



A Qualitative Thematic Review of Contemporary Challenges Affecting Health Professions Education: Implications for Higher Education Leadership

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Abstract

Health professions education in the Philippines operates at the intersection of psychosocial strain, generational change, digital transformation, and structural resource limitations. This integrative narrative review synthesizes contemporary empirical and conceptual studies—spanning moral distress and burnout, intergenerational dynamics, Generation Z learning behaviors, licensure intentions, program viability, and clinical placement scarcity—to develop a unified understanding of the pressures confronting students, faculty, and academic leaders in licensure-based programs. A structured search and thematic synthesis yielded six cross-cutting themes: (1) moral distress and moral fatigue as pervasive psychosocial burdens across learners and educators; (2) role overload and burnout driven by simultaneous teaching, administrative, and regulatory demands; (3) intergenerational gaps influencing communication, pedagogy, and leadership practice; (4) the distinctive learning preferences and success definitions of Generation Z and emerging Generation Alpha; (5) structural tensions between enrolment-driven viability and licensure-driven quality; and (6) long-standing scarcity and maldistribution of clinical placement sites. Cross-theme integration reveals that these forces do not operate independently but converge to shape institutional decision-making, faculty engagement, learner preparedness, and ultimately licensure outcomes. The review highlights the absence of integrative, Philippine-focused research linking generational shifts with licensure expectations, faculty well-being, and structural constraints. It proposes a systems-level conceptual view that positions leadership as the central mediating function that must balance viability, quality, well-being, and generational responsiveness. Findings underscore the need for leadership models that are adaptive, data-driven, and psychosocially sensitive; governance structures that account for licensure cultures; and institutional strategies that integrate digital pedagogies, faculty support, and clinical training reform. The review contributes a synthesized evidence base to guide policy, leadership development, and future empirical work in Philippine health professions education..

Keywords: *health professions education; generational differences; faculty burnout; moral distress; licensure examination culture; program viability; clinical placement scarcity; Generation Z; Philippine higher education; academic leadership*

1. Introduction

The landscape of health professions education has undergone profound transformation over the past two decades, driven by global reforms, demographic shifts, technological acceleration, and intensifying regulatory demands. Universities and colleges offering nursing, medicine, and allied health programs are increasingly expected to produce graduates who are not only clinically competent and licensure-ready, but also adaptable, ethically grounded, and responsive to complex health system needs. At the same time, these institutions operate under significant financial, structural, and sociocultural pressures: they must sustain enrolment to ensure program viability, comply with stringent accreditation and licensure

regulations, and respond to rapidly changing expectations from students, faculty, regulators, and employers.

In this evolving environment, health professions education has become a site of cumulative strain for multiple stakeholders. On the one hand, students—predominantly from Generation Z and, increasingly, Generation Alpha—enter licensure-based programs with distinct learning preferences, digital habits, and broader, more personalized definitions of success. They tend to value technology-rich, multimodal, and active learning environments, place high importance on immediacy of feedback and relevance, and integrate notions of well-being, authenticity, and social impact into their understanding of academic and professional achievement. On the other hand, many



faculty members and academic leaders belong to older generations whose formative experiences of education and professional advancement were grounded in more traditional notions of rigour, discipline, and success, heavily anchored on board examination performance, institutional loyalty, and linear career progression.

This intergenerational reconfiguration is taking place within institutions whose success is still largely assessed through conventional performance metrics: licensure examination passing rates, accreditation outcomes, compliance with quality assurance frameworks, and enrolment figures. In the Philippine context, board examination results remain a central indicator of program quality and institutional prestige, particularly in nursing, medicine, and other health-related programs. Regulatory bodies such as the Commission on Higher Education (CHED) and the Professional Regulation Commission (PRC), along with accrediting agencies, set explicit benchmarks related to licensure performance, faculty qualifications, and resource adequacy. Programs that fail to meet these benchmarks risk sanctions, reduced credibility, or eventual closure.

At the same time, program viability is heavily enrolment-dependent, especially in private and regional institutions where nursing, medical, and allied health programs frequently serve as financial pillars. Administrators often face strong pressure to maintain or increase cohort sizes in order to cover operational costs, faculty remuneration, laboratory maintenance, and regulatory compliance requirements. However, rapid or unrestrained enrolment growth can outpace institutional capacity, leading to overcrowded classes, strained faculty workloads, limited access to laboratories and simulation facilities, and diluted clinical exposure. These conditions, in turn, can undermine student preparation for licensure examinations and professional practice, creating a persistent tension between the imperatives of sustainability and quality.

Layered onto this structural tension are psychosocial and organizational challenges that affect both faculty and students. Moral distress and moral fatigue have been documented among health professions students, faculty members, and educational leaders across multiple Asian and ASEAN contexts. For students, repeated exposure to ethically challenging situations, conflicting values in clinical and educational environments, and perceived powerlessness within hierarchical

structures contribute to distress, burnout, and intentions to withdraw from programs or future practice. For faculty, limited autonomy, resource constraints, conflicting standards, and emotionally demanding interactions with learners produce moral fatigue, professional disengagement, and, at times, organizational silence. These experiences compromise teaching effectiveness, weaken mentoring relationships, and erode the quality of learning environments.

Complementing moral distress is the widespread problem of role overload and burnout among health professions educators. Faculty are often expected to balance heavy teaching loads, curriculum and assessment responsibilities, advising and mentoring, research and publication expectations, institutional service, and—where applicable—clinical practice. Administrative tasks related to accreditation, documentation, and compliance have expanded significantly, consuming time and energy that might otherwise be devoted to pedagogy or scholarship. Work-life boundaries have blurred further in the post-pandemic era, as digital communication and hybrid modalities have normalized expectations of availability beyond traditional working hours. These cumulative demands have been linked to emotional exhaustion, reduced efficacy, diminished organizational commitment, and higher turnover intentions.

At the learner level, Philippine research has begun to document another emerging concern: not all students in licensure-based programs intend to pursue licensure with strong commitment. In selected board programs, a subset of students enrol without deep intrinsic interest in the field or clear plans that require licensure eligibility. Some do so due to peer or family influence, program convenience, or as a secondary choice. This misalignment between program enrolment and professional intent manifests in inconsistent academic engagement, weak licensure preparation, and, in some cases, immediate pursuit of alternative career paths upon graduation. Such patterns raise questions about how institutions conceptualize student success in board programs, how they screen and support entrants, and how they respond to evolving generational notions of achievement that extend beyond licensure outcomes.

