DDC Professional Journal
Vol.6, No.3, September 2025
ISSN 1908-3130

# The Beacon in the Fog: The Role of Allied Health Program Leaders in Supporting Clinical Instructors for Student Readiness

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**Abstract**
This study explored the lived experiences of allied health program leaders in supporting clinical instructors for student readiness at a private higher education institution in Davao City, Philippines. Using a transcendental phenomenological design guided by Moustakas' approach, the study engaged eight participants through in-depth interviews to understand their perspectives and strategies in supporting clinical instructors. Three significant findings emerged. First, the leaders' experiences revealed themes such as fostered collaborative growth, empowered instructional innovation, navigated misaligned expectations, and managed operational and interpersonal challenges. Second, their coping strategies included established structured communication channels, fostered peer support, adapted leadership to context, resolved conflict through empathy, and maximized limited resources. Third, their professional experiences deepened their commitment to mentorship, collaboration, and lifelong learning. These leaders continually refined their approaches to strengthen clinical instruction, emphasized the importance of compassionate leadership, and sustained dialogue. The findings offered valuable insights into how program leaders supported clinical instructors, highlighting their crucial role in promoting student readiness within allied health programs.

**Keywords:** *Allied Health Program Leaders, Clinical Instructors, Transcendental Phenomenology, Davao City, Philippines*

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## Introduction

The global demand for skilled allied health practitioners continues to rise, placing renewed pressure on clinical education to produce graduates who are practice-ready and adaptable to complex care environments (Rawekar et al., 2020; Van Diggele et al., 2020). Within this landscape, program leaders play a pivotal role in enabling clinical instructors to translate curricula into high-quality learning experiences that build competence and professional identity. Key leadership attributes, teaching expertise, clear communication, self- drive, and strong instructional supervision are consistently associated with improved learner outcomes (Munna, 2023; O'Brien et al., 2020; Soroush et al., 2021). Program supervisors are integral to shaping these outcomes, with estimates suggesting they devote about ten percent of their workday to supervising clinical instructors and students (Brown et al., 2020). Yet, some supervisors appear insufficiently familiar with the scope, tasks, and developmental needs of those they oversee, limiting their capacity to manage performance and nurture capability (Evans et al., 2024).

Quality-assurance approaches—spanning leadership, planning, implementation, and evaluation are therefore essential to monitor both the impact and reach of allied health education programs (Sreedharan et al., 2022). However, many educators report feeling underprepared for this work and in need of orientation and collegial support (Swart & Hall, 2021). Perceptions of what constitutes effective supervision can also diverge: students tend to prioritize supervisor personality and teaching skill, while faculty emphasize respectful climates and role-modeling

(AlMekkawi et al., 2020). Addressing these differences is foundational for supporting and retaining clinical instructors and for safeguarding the reliability of practicum instruction (Swart & Hall, 2021). Evidence from multiple settings underscores ongoing gaps: studies highlight uneven communication and pedagogy among clinical instructors (Soroush et al., 2021), while positive attitudes toward clinical learning and readiness have prompted calls to embed interprofessional education (IPE) more systematically (D'Costa et al., 2021). Program heads, however, continue to face challenges in designing and sustaining integrated models that simultaneously strengthen clinical teaching and student preparedness (Quartey et al., 2020).

In the Philippines, clinical instructors are central to competence development and professional socialization across health programs, but persistent barriers limit clinical opportunities, varied teaching styles, and infrastructure constraints hamper learning. Work in Ilocos Sur documents these challenges, while research at San Beda University highlights how constructive leadership and faculty development can advance IPE (Sy et al., 2020). In Davao Oriental, insufficient institutional support for teaching training has been linked to weaker student competencies and lower job satisfaction; effectiveness remains closely tied to the quality of teaching and mentoring received (Bermio, 2021; Lopez, 2020). Closing these gaps is critical to sustaining high standards in clinical education and ensuring practice readiness.

Notably, prior literature tends to foreground student outcomes from clinical placements (Judd et al., 2023), with comparatively less attention to how these experiences build the capabilities of clinical instructors themselves. Addressing this imbalance may yield dual benefits—enhancing both student learning and the professional growth of instructors (Hamiduzzaman et al., 2025). This study directly targets that gap by examining how allied health program leaders' leadership patterns promote clinical-instructor development and student preparedness. Guided by transformational leadership, the study explores how behaviors such as articulating a compelling vision, providing intellectual stimulation, and offering individualized consideration can strengthen instructional supervision, align quality-assurance processes, and elevate learner achievement. In doing so, the study connects leadership practice to staff capability-building and student outcomes, an underexamined yet consequential linkage.

