doing the initial steps in course integration.

- School administrators may conduct curriculum and syllabi review prior to the integration of leadership and management in health profession programs.

- The Human Resources Department may conduct trainings and seminars on teaching and learning activities specifically on Content Focus, Problem Solving, and Reflection.

- Health profession students in the locale of the study are encouraged to attend classes, seminars, or trainings on leadership and management in line with the institution's vision of sustaining leadership in health science professional programs and its mission of developing well-rounded individuals.

- Health profession students may actively engage in community outreach programs because these can facilitate leadership skills in preparation for their actual practices as professionals.

- Future researchers may conduct or replicate the current study for comparison of findings regarding the views of the faculty from the government tertiary higher educational institution with the same health profession programs.

- Future researchers may conduct a quantitative type of research on leadership and management integration in the curriculum.

7. REFERENCES

[1] Ackerly,D., Clay, M., Sangvai, D.(2011). Training the Next Generation of Physician – Executives: An Innovative Residency Pathway in Management and Leadership. Academic Medicine. 86(5), 575-579.

[2] American Federation of Teachers (2015): Principles for Professional Development Washington, DC: AFT.

[3] Baker, E., L. (2014). Journal of Public Health Management and Practice. Leadership and Management - Guiding Principles, Best Practices, and Core Attributes. 20(3), 356-357. doi: 10.1097/PHH.0000000000000063

[4] Bourner, T. (2015). Teaching Methods for Learning Outcomes. Centre for Management Development, University of Brighton, UK.

[5] Brown, J. D. (2015). The elements of language curriculum: A systematic approach to program development. Boston: Heinle & Heinle Publishers.

[6] Card, N. A. (2015). Preparing a curriculum. New York: Guilford Publications.

[7] Donnelly, GF (2016). Why Leadership is important to nursing. In S Austin, M Brewer, G

[8] CHED (2016). CHED MEMORANDUM ORDER NO. 18. Retrieved fromhttps://ched.gov.ph/wp-content/uploads/2017/10/CMO-18-s.-2016.pdf.

[9] CHED (2018). CHED MEMORANDUM ORDER NO. 03. Retrieved from https://ched.gov.ph/wp-content/uploads/2018/05/CMO-No.-3-Series-of-2018-Policies-and-Standards-and-Guidelines-for-the-Doctor-of-Dental-Medicine-DMD- Program.pdf

[10] CHED (2018). CHED MEMORANDUM ORDER NO. 15. Retrieved from https://ched.gov.ph/wp-content/uploads/CMO-No.-15-s.-2018-Policies-   Standards-and-Guidelines-for-the-Doctor-of-Optometry-Program.pdf

[11] CHED (2017). CHED MEMORANDUM ORDER NO. 55. Retrieved from https://ched.gov.ph/wp-content/uploads/2018/05/CMO-No.-55-Series-of-2017-Policies-Standards-and-Guidelines-for-the-Bachelor-of-Science-in-Physical- Therapy-BSPT-Education.pdf

[12] CHED (2017). CHED MEMORANDUM ORDER NO. 34. Retrieved from https://ched.gov.ph/wp-content/uploads/2017/10/CMO-34-s-2017.pdf

[13] Chen, T. (2018). Tzu chi medical journal. Medical leadership: An Important and required competency for medical students. 30(2): 66-70

[14] Clyne, B., Rapoza, B., & George, P. (2013). British medical journal. Leadership in Undergraduate Medical Education: Training Future Physician Leaders. 98(9): 36- 40.

[15] Court, H. (2018). Leadership of management in optometry: why is it important? https://medium.com/eyenews.com

[16] Dao, F. (2008).   Without Confidence, there is   No Leadership. Retrieved from https://www.inc.com/resources/leadership/articles/20080301/dao.html

[17] Donnelly, MA Fitzpatrick, G Harberson, PS Hunt, M Morris (Eds). Five Steps to Successful Nursing Management. Springhouse, PA: Lippincott, Williams and Wilkins.

[18] Francis, R. Report of the Mild Staffordshire NHS Foundation Trust Public Inquiry. The Stationary Office, 2013.