All of these dynamics are amplified by structural constraints in the training ecosystem, particularly the limited availability of clinical placement sites. As medical, nursing, and allied health programs expand, competition for hospital

and clinical affiliations intensifies. In the Philippines, the urban concentration of tertiary hospitals and the relative scarcity of adequately resourced facilities in rural and underserved areas create uneven opportunities for clinical exposure. Overcrowding in available sites, limited supervision, and resource deficits reduce the depth and diversity of student learning experiences and complicate efforts to meet competency and licensure requirements. While simulation, community-based models, and digitally mediated learning can partially mitigate these constraints, they do not fully replicate the complexity and authenticity of real clinical environments.

Taken together, the literature depicts health professions education in the Philippines as a system in which:

Generationally distinct students (primarily Gen Z) enter programs with new learning preferences and broadened definitions of success;

Faculty and academic leaders face moral distress, role overload, and burnout amid expanding roles and administrative demands;

Institutions navigate a fragile balance between enrolment-driven viability and licensure-driven quality, under close regulatory scrutiny;

Structural limitations—most notably clinical placement shortages and faculty capacity constraints—restrict the fulfilment of both educational and regulatory expectations.

Despite substantial work on each of these themes, current scholarship remains largely fragmented. Moral distress, faculty burnout, generational differences, licensure culture, program viability, and clinical site availability are often treated as separate domains of inquiry. There is limited integrative, Philippine-focused research that examines how these phenomena interact within specific institutions, and how academic leaders interpret and navigate these interlocking pressures in their day-to-day decision-making. In particular, there is a lack of systematic evidence on:

How deans and program heads in health professions programs understand and manage the tension between enrolment growth and licensure outcomes;

How they interpret and respond to generational shifts in student learning preferences and definitions of success, particularly in licensure-intensive programs;

How they perceive and address faculty role overload, moral distress, and burnout within the constraints of regulatory requirements and resource limitations; and

How structural issues such as clinical placement scarcity shape their leadership strategies, trade-offs, and institutional priorities.

This conceptual and empirical gap is significant for several reasons. First, health professions education programs occupy a critical position in the Philippine health system, serving as pipelines for local service delivery and international labour markets. Second, leadership decisions in these programs have cascading effects on student well-being, faculty retention, licensure performance, and institutional sustainability. Third, the rapid generational and technological shifts underway suggest that legacy approaches to program management, faculty support, and student engagement may be increasingly misaligned with contemporary realities. Without a more integrated and context-sensitive understanding of these dynamics, institutional and policy responses risk being piecemeal, reactive, or insufficiently grounded in the lived experiences of those who lead and inhabit these programs.

Against this backdrop, the present study is conceived to systematically examine the intersection of generational change, faculty and student well-being, program viability, and licensure-oriented quality assurance within Philippine health professions education. By focusing on the perspectives and experiences of academic leaders (e.g., deans, program chairs, coordinators) and situating these within the broader institutional and regulatory environment, the study seeks to illuminate how leadership navigates competing demands and evolving expectations in licensure-based programs.

Statement of the Problem

Health professions education programs in the Philippines are simultaneously expected to (a) sustain enrolment for institutional viability, (b) maintain high licensure examination performance and accreditation status, (c) respond to the learning preferences and success definitions of a predominantly Gen Z student body, and (d) safeguard the well-being and engagement of faculty who increasingly face moral distress, role overload, and burnout. These expectations must be met within a training ecosystem constrained by limited clinical placement sites, faculty shortages, and demanding regulatory frameworks.

While existing literature has documented individual elements of this situation—such as faculty burnout, generational differences in learning, licensure performance trends, and clinical site scarcity—there is a lack of integrative research that examines how these pressures are experienced and managed by academic leaders in Philippine health



professions programs. In particular, little is known about:

- a. How generational change among students and faculty reshapes educational practices and definitions of success in licensure-based programs;
- b. How moral distress, role overload, and burnout among faculty intersect with enrolment pressures, licensure expectations, and regulatory demands; and
- c. How leaders in health professions programs make strategic and practical decisions to balance program viability with educational quality under structural constraints such as clinical placement shortages.

This absence of integrated, context-specific evidence constrains the ability of institutions and policymakers to design coherent leadership development initiatives, faculty support systems, and quality assurance strategies that are responsive to the realities of Philippine health professions education.

Purpose of the Study

The primary purpose of this study is to explore and analyze how academic leaders in Philippine health professions education programs navigate the intersecting challenges of generational change, faculty well-being, program viability, and licensure-driven quality expectations within a context of structural constraints, particularly the limited availability of clinical placement sites.

By examining leadership perspectives and institutional practices in selected medical, nursing, and allied health programs, the study aims to generate an integrative understanding of:

- a. How generational differences and evolving student success definitions are perceived and addressed in licensure-based curricula;
- b. How moral distress, role overload, and burnout among faculty are recognized and managed (or left unaddressed) by academic leaders; and
- c. How decisions concerning enrolment, resource allocation, clinical affiliations, and quality assurance are made in light of licensure performance and regulatory standards.

Ultimately, the study seeks to develop evidence-informed insights and implications for leadership, policy, and program design that can support more sustainable, humane, and generationally responsive models of health professions education in the Philippines.

Research Objectives

Guided by the problem and purpose stated above, the study will pursue the following objectives:

- a. To describe the current context of selected Philippine health professions education programs in terms of enrolment patterns, licensure performance, clinical placement arrangements, and regulatory or accreditation status.
- b. To examine how academic leaders perceive and interpret generational shifts in student learning preferences, digital behaviors, and definitions of academic and professional success within licensure-based programs.
- c. To explore the manifestations of moral distress, role overload, and burnout among faculty in the participating health professions programs, as understood from the perspectives of academic leaders.
- d. To analyze how academic leaders navigate the tension between program viability and program quality, particularly the balance between enrolment targets, faculty capacity, clinical training opportunities, and licensure performance expectations.
- e. To identify leadership and management strategies currently used to address generational differences, faculty well-being, and structural constraints (such as limited clinical placement sites) in health professions education programs.
- f. To develop an integrative, context-sensitive conceptual model or set of guiding implications that can inform leadership practice, institutional policy, and future research on generationally responsive, licensure-oriented health professions education in the Philippines.

These objectives are intended to produce a holistic account of how Philippine health

professions education programs are led and managed amid converging generational, psychosocial, structural, and regulatory pressures, and to contribute to the broader discourse on sustainable and high-quality licensure-based education in the country.

2. Review of Related Literature

2.1 Moral Distress and Moral Fatigue Among Educators in Health Professions Education

Moral distress—defined as the psychological discomfort experienced when individuals are constrained from acting in accordance with their ethical beliefs—has become an established construct in health professions education over the past decade. Recent evidence from multiple Asian and ASEAN contexts demonstrates that moral distress and moral fatigue are not limited to clinical environments; they are increasingly recognized as pervasive experiences among educators, academic leaders, and students within medical and health sciences programs.