Finally, strengthening leaders' capacity to develop educators has downstream benefits for patient care. By improving clinical teaching quality and consistency, program administrators can help graduates deliver safer, more effective care (Agomoh et al., 2020; Page et al., 2021), while informing policies and practices that keep pace with society's evolving health needs. This integrative focus—on leadership, educator capability, and learner readiness—positions the study to contribute both theoretically and practically to allied health education.

**Research Questions**

1. What are the lived experiences of allied health program leaders in supporting clinical instructors for student readiness?
2. How do the participants cope with the challenges associated with supporting clinical instructors for student readiness?
3. How do the experiences of academic leaders influence their dedication to strengthening clinical instructors for student readiness?

**Methods**

This study employs a transcendental phenomenological design to explore the lived experiences of allied health program leaders in supporting clinical instructors to prepare students for readiness. Rooted in Husserl's (1983) philosophy and structured through Moustakas' (1994) framework, transcendental phenomenology emphasizes epoche, the process of setting aside researcher biases to access the participants' unfiltered experiences. This approach is well-suited for uncovering the deeper meanings, values, and responsibilities embedded in the leadership roles of allied health program leaders as they engage with clinical instructors.

The methodology aims to portray both the practical and philosophical dimensions of educational leadership, capturing how these leaders navigate their support roles to ensure adequate student preparation for clinical practice (Creswell, 2013; Schmitt, 1959).

The study was conducted at a private higher education institution in Davao City, Philippines. The primary informants selected for the study were participants in novice leadership roles, with one to five years of experience. The focus of the study is their experiences and challenges as leaders of allied healthcare programs. The researchers employed purposive sampling for this study. Additionally, this study involved seven participants with the necessary experience to address the research questions, following Creswell's (2013) recommendation of having a minimum of three and a maximum of fifteen participants per sample.

Semi-structured interviews were conducted, featuring predetermined open questions designed to elicit individual responses and encourage detailed discussions while ensuring rich content. The interviews lasted approximately 20 to 30 minutes or longer to yield extensive content. The subjects of this study were the leaders of allied health education programs overseeing clinical instructors who manage students.

The analysis used was Moustakas' (1994) phenomenological approach, which includes several key steps: (1) Epoche, where the researcher brackets personal biases and preconceptions to approach the data with openness; (2) Horizontalization, in which each statement relevant to the experience is given equal value and considered significant; (3) Clustering of meanings, where significant statements are grouped into themes that reflect the essence of the participants' experiences; (4) Textural description, detailing the participants' experiences based on their narratives; (5) Structural description, which outlines how the experience occurred, including the conditions and contexts that shaped it; and (6) Essence description, where both textural and structural descriptions are synthesized into a unified statement capturing the core meaning of the phenomenon. This research analyzed the program leaders' supervisory roles, their challenges, and how this influences student preparedness, with a particular focus on balancing academic leadership and clinical engagement (Moustakas, 1994; Creswell, 2013; Guba & Lincoln, 1985).

To ensure the integrity of qualitative data, the study adhered to the trustworthiness criteria established by Lincoln and Guba (1985), which encompass credibility, transferability, dependability, and confirmability. Throughout the study, credibility was enhanced through careful data collection and analysis to portray participants' experiences accurately. Achieving transferability required contextual descriptions to be precise enough to be applicable beyond a single setting. Dependability was assured by employing open and consistent methods, which contributed to the study's reproducibility. Confirmability was established through reflexive documentation to mitigate bias and subjectivity. Although qualitative research often faces criticism for its perceived subjectivity, researchers contend that it offers a unique and rigorous approach to understanding human experience (Vishnevsky and Beanlands, 2004).