[19] Gardner, J. (2016). On leadership. New York, NY. The Free Press.

[20] Handy, C. (2017). Understanding Organizations. London: Penguin.

[21] Hao M. (2015). How effective leadership can facilitate change in organizations through improvement and innovation. Global Journal of Management and Business Research: An administration and Management. 15(9).

[22] Harvard College (2020). Leadership in Medicine: Southeast Asia. Retrieved from https://postgraduateeducation.hms.harvard.edu/certificate-programs/leadership- programs/leadership-medicine-southeast-asia

[23] Hawkins E, Thornton C (2015). Six Steps to Effective Management: Managing and Leading Innovation in Health Care. London: Balliere Tindall.

[24] INSCOL (2015). Challenges in Roadmap to Effective Management and Leadership in Nursing. Retrieved from https://www.inscol.com/philippines/blog/challenges- in-roadmap-to-effective-management-and-leadership-in-nursing/

[25] Next Generation (2018). The Difference Between Leadership and Management. Retrieved from https://www.nextgeneration.ie/blog/2018/03/the-difference- between-leadership-and-management

[26] Prime Practice (2020). Effective Leadership in the Dental Practice. Retrieved from https://www2.primepractice.com.au/effective-leadership-in-the-dental-practice

[27] Riggio, R. E. (2015). Leadership development. The current state and future expectations. Consulting Psychology Journal. 60(4), 383-392.

[28] Roig, P., Kalenerian, E., Pinilla, J. (2015). The importance of leadership and Management skills in dental practices to attract and retain patients in periods of Economic recession. Journal of Oral Research. Volume 4(5): 321-328.

[29] Rogers, R. (2012). Journal of healthcare leadership. Leadership Communication Styles: A Descriptive Analysis of Health Care Professionals. 4: 47-57. https://doi.org/10.2147/JHL.S30795

[30] Rotenstein, L., Sadun, R., Jena, A. (2018). Why doctors need leadership training? https://hbr.org>2018>whydoctorsneedleadershiptraining-harvardbusinessworld

[31] Schuell, T.J. (2016). Cognitive conceptions of learning. Review of Educational Research, 56, 411-436.

[32] Skinner, P. et al. (2010).Clinical Psychology Leadership Development Framework. Leicester: British Psycho-logical   Society/DCP. Retrieved   21 July 2011 from http://www.bpsshop.org.uk/Clinical-Psychol- ogy-Leadership-Development- Framework-P1388.aspx.

[33] Sonnino,   R.   (2016). Journal of healthcare leadership. Healthcare   Leadership Development and Training: Progress and Pitfalls. 8: 19–29.

[34] Thompson, J. (2012). National library of medicine. Transformational Leadership can Improve Workforce Competencies.   18(10):   21-4.   doi: 10.7748/nm2012.03.18.10. 21.c8958.

[35] Varkey,   P (2009). Leadership curriculum in undergraduate medical education: A study and faculty

perspectives. Department of Preventive Medicine, mayo Clinic, Rochester USA.

[36] Waddell, J. (2015). The Role of Technology in the Educational Process. Retrieved from https://edwp.educ.msu.edu/green-and-write/2015/the-role-of-technology-in-the- educational-process/

[37] Wali, O. (2018). Journal of evolution of medical and dental sciences. Leadership Skills in Dental Curriculum – A Review. DOI: 10.14260/jemds/2018/1022.

[38] Warren, O., Carnall, R. (2010). Medical leadership: Why it's important, what is required, and how we develop it. Post grad Med J. issue 87, 27-32

[39] Wajdi, M. (2017). Sinergi: jurnal ilmia ilmu manajemen. The Difference Between Management and Leadership. 7. DOI: 10.25139/sng.v7i1.31.

[40] Weir, C. J., & Roberts, J. (2014). Evaluation in ELT. Oxford: Blackwell Publishers.

[41] West, M., Loewenthal l., Eckert, R., Lee, A. (2014). Leadership and Leadership Development in Health Care: The Evidence base. Faculty of Medical Leadership and Management.

[42] Willcocks, S. (2011). British Dental Journal. Leadership theory: Implications for developing dental surgeons in primary care. 210(3) 105-107.