Studies from Singapore, China, Hong Kong, Taiwan, Iran, and Kazakhstan reveal that moral distress emerges in environments where educators face high-stakes decision-making, institutional pressures, role conflicts, and ethical dilemmas inherent in the training of future health professionals (Ong et al., 2022; Wan et al., 2024; Yeh et al., 2020; Cheng et al., 2024; Pejmankah & Pezhmankah, 2022; Uristemova et al., 2024). The widespread documentation of moral distress in these regions indicates that the phenomenon has become structurally embedded in health professions education, shaped by cultural norms, hierarchical institutions, and increasing performance expectations.

Among medical students, moral distress arises from repeated exposure to ethically challenging situations, conflicting values, and perceived powerlessness in hierarchical clinical contexts. Systematic scoping reviews from Singapore and China identify a consistent pattern: moral distress contributes to burnout, reduced professional efficacy, and negative mental health outcomes (Ong et al., 2022; Wan et al., 2024). Additional investigations show similar relationships between distress, academic stress, and moral courage, suggesting that moral distress may be both an affective and cognitive burden carried throughout professional formation (Neufeld-Kroszynski et al., 2024; Perni et al., 2020).

Faculty members likewise experience moral distress in environments characterized by

institutional constraints, inadequate support, and conflicting educational standards. Nursing and medical faculty in Iran and Kazakhstan report moral fatigue resulting from limited autonomy, pressure to maintain teaching quality despite resource limitations, and emotionally demanding interactions with students (Pejmankah & Pezhmankah, 2022; Uristemova et al., 2024). These experiences contribute to burnout, emotional exhaustion, and organizational silence, which in turn diminish teaching effectiveness and diminish the educators' sense of professional meaning.

Notably, cultural factors shape the expression and management of moral distress. In Chinese and Singaporean contexts, hierarchical expectations, collectivist norms, and the prioritization of social harmony influence how both students and faculty experience ethical discomfort (Yeh et al., 2020; Ong et al., 2022). These cultural dynamics may suppress open dialogue about ethical concerns, contributing to accumulated moral residue and longer-term fatigue.

The prevalence of moral distress among nursing students in Hong Kong further highlights the phenomenon's impact on learner well-being. Studies reveal that moral distress predicts burnout and increases students' intention to leave their programs, suggesting that unresolved moral strain may undermine not only personal well-being but also career pathways in health professions education (Cheng et al., 2024). As a result, moral fatigue becomes both an educational and organizational risk.

Overall, the literature indicates that moral distress is a persistent and multifaceted issue among populations involved in health professions education, including students, faculty, and academic leaders. The phenomenon contributes to emotional exhaustion, burnout, diminished teaching quality, impaired learning environments, and declining job satisfaction across roles. Within institutions facing additional pressures—such as accreditation requirements, heavy workloads, generational differences, and performance metrics—moral distress becomes a significant leadership and management concern. These findings underscore the need for organizational strategies that address ethical strain, provide psychosocial support, and establish healthy, communicative educational cultures sensitive to cultural contexts.

2.2 Role Overload and Burnout Among Faculty in Health Professions Education

Role overload and burnout have emerged as pervasive and well-documented concerns among faculty in health professions education. Burnout, characterized by emotional exhaustion, depersonalization, and reduced professional



efficacy, is consistently attributed to the cumulative demands of teaching, research, administrative responsibilities, and personal obligations. Across multiple studies in the past decade, faculty members—especially those holding dual academic and clinical roles—experience substantial strain due to increasingly complex and competing expectations within higher education institutions.

One of the most frequently cited contributors to burnout is excessive workload, which results from managing simultaneous responsibilities in instruction, curriculum development, student mentoring, scholarly research, institutional service, and, in many cases, clinical practice (Darbshire et al., 2020; McHenry et al., 2023; Nassar et al., 2020; Hosseini et al., 2022). Faculty describe these demands as exceeding reasonable capacity, leading to chronic stress, fatigue, and a sense of diminished accomplishment. Studies indicate that faculty who hold blended clinician-educator roles are particularly vulnerable, as they must navigate the pressures of patient care while also fulfilling increasingly complex academic requirements (McHenry et al., 2023; Halat et al., 2023; Koster & McHenry, 2023).

Another major driver of burnout is administrative burden, which has intensified in recent years. Faculty frequently report that administrative responsibilities—including documentation, accreditation compliance, meetings, committee work, and service obligations—consume a disproportionately large amount of time and often lack meaningful pedagogical or scholarly relevance (Nassar et al., 2020; Mohaini et al., 2025). Several studies conclude that administrative overload contributes more strongly to burnout than teaching itself, largely due to perceived futility, lack of autonomy, and the pressure of meeting institutional metrics.

Work-life imbalance further amplifies burnout among health professions educators, especially during and after the COVID-19 pandemic. Growing expectations for availability, remote work, and digital responsiveness have blurred the boundaries between professional and personal life, resulting in increased turnover intentions, reduced career satisfaction, and diminished mental well-being (Boamah et al., 2022; Koster & McHenry, 2023). Younger faculty and early-career academics report heightened vulnerability to imbalance, as they often juggle doctoral studies, family responsibilities, and institutional pressures to build robust scholarly portfolios.

Institutional characteristics also shape faculty well-being. Studies identify lack of support, inadequate recognition, limited autonomy, unclear role expectations, and insufficient resources as structural contributors to burnout (Duke et al., 2020; Hosseini et al., 2022; Halat et al., 2023; Koster & McHenry, 2023). When combined with the rising “publish-or-perish” culture, pressure to obtain external funding, and curricular demands, faculty workload becomes increasingly unmanageable. These systemic factors not only elevate burnout risk but also negatively affect teaching quality, research productivity, and faculty retention.

Recent reviews also highlight nuanced psychological dimensions of burnout in academic medicine. Emotional exhaustion and professional detachment are frequently associated with increased dissatisfaction, lower organizational commitment, and greater intention to leave the institution or profession (Banerjee et al., 2023; Boamah et al., 2022). Faculty describe feelings of alienation, decreased motivation, and limited capacity for empathy or mentorship, which weaken the educational environment and erode collegiality.

Overall, the literature portrays a consistent and troubling pattern: faculty in health professions education face substantial role overload that directly contributes to burnout, impaired well-being, and professional disengagement. The convergence of teaching, research expectations, administrative duties, and personal responsibilities—combined with institutional limitations—creates an environment in which sustained productivity and quality are increasingly difficult to maintain. Addressing these challenges requires organizational reform that includes workload redistribution, meaningful administrative support, well-defined role expectations, recognition systems, and mental health resources. Without such interventions, burnout will continue to undermine faculty performance, student learning outcomes, and institutional stability in health professions education.