## Results and Discussions

**Table 1. Table of Participants**

| No. | Code | Sex | Position | Years in Service |
|---|---|---|---|---|
| **1** | IDI-1 | Male | Clinical Coordinator | 1 |
| **2** | IDI-2 | Female | Coordinator for Instruction | 3 |
| **3** | IDI-3 | Male | Clinical Coordinator | 1 |
| **4** | IDI-4 | Female | Coordinator for Instruction | 3 |

| | | | | |
|---|---|---|---|---|
| **5** | IDI-5 | Male | Assistant Program Chair | 2 |
| **6** | IDI-6 | Female | Coordinator for Instruction | 1 |
| **7** | IDI-7 | Female | Coordinator for Instruction | 5 |
| **8** | IDI-8 | Male | Assistant to the Dean of the College of Allied Health Sciences | 1 |

**Profile of Participants**. The participants in this study consisted of eight academic leaders from allied health programs at a private higher education institution in Davao City, Davao del Sur, Philippines. All informants participated in in-depth interviews, providing insights based on their professional experiences in academic leadership. The group included four males and four females, ensuring a gender-balanced perspective. Their roles varied, including Clinical Coordinators, Coordinators for Instruction, Assistant Program Chair, and Assistant to the Dean of the College of Allied Health Sciences, reflecting a diversity of administrative responsibilities and leadership levels.

**Figure 1. Thematic Map of the Role of Allied Health Program Leaders in Supporting Clinical Instructors for Student Readiness**

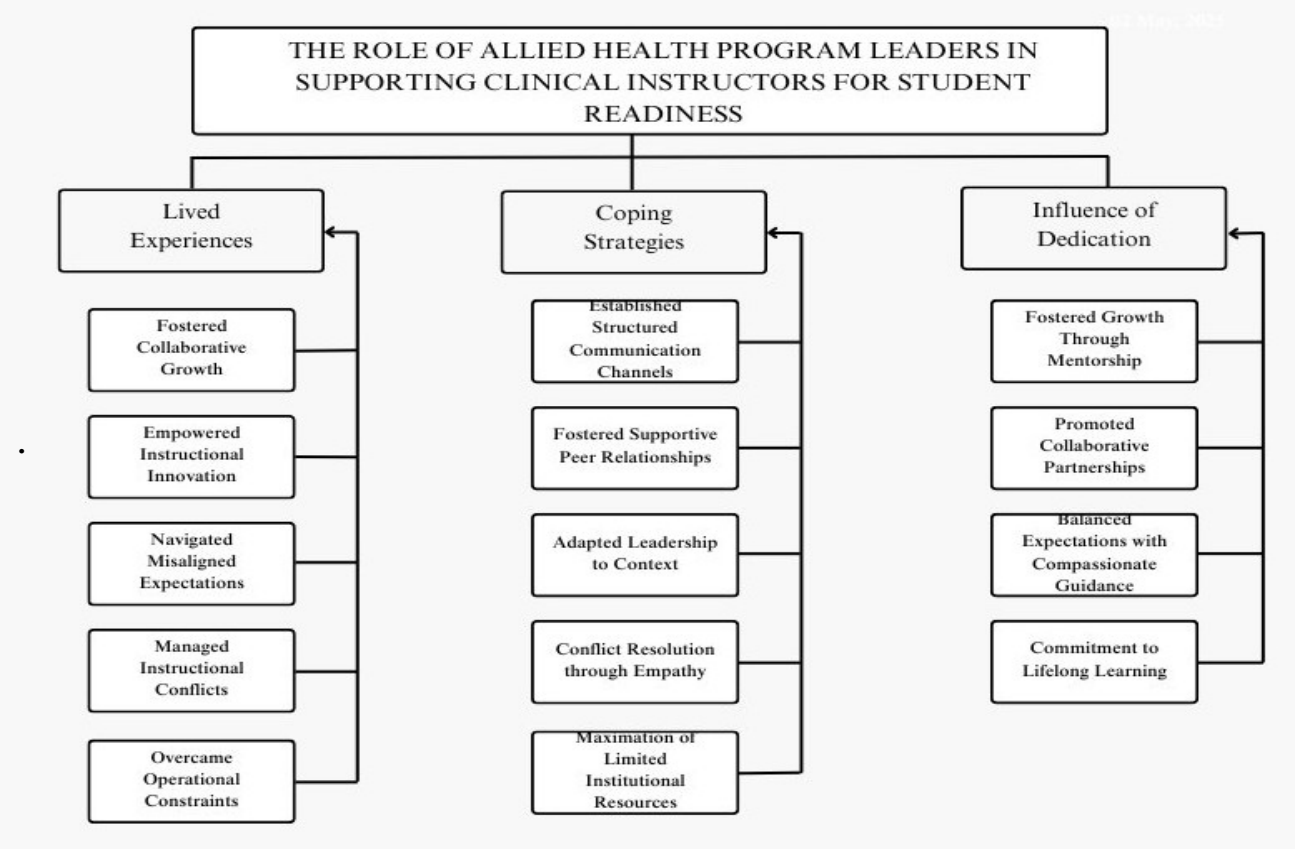

**Table 2. Essential Themes and Core Ideas on Lived Experiences of Allied Health Program Leaders in Supporting Clinical Instructors for Student Readiness**

| Essential Themes | Core Ideas |
|---|---|
| **Fostered Collaborative Growth** | Collaborative knowledge sharing<br>Idea Exchange Culture<br>Promoting Fair Work Culture |
| **Empowered Instructional Innovation** | Openness to Innovation<br>Exemplary Instructor Dedication<br>Faculty Development Emphasis |
| **Navigated Misaligned Expectations** | Academic-Clinical Misalignment<br>Assessment Inconsistencies<br>Differing Instructional Approaches<br>Difficulty in Aligning Goals |
| **Managed Instructional Conflicts** | Conflicting Instructional Perspectives<br>Resistance to Instructional Change<br>Avoidance of Confrontation<br>Inadequate Feedback from Clinical Instructors<br>Supervisory Limitations |
| **Overcame Operational Constraints** | Staffing Shortage Affects Instruction<br>Resource and Time Constraints<br>Equipment and Space Shortages<br>Limited Instructional Engagement |

**Fostered Collaborative Growth.** The theme highlights the dynamic and reciprocal relationships that allied health program leaders cultivate with clinical instructors to enhance student readiness. These leaders emphasize collaborative knowledge sharing**,** where mutual learning occurs through ongoing dialogue and the exchange of ideas. Additionally, by promoting a fair work culture**,** program leaders ensure that instructors and students function in an environment based on equity and mutual respect. This collaborative approach improves instructional quality, strengthens communication, and fosters a more cohesive and effective preparation process for future healthcare professionals.

*"One of the things I enjoy the most is addressing certain ideas that help us recap our knowledge…. New ideas may arise that will help either them or me in teaching and preparing students as they become professionals" – IDI-1*

*"My positive experiences involve brainstorming ideas. I get ideas from the Clinical Instructors (CIs), and they also get ideas from me. It's a collaborative process where we can share and learn from each other." – IDI-6*

*"Fairness is essential in maintaining a harmonious workflow that includes both clinical instructors and students." – IDI-3*

**Empowered Instructional Innovation**. This second theme highlights the crucial role of academic leaders in fostering a dynamic learning environment that encourages and equips clinical instructors to innovate. Three core ideas support this theme: openness to innovation, exemplary dedication of instructors, and emphasis on faculty development. Participants emphasized the significance of embracing new teaching strategies, noting that receptive instructors greatly enhance student engagement and practical competencies. This openness is further reinforced

by the exemplary dedication of instructors who go beyond their formal responsibilities to ensure that students receive the guidance they need.Additionally, the emphasis on faculty development underscores how leaders actively promote innovation by organizing ongoing training rooted in evidence-based practices.

*"Instructors are receptive to new teaching strategies, which increases student engagement and enhances students' practical skills." – IDI. -2*

*"There are also instructors who go above and beyond in guiding the students... that's something very commendable." – IDI-4.*

*"Organizing faculty development programs. There must always be continuing education for my faculty because everything must be evidence-based, since we are in the allied health field. That means recent trends and best practices need to be applied by the clinical instructors so they can effectively teach the students" – IDI-5*

**Navigated Misaligned Expectations**. This third theme reflects the complex and often fragmented relationship between academic and clinical domains in allied health education. Four core ideas support this: academic-clinical misalignment, assessment inconsistencies, differing instructional approaches, and the difficulty of aligning goals. Academic leaders face the challenge of bridging the gaps in understanding and execution between classroom instruction and clinical application. This disconnect is further compounded by different interpretations of academic guidelines, which leads to confusion and inconsistent assessments of student performance. Moreover, the diversity in instructional styles exacerbates these discrepancies, as each educator brings a unique approach that may unintentionally introduce bias into evaluations. Therefore, leaders must work to harmonize these varying approaches and align all efforts with the organization's beliefs, goals, and values, despite the challenges posed by new and differing team dynamics.