2.3 Intergenerational Differences and Their Effects on Teaching, Communication, and Student Engagement

Intergenerational differences have become an increasingly salient issue in higher education, particularly as today’s classrooms comprise faculty from older generations—primarily Generation X and Baby Boomers—and students from Generation Z and increasingly Generation Alpha. These

generational distinctions encompass divergent values, communication styles, learning preferences, and expectations of the educational environment. Studies over the past decade consistently demonstrate that such differences can hinder communication, reduce teaching effectiveness, and contribute to lower student engagement when not addressed through intentional pedagogical and organizational strategies.

A central area of concern is communication, where mismatches in tone, medium, and expectations often lead to conflict or misunderstanding. Research conducted in the Philippines highlights how both faculty and students consciously adjust communication styles across generational lines but still experience disconnects due to differing assumptions regarding appropriateness, clarity, and immediacy (Bongco & Ama, 2023). International studies mirror these findings, indicating that generational communication differences—amplified in online learning—can create friction, reduce perceived faculty support, and impair learning interactions (Dahmani et al., 2024; Shakoor et al., 2025). These misalignments may lead students to perceive faculty as unapproachable or outdated, while faculty may interpret student communication as informal or disengaged.

Intergenerational gaps also exert significant influence on teaching effectiveness, particularly as learning environments become increasingly technology-integrated. Older faculty may experience difficulties adapting to rapid technological changes, learning management systems, or digital pedagogies that younger students view as essential components of effective instruction (O'Leary et al., 2020). Conversely, students often expect interactive, multimedia-driven approaches that align with their digital socialization. When faculty rely on more traditional, lecture-heavy methods, students may experience decreased satisfaction and learning effectiveness. The gap in technological literacy and pedagogical expectations thus becomes a barrier to instructional alignment and academic performance.

Furthermore, student engagement is deeply shaped by generational perspectives on motivation, participation, and experiential learning. Research suggests that students from younger generations prioritize relevance, collaboration, and immediacy in learning experiences (Shahanaz & Masthan, 2025). However, faculty may interpret this shift as diminished seriousness, entitlement, or lack of discipline, which contributes to misperceptions and strained interactions. These perceptual gaps can result in reduced enthusiasm, reluctance to participate, and disengagement from classroom activities. Students who feel misunderstood or

unsupported are also more likely to withdraw emotionally or academically, further complicating the educational dynamic.

Despite these challenges, the literature also points to effective mitigation strategies, demonstrating that intergenerational differences do not inevitably compromise educational quality. Institutions that invest in culturally responsive teaching, faculty development workshops, and open communication frameworks report improvements in rapport, instructional effectiveness, and student engagement (O'Leary et al., 2020). Collaborative learning, inclusive dialogue, and deliberate consideration of generational identities can transform potential conflict into opportunities for enriched learning experiences.

Overall, research indicates that intergenerational differences significantly shape the relational and pedagogical climate of higher education. When unaddressed, these gaps can disrupt communication, diminish teaching effectiveness, and undermine student engagement. However, when institutions and educators adopt adaptive, inclusive, and responsive strategies, intergenerational diversity becomes a resource rather than a barrier—promoting mutual understanding, improved pedagogy, and stronger learning communities.

2.4 Generational Differences and Leadership Challenges in Higher Education

Generational diversity within academic institutions has become increasingly pronounced, bringing with it a complex set of leadership and management challenges. As higher education transitions into a workforce comprised of senior academic leaders—often from Generation X or the Baby Boomer cohort—and younger faculty members primarily from the Millennial and emerging Generation Z cohorts, institutions face tensions rooted in differing expectations, communication styles, and professional values. These generational distinctions shape the academic workplace in fundamental ways, influencing organizational culture, leadership dynamics, and the effectiveness of institutional governance.

A consistent theme across recent literature is the divergence in expectations and professional values between academic leaders and younger faculty. Senior leaders often prioritize hierarchical structures, gradual career progression, institutional loyalty, and adherence to tradition. In contrast, younger faculty members typically seek rapid advancement, flexible work arrangements, shared governance, and meaningful involvement in decision-making processes (Blaess et al., 2020; K.K.

Bajaj, 2023; Makola & Mulaudzi, 2024; Jing et al., 2025). These mismatched expectations can lead to frustration, eroded morale, and resistance to institutional initiatives. Younger faculty may perceive leadership as outdated or unresponsive, while older leaders may view younger faculty as entitled or insufficiently prepared for long-term organizational commitments. These tensions often manifest as stalled reforms, inconsistent participation in governance, and diminished faculty engagement.

Generational differences also shape communication and collaboration patterns within academic workplaces. Younger faculty are generally more comfortable with digital technologies, collaborative leadership models, and rapid feedback cycles. They prefer communication that is transparent, timely, and technology-enabled. Conversely, senior leaders may rely on more formal, traditional, or hierarchical communication practices, which younger faculty may interpret as opaque or inefficient (Blaess et al., 2020; Makola & Mulaudzi, 2024; Jing et al., 2025). Such divergences can hinder effective collaboration, impede implementation of digital initiatives, and create misaligned expectations around responsiveness and accountability. Moreover, institutions undergoing digital transformation face additional strain when leaders lack familiarity with technological systems that younger faculty deem essential for academic productivity.

In addition, the literature highlights significant generational implications for succession planning and leadership development. Many academic institutions struggle to cultivate clear pathways for younger faculty to transition into leadership roles. Contributing factors include lack of mentorship, limited exposure to leadership tasks, and the absence of intentional cross-generational knowledge transfer mechanisms (Blaess et al., 2020; Makola & Mulaudzi, 2024; Loewen et al., 2025). This leadership pipeline gap creates long-term risks for institutional continuity, innovation, and strategic execution. Younger faculty often report uncertainty about advancement opportunities and perceive leadership roles as inaccessible or mismatched with their career aspirations. Institutions that fail to prepare mid-career faculty for leadership roles may experience leadership vacuums, governance instability, and decreased organizational adaptability.

Generational dynamics also influence institutional accountability and performance.

Studies show that when younger faculty feel excluded from meaningful leadership opportunities or unsupported by senior leaders, institutional trust declines and turnover intentions rise (K.K. Bajaj, 2023; Loewen et al., 2025). Conversely, academic environments that invest in mentoring, leadership development programs, and inclusive decision-making processes report improved morale, greater innovation, and stronger institutional alignment. Strategic supports for mid-career faculty—such as distributed leadership structures, leadership rotations, and competency-based development frameworks—are particularly effective in bridging intergenerational divides (Baker et al., 2021).

Moreover, higher education institutions experience challenges integrating different generational orientations toward organizational culture and change. Younger faculty often advocate for transformative change, diversity and inclusion initiatives, and digital innovation, while established leaders may prioritize stability, heritage, and traditional academic norms. This cultural divergence can complicate reform efforts, particularly in contexts requiring rapid digital acceleration, such as curriculum modernization, technology adoption, or online learning expansion (Jing et al., 2025). Without intentional, culturally responsive leadership, these generational tensions may hinder institutional agility and weaken the overall educational environment.

Collectively, the literature demonstrates clear and consistent evidence that generational differences between academic leaders and younger faculty members contribute to complex leadership and management challenges in higher education institutions. These challenges span expectations, communication, collaboration, and leadership development, ultimately influencing institutional cohesion and performance. While generational diversity presents structural tensions, it also offers opportunities for institutions to build more adaptive, inclusive leadership models. The literature emphasizes the importance of mentorship, clear advancement pathways, open communication, digital leadership training, and intentional succession planning as key strategies for bridging intergenerational divides and fostering sustainable institutional success.

2.5. Learning Preferences of Generation Z in Comparison to Earlier Generations

A growing body of literature demonstrates that Generation Z learners display learning preferences that differ markedly from those of earlier cohorts, including Millennials and Generation X. Gen Z's educational expectations are shaped by their upbringing in an era of pervasive digital technology, instantaneous information access, and visually rich media environments. Consequently, their preferences influence pedagogy, curriculum design, and instructional effectiveness across higher education.

One of the most defining characteristics of Gen Z learners is their digital fluency and expectation for technology-rich learning environments. Unlike earlier generations, Gen Z students grew up fully immersed in smartphones, broadband internet, and integrative media, resulting in heightened comfort with digital tools and online collaboration. They expect interactive multimedia, mobile-accessible materials, and seamless integration of digital platforms into their academic experience (Nicholas & Arlene, 2020; Chan & Lee, 2023; Alruthaya et al., 2021; Hernández-De-Menéndez et al., 2020). Studies across engineering, medicine, and general higher education consistently show that Gen Z prefers learning experiences that incorporate simulations, gamified activities, artificial intelligence tools, and real-time digital feedback.

In addition, research indicates that Gen Z exhibits a strong preference for multimodal and active learning, favoring educational activities that integrate visual, auditory, kinesthetic, and inquiry-driven components. Scoping reviews and empirical studies show that Gen Z health sciences students gravitate toward experiential activities, case-based learning, problem-solving exercises, flipped classrooms, and interactive laboratory experiences more strongly than their Millennial or Gen X counterparts (Ishak et al., 2022; Kabir et al., 2025; Sayekti et al., 2021; Piglionico & Lo Presti, 2025; Shorey et al., 2021). A recurring theme across these studies is that passive lectures—once a dominant pedagogical mode—are often perceived by Gen Z as disengaging or insufficient to sustain attention. Conversely, hands-on and collaborative learning environments are associated with heightened motivation, improved academic performance, and deeper conceptual understanding.

A third theme in the literature concerns attention span and immediacy of feedback. Gen Z learners frequently demonstrate shorter attention spans, potentially due to constant exposure to fast-paced digital environments and short-form content such as TikTok and Instagram Reels. As a result, Gen Z students prefer concise, visually dense educational materials such as infographics, microlearning modules, and short video explanations rather than extended textual readings or

traditional lectures (Chan & Lee, 2023; Alruthaya et al., 2021; Nossoni, 2024; Seibert, 2020). Immediate feedback is especially valued, reflecting both their digital upbringing and their preference for real-time progress tracking. This demand for immediacy differentiates them from Millennials, who experienced a transitional digital environment, and Gen X, whose education was primarily analog.

The literature also indicates nuanced distinctions between Gen Z and Millennials in learning style nuances. While Millennials are often characterized as highly visual and collaborative learners, some studies suggest that Gen Z may demonstrate stronger verbal tendencies in certain contexts or greater preference for structured digital interaction. Across studies in dental hygiene, engineering, interior design, and business education, Gen Z consistently prioritizes personalization, blended learning environments, and flexible delivery formats (Manzoni et al., 2020; Turner & Gurenlian, 2023; Albadi & Zollinger, 2021; Seemiller et al., 2020). Gen Z's interest in adaptive technologies, AI-assisted learning, and cross-institutional collaboration further distinguishes them from earlier generations.

In health professions education, particularly medical and nursing programs, Gen Z's learning preferences carry meaningful implications for curriculum design. Their affinity for active and experiential learning supports a strong alignment with competency-based medical education, problem-based learning, and integrated clinical simulation (Shorey et al., 2021; Piglionico & Lo Presti, 2025). Furthermore, their digital literacy enables them to adopt AI-driven diagnostic simulations, virtual anatomy platforms, and digital pathology tools with greater ease compared to older cohorts.

Taken collectively, the body of evidence shows a consistent pattern: Generation Z learners possess distinct learning preferences centered on digital integration, multimodal interactivity, immediate feedback, and active knowledge construction. These differences require educators and curriculum designers to reassess traditional pedagogical models, adapt instructional strategies, and design learning environments that align with the expectations and strengths of Gen Z learners. Failure to do so may result in disengagement, reduced learning efficacy, and misalignment between higher education institutions and the evolving student demographic. Conversely, embracing these generational preferences can enhance engagement, improve learning outcomes, and foster more innovative and resilient educational ecosystems.



2.6 Impact of Short-Form Digital Content on Student Attention, Motivation, and Academic Discipline in the Post-Pandemic Era

The rapid rise of short-form digital content following the COVID-19 pandemic has significantly influenced student behavior, learning processes, and academic performance across the Asian region. Empirical studies in the past five years demonstrate that the pervasive use of platforms delivering bite-sized videos—such as TikTok, Instagram Reels, and YouTube Shorts—has created both challenges and opportunities for students' attention spans, motivation, and academic discipline.

A consistent theme across the literature concerns the impact of short-form digital content on attention span and cognitive engagement. Increased exposure to brief, rapidly changing visual stimuli is associated with heightened distractibility, reduced capacity for sustained attention, and more pronounced challenges in self-regulation (Fatimi et al., 2025; Shuai et al., 2021; Wang et al., 2021). Students who rely heavily on entertainment-oriented digital media exhibit greater susceptibility to cognitive overload and fragmented concentration. This is particularly evident among learners with pre-existing attentional vulnerabilities or low digital competence (Shuai et al., 2021). However, the research also shows that carefully designed short-form educational videos can enhance engagement by simplifying complex content, reducing cognitive load, and improving comprehension—an effect documented in engineering courses using online flipped learning formats in China (Zhu et al., 2022).