*"Different interpretations of academic guidelines that have caused confusion about expectations, leading to inconsistent student assessments." – IDI-2*

*"Each faculty member has their own approach... I, as the head, also have my own style... there can be unintentional bias..." – IDI-5*

*"Working with my new colleagues may present challenges... the primary goal is to align all efforts with the organization's beliefs, goals, and values." – IDI-3*

**Managed Instructional Conflicts**. This fourth theme highlights the challenges that allied health program leaders encounter when navigating conflicting instructional perspectives, resistance to change, and interpersonal tensions arising from generational differences and varied teaching strategies. These dynamics often lead to avoidance of confrontation, limited supervisory authority, and insufficient feedback from clinical instructors—factors that complicate efforts to ensure instructional consistency and enhance student readiness. The theme emphasizes the delicate balance between exercising authority and practicing diplomacy, which is essential for effectively supporting clinical instructors amidst internal professional conflicts.

*"Even though we're in the same profession... There are times when our perspectives and ideas differ." – IDI-1*

*"Older instructors... struggle to adapt to new instructional methods, especially when it comes to using technology, more so during the pandemic…." – IDI-4*

*"Instructor consistently rated a student... unsatisfactory without providing any explanation." – IDI-2*

*"Many of them have been around longer than I have... I really can't control them or influence their methods." – IDI-4*

**Overcame Operational Constraints**. The fifth theme emphasizes the logistical and systemic barriers faced by allied health program leaders in supporting clinical instructors for student readiness, underpinned by four core concepts: Staffing Shortages Affect Instruction, Resource and Time Constraints, Equipment and Space Shortages, and Limited Instructional Engagement. A significant issue arises from staffing shortages, as obtaining substitute instructors is particularly challenging during unexpected absences. Furthermore, time and resource limitations are apparent as leaders manage various responsibilities, such as accreditation duties, while attempting to maintain consistent presence and oversight in clinical settings. Limited physical resources, including inadequate classroom space or instructional facilities, further hinder the scheduling and delivery of practical training. Adding to these challenges is the inconsistent engagement of clinical instructors, where overly relaxed supervision reduces the rigor and quality of hands-on learning for students. These constraints highlight a persistent struggle among program leaders to balance institutional expectations with the practical demands of establishing a robust and supportive environment for clinical education.

*"Problem is finding a substitute... It's hard to find someone to cover." – IDI-7*

*"Being present can be challenging at times. For example, right now, with the accreditation process ongoing, my time is split.." – IDI-6*

*"Issues with resources—like the lack of available rooms for their sessions. I take it upon myself to find alternative rooms." – IDI-6*

**Table 3. Essential Themes and Core Ideas on the Coping Strategies of the Allied Health Program Leaders' Challenges Associated with Supporting Clinical Instructors for Student Readiness.**

| Essential Themes | Core Ideas |
|---|---|
| **Established Structured Communication Channels** | Standardizing Teaching Procedures<br>Ensuring Clear Communication<br>Defining Multi-Stage Goals<br>Pre-Semester Orientation Planning |
| **Fostered Supportive Peer Relationships** | Pairing for Skill Transfer<br>Delegating to Avoid Burnout<br>Mixing Formal and Casual Check-ins |
| **Adapted Leadership to Context** | Aligning Strengths with Subjects<br>Practicing Humble Leadership<br>Balancing Constructive Criticism<br>Valuing Teaching Differences |
| **Conflict Resolution through Empathy** | Encouraging Mutual Understanding<br>Respecting Diverse Backgrounds<br>Sharing Emotional Support |
| **Maximization of Limited Institutional Resources** | Maintaining Digital Communication<br>Re-echoing for instructors with Limited Training<br>Building Partnerships with Centers |

**Established Structured Communication Channels.** The theme emerged when participants were asked about the coping strategies they use to overcome the challenges they face in supporting clinical instructors. This theme highlights the crucial role of intentional

and organized communication strategies employed by allied health program leaders to support clinical instructors (CIs) and promote student readiness. Drawing from core ideas such as standardizing teaching procedures, ensuring clear communication, defining multi-stage goals, and pre-semester orientation planning, leaders implement standardized teaching procedures and clear communication tools—including written guidelines, emails, and regular meetings—to ensure consistency in instructional delivery. Pre-semester orientation planning serves as a proactive step to establish expectations and provide comprehensive guidance, while defining multi-stage goals, which range from monthly targets to long-term semester outcomes, ensures clarity in educational objectives. Collectively, these structured channels create a cohesive and aligned teaching environment that empowers clinical instructors and fosters a smoother, more effective clinical education experience for students.

*"We organize monthly meetings with the CIs and teaching faculty to discuss challenges and share best practices. This helps in aligning our teaching methodologies." – IDI-4*

*"To ensure everyone is aligned, I use a mix of detailed written guidelines, clear emails, and in-person meetings." – IDI-2*

*"We lay out all agreements… set clear expectations... We identify what needs to be achieved by the end of month, semester, year goals." – IDI-5*

**Fostered Supportive Peer Relationships.** The second theme highlights how allied health program leaders intentionally create an environment where Clinical Instructors (CIs) can depend on each other for growth, resilience, and effective collaboration. It is supported by three core ideas: Pairing for Skill Transfer, Delegating to Avoid Burnout, and Combining Formal and Casual Check-ins. Leaders facilitate skill transfer and mentorship by strategically pairing novice CIs with experienced peers. At the same time, delegating responsibilities with an awareness of individual capacities helps to balance the workload. Additionally, the integration of formal meetings and informal interactions fosters open, two-way communication that nurtures collegial relationships and encourages sharing both professional challenges and successes. These practices reflect a leadership approach focused on relational support, empowerment, and sustainable teamwork.

*"I pair new Clinical Instructors (CIs) with more experienced ones, so they can learn from their insights and gain a better understanding of how to handle their tasks effectively." – IDI-6*

*"I try to delegate all the tasks to my colleagues… I know their capacity." – IDI-3*

*"Formal meetings and informal interactions… a two-way communication process…" – IDI-6*

**Adapted Leadership to Context.** The third theme highlights how leaders of allied health programs intentionally tailor their leadership strategies to align with the unique strengths of clinical instructors (CIs), the demands of specific subjects, and the evolving needs of students. This is backed by four core concepts: Aligning Strengths with Subjects, Practicing Humble Leadership, Balancing Constructive Criticism, and Valuing Teaching Differences. These leaders demonstrate flexibility by matching instructors' capabilities, such as academic rigor or a nurturing demeanor, with suitable teaching assignments. Practicing humble leadership fosters mutual respect and equality, while techniques like the "sandwich" method reflect a balanced approach to feedback that encourages growth without discouragement. Additionally, the leaders' openness to diverse teaching styles underscores their commitment to valuing diversity in instructional strategies. Collectively, these practices emphasize how contextual leadership nurtures a learning environment that promotes student readiness through thoughtful and responsive support for CIs.

*"I usually assign to subjects that require strong foundational knowledge... That way, they can help establish a solid academic base for the students" – IDI-5*

*"I'm here as an equal… not trying to belittle anyone…" – IDI-1*

*"I remain open… I also appreciate the different teaching style of the CIs." – IDI-4*

**Conflict Resolution through Empathy.** The fourth theme emphasizes how leaders of allied health programs support clinical instructors by fostering environments rooted in understanding, respect, and emotional availability. This is underpinned by three main ideas: Encouraging Mutual Understanding, Respecting Diverse Backgrounds, and Sharing Emotional Support. Participants stressed the significance of fostering mutual understanding, highlighting the necessity for open dialogue and shared perspectives. Additionally, they committed to respecting diverse backgrounds, acknowledging that varied experiences enrich collaboration and require intentional recognition. Furthermore, the strategy of providing a safe space for emotional expression—"Let's talk"—illustrates the sharing of emotional support, which is crucial for de-escalating tension and building trust. Altogether, these reflections showcase how empathy can act as a conflict-resolution strategy and a leadership tool, enhancing professional relationships and ultimately improving student preparedness through cohesive clinical instruction.