The literature similarly highlights ambivalent effects on student motivation and academic discipline. On one hand, digital overload and the unstructured nature of online learning during the pandemic contributed to decreasing intrinsic motivation, higher stress levels, and increased academic burnout (Fatimi et al., 2025; Wang et al., 2021; Yu, 2022). Students experienced difficulty maintaining routines, managing time, and resisting distractions, which further undermined academic discipline. On the other hand, certain technological affordances—such as digital collaboration platforms, interactive short videos, and gamified tasks—were found to enhance motivation, participation, and active engagement when thoughtfully implemented (Yu, 2022; Gopinathan et al., 2022). These findings underscore the dual nature of digital learning environments: while they present risks for disengagement, they also hold pedagogical

promise when paired with intentional design and sound digital literacy frameworks.

Studies also indicate that the extent of these effects varies based on students' digital competence. Learners with stronger digital skills demonstrate better self-regulation, more effective filtering of online stimuli, and higher capacity to engage productively with technology-rich environments (Wang et al., 2021; Yu, 2022). In contrast, students with weaker digital literacy struggle with multitasking, attention fragmentation, and prioritization, leading to weakened academic discipline and reduced academic success. The post-pandemic environment therefore accentuates inequalities in learning behaviors depending on technological proficiency, access, and self-management skills.

Collectively, these studies illustrate that short-form digital content exerts a multidimensional influence on students' educational experiences. Its impact is neither uniformly detrimental nor uniformly beneficial; rather, it depends on contextual factors such as content design, pedagogical integration, student characteristics, and institutional supports. When used haphazardly or excessively, short-form content exacerbates distraction and diminishes academic discipline. When strategically incorporated into instruction, however, it can enhance motivation, deepen engagement, and support the learning needs of contemporary digital-native students. As higher education shifts toward hybrid and technology-enhanced models, understanding these dynamics becomes essential for educators seeking to optimize student learning outcomes in the post-pandemic era.

2.7 Leadership and Management Interventions for Generational Conflict and Faculty Engagement

Leadership and management strategies play a critical role in addressing generational differences and promoting faculty engagement in higher education. The literature consistently demonstrates that transformational leadership provides one of the strongest foundations for bridging generational divides and fostering collaborative academic environments. Transformational leaders articulate shared goals, inspire collective purpose, and promote innovation, enabling faculty across age groups to feel valued and empowered. This leadership approach enhances communication, strengthens interpersonal relationships, and reduces the friction that often emerges between older and younger faculty members who differ in

expectations, work habits, and perspectives on institutional change (Chaudhary & Modi, 2024; Zulfqar et al., 2021; Haya, 2024; Han, 2025; Chandolia & Anastasiou, 2020).

Adaptive and situational leadership theories further underscore the importance of flexibility in managing a multigenerational academic workforce. Leaders who adjust their communication style, supervisory approach, and motivational strategies to align with the unique needs of each generational cohort are more successful in reducing conflict and promoting organizational cohesion. The ability to respond inclusively to diverse preferences—such as younger faculty members' desire for autonomy and digital integration and senior faculty's preference for structured decision-making—creates an environment where collaboration can flourish. Studies highlight that proactive, context-sensitive leadership leads to more effective conflict resolution, increased trust, and stronger faculty commitment (Zulfqar et al., 2021; Pennington, 2024; Haya, 2024; Chandolia & Anastasiou, 2020).

Conflict management practices also emerge as essential interventions in reducing generational tensions. Strategies that emphasize integration, compromise, and obliging—rather than dominance or avoidance—contribute to healthier faculty relationships and reduce the emotional strain associated with unresolved interpersonal issues. Training programs that build conflict resolution competence among academic leaders and faculty members lead to improved communication, heightened satisfaction, and stronger alignment with institutional goals. Faculties exposed to multi-strategy conflict management report higher levels of organizational commitment and improved performance, demonstrating the centrality of collaborative problem-solving in diverse academic environments (Chaudhary & Modi, 2024; Igbinoba et al., 2022; Kiran et al., 2024; Pennington, 2024).

Institutional interventions beyond leadership style also influence generational harmony and engagement. Faculty development programs—whether in the form of microlearning modules, sustained workshops, communities of practice, or recognition initiatives—significantly enhance faculty motivation and professional growth. Such programs are particularly successful when they acknowledge generational diversity and allow flexible modes of participation. These interventions help faculty adapt to evolving academic expectations, develop new competencies, and feel valued within the institution, thereby supporting long-term engagement (Dyrbye et al., 2022).

Inclusive academic environments likewise contribute to stronger engagement across generational lines. Institutions that cultivate shared

governance, transparent communication, and participatory decision-making amplify faculty members' sense of belonging and purpose. Studies show that when faculty perceive institutional support and opportunities for meaningful involvement, they become more committed to teaching, research, and community engagement—regardless of age cohort (Guzzardo et al., 2020; Atobatele et al., 2024; Mohamed et al., 2025; Jaron & Malaga, 2025).

Finally, the integration of technology and flexible e-learning platforms supports engagement in multigenerational settings. Digital tools facilitate collaboration, continuous learning, and cross-generational mentorship, particularly when designed to accommodate differences in digital literacy. Technology-enabled professional development and communication systems reduce logistical barriers and enrich the academic experience for both younger and senior faculty members (Falola et al., 2022).

Collectively, the literature shows that transformational and adaptive leadership, collaborative conflict management, inclusive institutional practices, and targeted faculty development initiatives form an integrated set of interventions that effectively address generational conflict and strengthen faculty engagement in higher education.

2.8 Redefining Success: Emerging Generational Perspectives in Contemporary Higher Education

Studies in recent years consistently demonstrate that today's learners—particularly those belonging to Generation Z and the emerging Generation Alpha—are reshaping long-standing academic notions of success. Unlike previous generations, whose success markers were anchored primarily in grades, licensure outcomes, and employment stability, contemporary students increasingly adopt broader, more personalized definitions of achievement grounded in well-being, authenticity, and social relevance.

Research shows that Generation Z students now interpret success as an interplay between personal fulfillment, ethical responsibility, emotional resilience, social contribution, and meaningful career alignment. While they do not entirely dismiss traditional metrics such as grades or employability, these indicators no longer function as the central pillars of student identity or motivation. Instead, they are integrated into a wider framework that prioritizes individual purpose and values-driven decision-making. O'Sullivan, Polkinghorne, and O'Sullivan (2024) found that modern students actively seek educational pathways that reflect their passions, moral perspectives, and desire for transparency and authenticity in institutional



branding. Universities that fail to adjust to these shifting expectations risk losing resonance with incoming cohorts.