*"We all need to meet halfway and understand each other's points, and I hope they will also understand my point." – IDI-3*

*"I will respect their opinions, backgrounds, and experiences…" – IDI-7*

*"If they feel like venting… I tell them, 'Let's talk.'" – IDI-1*

**Maximization of Limited Institutional Resources.** The fifth theme illustrates how allied health program leaders creatively navigate systemic challenges to support clinical instructors (CIs) and ensure student readiness. This is underpinned by three core ideas: Maintaining Digital Communication, Reiterating for Instructors with Limited Training, and Building Partnerships with Centers. Participants highlight the significance of maintaining digital communication, such as utilizing Messenger group chats, which emerge as a low-cost yet effective means for disseminating timely updates and fostering a sense of community among faculty members. Meanwhile, acknowledging the lack of formal training, leaders emphasize the peer-sharing of insights, allowing experienced instructors to reiterate and pass on knowledge to colleagues with limited training. Additionally, intentional partnerships with high-quality affiliate centers reflect a strategic allocation of resources, ensuring students are placed in environments that enhance academic learning through meaningful clinical exposure. These practices showcase how program leaders leverage scarce resources through innovation, collaboration, and focused decision-making to uphold educational quality.

*"We also have a Messenger group chat dedicated to faculty updates. Whenever there are important announcements or changes, we post them there to keep everyone informed." – IDI-5*

*"Training opportunities are limited… it's important for CIs to share what they've learned…" – IDI-8*

*"Building strong partnerships with our affiliation centers….." – IDI-*

**Table 4. Essential Themes and Core Ideas on the Influence of Experience on the Allied Health Program Leaders' Dedication to Strengthening Clinical Instructors for Student Readiness**

| Essential Themes | Core Ideas |
|---|---|
| **Fostered Growth Through Mentorship** | Mentorship Shapes Future Leaders<br>Importance of Leadership Training<br>Mentorship as a Transformational Act |
| **Promoted Collaborative Partnerships** | Collaboration Strengthens CI Support<br>Partnership Enhances Institutional Alignment<br>Respecting Diverse CI Inputs |
| **Balanced Expectations with Compassionate Guidance** | Balancing Pressure with Empathy<br>Policies Require Flexible Application<br>Translating Policy into Practice<br>Advocating Student-Centered Standards |
| **Commitment toLifelong Learning** | Leadership Grows Through Education<br>Commitment to Continuous Improvement<br>Encouraging Inquiry and Curiosity |

**Fostered Growth Through Mentorship.** The theme emerged when participants were asked how the experiences of Allied Health Program leaders influence their commitment to enhancing clinical instructors for student preparedness. Supported by three core ideas—Mentorship Shapes Future Leaders, The Importance of Leadership Training, and Mentorship as a Transformational Act—this theme highlights the transformative power of mentorship in developing future leaders within allied health education. Participants emphasized that mentorship is not merely about guidance; it is a strategic and profoundly influential act that fosters leadership capacity and professional identity. Additionally, empowering emerging leaders through mentorship is crucial for establishing a sustainable leadership pipeline, reinforcing the concept that leadership development is an ongoing cycle. Furthermore, leadership training was identified as a fundamental tool, equipping future leaders with the skills and awareness needed to navigate their roles effectively. A metaphor offered by one participant, which compares personal growth to absorbing knowledge like a sponge and subsequently mentoring others by "pouring water into another sponge," illustrates mentorship as a cyclical and generative process. This dynamic exchange not only supports individual growth but also sustains the collective strength and readiness of the allied health workforce.

*"Mentoring and empowering emerging leaders is crucial… helps build a strong leadership pipeline." – IDI-2*

*"Providing leadership training… helps future leaders understand responsibilities." – IDI-8*

*"One thing I've learned is the importance of being like a sponge. You need to absorb everything, and then filter it out to decide what's necessary for you. Just take in all the teachings, and then choose what works best for your situation….." – IDI-5*

**Promoted Collaborative Partnerships.** The second theme emphasizes the crucial role of allied health program leaders in fostering synergistic relationships between academic instructors and clinical instructors. It is supported by three core ideas: Collaboration Strengthens CI Support, Partnership Enhances Institutional Alignment, and Respecting Diverse CI Inputs. Effective collaboration starts with mutual respect and shared responsibility. By prioritizing these partnerships, leaders help bridge gaps between classroom learning and clinical practice, ensuring that clinical instructors (CIs) feel supported and valued. This alignment is further reinforced when institutions appreciate and incorporate diverse CI perspectives into program planning and decision-making. Ultimately, promoting collaborative partnerships enhances institutional coherence and optimizes the learning environment for student readiness.