Parallel findings from Uriyo and Sarkar (2024) reinforce this trend, highlighting that today's students view success as fluid, subjective, and experiential, shaped by diverse personal, social, and cultural contexts. Their work reveals a widening gap between institutional definitions of success—still dominated by standardized assessments and employment statistics—and the lived perceptions of learners, who increasingly emphasize well-being, creative growth, and social impact. This divergence suggests that many academic institutions may be communicating outdated value propositions, particularly to students who expect education to be adaptive, human-centered, and attuned to current global realities.

The trend is even more pronounced in Generation Alpha, who are described as highly adaptive, creative, digitally fluent learners with a strong inclination toward innovation, openness, and progressive definitions of personal growth. Ziatdinov and Cilliers (2021) argue that this cohort will likely continue to challenge conventional academic paradigms as they enter higher education. Their anticipated emphasis on creativity, digital literacy, and self-driven learning is expected to push institutions toward more flexible, interdisciplinary, and technology-integrated models of student success.

Across all studies, a unifying insight emerges: the contemporary student's definition of success is multiperspectival, combining academic attainment with mental health, ethical consciousness, personal identity development, and the desire for value-aligned futures. This shift presents both opportunities and challenges for higher education leadership. On one hand, it compels institutions to broaden their conceptualization of academic achievement and redesign student support to reflect holistic growth. On the other, it highlights generational misalignments—particularly among educators and administrators who come from eras where success was predominantly measured through performance metrics such as licensure examinations, board results, or employment placement.

This evolving landscape suggests the need for more culturally responsive, student-centered leadership approaches capable of reconciling institutional imperatives with the complex, modern aspirations of Generations Z and Alpha. Institutions

must therefore adopt more inclusive models of defining and supporting student success, ensuring alignment with the values and lived realities of the learners they serve.

2.9 Student Commitment and Intentions Toward Licensure Examinations in Philippine Board Programs

Recent Philippine studies reveal a persistent and consequential issue within licensure-based academic programs: a proportion of students undertake these degrees without strong commitment to the licensure pathway. This lack of intention manifests in ambivalent attitudes toward licensure examinations, inconsistent academic engagement, and decisions to pursue alternative career routes immediately after graduation. These patterns suggest broader structural, motivational, and psychosocial factors shaping students' academic and professional trajectories in board-regulated disciplines.

Research involving education graduates demonstrates that some students enter licensure programs without intrinsic interest in the field or without clear long-term plans that require licensure eligibility. Mercado et al. (2025) found that a subset of graduates expressed limited intention to take the licensure exam, citing factors such as lack of program fit, social or peer pressure in choosing the degree, and diminished academic engagement during their studies. Students in this group frequently reported irregular class attendance, insufficient focus, and reduced exam preparedness, all of which adversely affected their confidence and eventual decision to pursue licensure.

Similar findings emerge from criminology programs, where non-passers described structural and personal challenges that shaped their disengagement from the licensure process. C. et al. (2022) reported that some criminology students lacked initial commitment to the professional pathway, often selecting the program due to convenience, external suggestion, or as a secondary option. These students struggled with sustained academic effort, self-regulation, and clarity regarding career goals, contributing to weaker preparedness for the Criminologist Licensure Examination.

Motivational differences further explain why some students in board courses do not pursue licensure with full commitment. Studies examining intrinsic and extrinsic motivational factors demonstrate wide variation in students' reasons for

engaging with licensure programs. While many students possess strong internal drive—such as personal aspirations, professional ambition, or commitment to mastery—others rely primarily on external motivators, including parental expectations, societal pressure, or potential material benefits (Journal of English Education and Linguistics, 2021). Students whose motivations are misaligned with the demands of licensure-based programs tend to show lower persistence and reduced intention to take board examinations.

Patterns in nursing education reinforce this insight. Montegrico and Chen (2025) identified that Philippine-educated nurses who did not choose nursing as their first preference were significantly less likely to exhibit strong academic performance and licensure success. Students whose initial career interests diverged from nursing demonstrated weaker commitment to the licensure track, higher likelihood of academic underperformance, and greater tendency to pursue alternative employment opportunities that did not require passing the NCLEX-RN or local board examinations. These findings highlight how misalignment between program choice and authentic interest can hinder students' completion of licensure requirements.

Collectively, these studies illustrate that while licensure examinations remain crucial for professional qualification in fields such as teaching, nursing, and criminology, not all students enrolled in these programs intend to pursue licensure upon graduation. The interplay of personal interest, program choice circumstance, academic engagement, and external pressures contributes to uneven patterns of licensure readiness. This underscores the importance of implementing early academic advising, structured career guidance, and ongoing motivational support to ensure that students are adequately prepared for both the academic demands of their programs and the licensure expectations that follow.

2.10 Program Viability, Enrolment Pressures, and Licensure Performance in Philippine Health Professions Education

The literature on Philippine health professions education—particularly in nursing, medicine, and allied health—reveals a persistent and well-documented tension between program viability, defined largely through enrolment sustainability, and program quality, commonly assessed through licensure examination performance, accreditation outcomes, and regulatory compliance. This tension reflects a structural challenge in the country's education system, where institutions must balance financial and organizational imperatives with the professional standards required of health-related programs. The issue is particularly salient in private

higher education institutions (HEIs), regional providers, and emerging colleges of nursing and medicine, which operate in highly competitive academic markets under significant resource constraints (Tuppal et al., 2025; Olvido et al., 2024; Generelao et al., 2022; Barlan, 2023).

Enrolment Expansion and Its Impact on Licensure Outcomes

A strong and consistent theme across the literature is that rapid enrolment expansion often correlates with declines in licensure exam performance. Studies note that when programs expand faster than their capacity to support instruction—whether due to financial pressures, institutional ambitions, or local demand—the quality of student learning is frequently compromised (Generelao et al., 2022; Olvido et al., 2024). Large class sizes reduce opportunities for individualized mentoring, dilute clinical exposure in hospitals, and strain laboratory facilities and simulation centers. These, in turn, affect student readiness for licensure examinations and professional practice.

This pattern is especially evident in nursing education, where fluctuations in national enrolment are strongly linked to corresponding shifts in licensure performance. Dayagbil et al. (2021) and Balmores and Maylem (2025) explain that the years of peak enrolment typically show lower aggregate passing rates, particularly among private HEIs with limited access to quality clinical partners. Similar trends appear in regional medical schools, where infrastructure deficits and uneven faculty distribution create disparities in licensure outcomes compared with well-established metropolitan programs.