*"Strong clinical education heavily relies on mutual respect between the academic faculty and the clinical instructors.." – IDI-5*

*"Building a strong partnership… between academe and institutional sites is very important." – IDI-8*

*"You have to consider the input of your CIs… balance decisions for student betterment." – IDI-6*

**Balanced Expectations with Compassionate Guidance.** The third theme highlights the role of allied health program leaders as they navigate the intersection of institutional mandates and the realities of clinical education. This theme is supported by four core ideas: Balancing Pressure with Empathy, Policies Require Flexible Application, Translating Policy into Practice, and Advocating Student-Centered Standards. The participants demonstrate a conscious effort to maintain high standards of competence without placing undue pressure on students. Additionally, leaders recognize that while policies are necessary, they must be applied with empathy and flexibility. This adaptability ensures that both instructors and students receive meaningful support. Furthermore, the leaders' role in communicating policies emphasizes a commitment to clarity and satisfaction, reinforcing the necessity for transparent yet compassionate leadership. Lastly, student-centered policies emphasize the importance of aligning institutional goals with supportive practices for clinical instructors (CIs), ensuring that leadership decisions reflect accountability and care

*"If the policies are too rigid, I usually communicate the concerns to my supervisor… so instructors and students can adapt effectively." – IDI-4*

*"We relay the policies set by the school to the students… ensuring adherence while maintaining student satisfaction." – IDI-5*

*"There should be student-centered policies… and CI support must align with institutional goals to be effective." – IDI-I*

**Commitment to Lifelong Learning.** The last theme emerged as a cornerstone of effective leadership in allied health education, illustrated by participants who emphasize both personal and institutional growth through continuous education. This is supported by three core ideas: Leadership Grows Through Education, Commitment to Continuous Improvement, and Encouraging Inquiry and Curiosity. The participants' reflections on the transformative impact of advanced education highlight how formal learning nurtures the leadership competencies necessary for guiding clinical instructors and shaping student readiness. Leaders reinforce this point by noting a culture of ongoing improvement that encompasses management, instruction, and mentorship, underscoring a systemic commitment to excellence through continual development. Furthermore, the encouragement to embrace questions, regardless of their size, reflects the value placed on curiosity and open dialogue as

essential drivers of professional growth. These insights portray lifelong learning as a personal pursuit and a shared ethos that sustains leadership effectiveness and educational quality in allied health programs.

*"My master's degree shaped me… helped me understand how to lead an organization properly." - IDI-3*

*"There's a strong commitment to high-quality education… focus on continuous whether in management, among clinical instructors, or in mentorship." – IDI-6*

*"Never be afraid to ask questions… even if they seem trivial, they help clear minds." – IDI-1.*

**Conclusions and Recommendations**

Effective leadership in clinical education extends beyond administrative oversight; it requires fostering collaborative growth, promoting mentorship, adapting leadership to contextual needs, and resolving conflicts with empathy. The study underscores the growing relevance of distributed and transformational leadership models, where responsibilities are

shared and leadership is nurtured as an interactive, developmental process. Such approaches build mutual trust, encourage transparent communication, and promote the co-creation of teaching strategies between academic leaders and clinical instructors—ultimately ensuring stronger instructional alignment and producing graduates well-prepared for professional practice.

Building on the study's findings, several recommendations are proposed to enhance leadership capacity and instructional effectiveness in allied health education. First, academic institutions should institutionalize leadership development programs focusing on emotional intelligence, mentorship, conflict resolution, and adaptive leadership. These programs should not be one-time workshops but continuous, reflective processes that allow program leaders to evolve alongside changing educational landscapes. Special emphasis should be placed on nurturing mentorship networks within and across institutions, facilitating knowledge transfer, support, and capacity-building among new and experienced leaders.

In parallel, institutions should reinforce communication systems that bridge academic and clinical priorities. This includes clear translation of policies into practice, well-defined role expectations, and structured opportunities for joint planning and evaluation. Addressing operational challenges, such as staffing limitations and restricted training access, will require strategic resource allocation and flexible faculty deployment models that can sustain clinical instruction during unforeseen circumstances.

From an ethical standpoint, this research was conducted with the approval of the ethics committee at one of the private higher education institutions in Davao City, and all participants provided informed consent before data collection. Adherence to confidentiality protocols and respect for participants' autonomy were maintained throughout the study.

Finally, future research should broaden the participant base to include a wider range of stakeholders, such as students, administrators, and policymakers. This expanded perspective will enrich the understanding of leadership dynamics in clinical education and contribute to a more comprehensive, ethically grounded, and inclusive framework for future practice.

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