Program Viability and Market Pressures

The financial sustainability of health professions programs depends heavily on maintaining sufficient enrolment. Since nursing and allied health programs often serve as revenue-generating academic units within private HEIs, institutional administrators face pressure to admit larger cohorts to cover operational costs, faculty salaries, laboratory maintenance, and compliance with regulatory requirements. Generelao et al. (2022) emphasize that this financial model creates a structural tension: small enrolment threatens program closure, while large enrolment threatens program quality.

Barlan (2023) further notes that some institutions frame program expansion as part of their strategic positioning, especially in regions where demand for health education is high. However, when expansion occurs without parallel investments in faculty development, accreditation compliance, and

adequate facilities, the result is a predictable decline in licensure performance, triggering regulatory warnings or probationary actions from the Commission on Higher Education (CHED) and Professional Regulation Commission (PRC).

Faculty Shortages as a Persistent Constraint

One of the most pervasive factors undermining program quality is the chronic shortage of qualified faculty, especially in clinical fields. Appiah (2020) and Tappal et al. (2025) reveal that many institutions struggle to recruit and retain experienced educators due to the higher salary and career opportunities available in hospitals, international employment, and overseas nursing practice. As a result, schools often rely on part-time instructors or inexperienced clinicians transitioning into academia, leading to inconsistent instructional methods and limited pedagogical expertise.

Faculty shortages also produce cascading effects:

- a. Higher teaching loads that reduce time for curriculum development and student coaching.
- b. Limited faculty-student interaction, which affects mastery of complex competencies.
- c. Reduced availability of reviewers and mentors, crucial for licensure exam preparation.
- d. Difficulty complying with accreditation requirements related to faculty qualifications and ratios.

Studies repeatedly identify faculty capacity as a decisive factor in licensure performance. Programs with stable, well-supported faculty tend to produce consistently higher passing rates, even with moderate enrolment increases (Pizarro & Talosig, 2025; Tappal et al., 2025).

Regulatory and Accreditation Demands

In the Philippines, health professions programs must satisfy stringent regulatory frameworks set by CHED, PRC, and accreditation bodies such as PACUCOA, AACCUP, and institutional quality systems aligned with ISO and PQA. These frameworks require investment in learning resources, libraries, laboratories, clinical affiliations, and faculty qualifications—each of which is sensitive to increases in enrolment.

Research indicates that programs with robust quality assurance systems demonstrate better resilience against the negative impacts of enrolment

growth (Barlan, 2023; Cagape & Prado, 2025). Accreditation processes promote continuous improvement, strengthen curriculum alignment, and encourage reflective leadership. However, they are also resource-intensive and disproportionately challenging for rural and small-scale private HEIs.

Reyes et al. (2021) argue that external shocks, such as poverty-driven crises, pandemic disruptions, and local disasters, further complicate compliance and push administrators into “crisis-management modes,” detracting from long-term quality initiatives.

Leadership Approaches and Mitigating Strategies

Despite these systemic challenges, the literature identifies several leadership strategies that successfully mitigate the enrolment-quality tension:

- a. Curriculum realignment and mapping of competencies to licensure examination structures (Pizarro & Talosig, 2025; Tappal et al., 2025).
- b. Faculty development programs focusing on pedagogy, assessment literacy, and simulation integration (Appiah, 2020; Calisura, 2025).
- c. Strategic management of enrolment caps, allowing gradual expansion matched with resource scaling (Barlan, 2023).
- d. Strengthening clinical partnerships through multi-institutional collaboration and hospital affiliations (Balmores & Maylem, 2025).
- e. Use of data-driven monitoring systems, including early warning academic analytics, competency tracking, and performance dashboards for licensure preparation (Pizarro & Talosig, 2025; Sappayani et al., 2025).

These interventions show that effective leadership can balance viability and quality when guided by strong institutional commitment.

The Role of Institutional Context

Institutional type and geographical location significantly shape how leaders manage enrolment-quality tensions. Programs in highly urbanized regions, especially those affiliated with large university systems, tend to have better access to clinical partners, facilities, and faculty. Conversely, rural and stand-alone private colleges face structural disadvantages that amplify the risks associated with

enrolment growth (Malaco & Meriales, 2025; Homillano, 2025).

Regional disparities also appear in licensure performance, with top-tier schools consistently outperforming under-resourced institutions. This disparity reinforces a cycle in which better-performing programs attract more applicants, while poorly performing programs expand enrolment out of necessity but struggle to improve quality.

Quality Assurance as a Moderating Mechanism

Quality assurance (QA) initiatives—internal and external—serve as critical mechanisms to control the negative effects of expansion. Barlan (2023) and Almuhaideb and Saeed (2020) note that QA systems aligned with international benchmarks (e.g., ABET, ISO 21001, PQA) are associated with more consistent educational outcomes and stronger organizational resilience. These systems institutionalize reflective practice, promote faculty engagement in change processes, and strengthen curriculum coherence.

However, QA is not a panacea: its effectiveness depends on institutional culture, leadership commitment, and resource allocation. Programs that view accreditation as compliance-oriented rather than developmental often struggle to realize its benefits (Ignacio et al., 2022).

2.11 Availability of Clinical Placement Sites as a Systemic Challenge in Health Professions Education

The availability of clinical placement sites has emerged as one of the most persistent systemic constraints in health professions education globally, with significant implications for the quality of training and the readiness of graduates for professional practice. A growing body of literature documents that the rapid expansion of medical, nursing, and allied health programs has outpaced the capacity of hospitals and clinical facilities to accommodate students, leading to intensified competition for clinical training spaces and diminished opportunities for authentic learning. This challenge is well recognized internationally, but its effects are particularly acute in countries with limited hospital infrastructure—such as the Philippines—where structural constraints intersect with geographic maldistribution and resource limitations.

International research shows that the expansion of health professions programs has created widespread pressure on existing clinical education networks. In several countries, increased enrolment in medicine and nursing has resulted in shortages of clinical placement sites, overcrowding

in available facilities, and reduced student exposure to essential competencies (Kayingo et al., 2023; Nyoni et al., 2021; Williams et al., 2025). These conditions undermine the integration of theory with practice and restrict the opportunities for hands-on learning, particularly for students in the early stages of clinical training. Preceptor shortages further compound this issue, as overstretched clinical educators are unable to provide the level of supervision needed to ensure safe and effective learning experiences (Kayingo et al., 2023).

In the Philippine context, the challenge is amplified by the uneven distribution of hospitals and healthcare resources. Urban centers—particularly large metropolitan areas—tend to have a concentration of tertiary hospitals and accredited training facilities, whereas rural and underserved regions struggle with limited clinical infrastructure (Guignona et al., 2021). This urban–rural imbalance substantially reduces the availability of clinical placements for students outside major cities, forcing educational institutions to compete for a small number of accredited sites. Consequently, students in rural programs may encounter fewer patient encounters, limited case diversity, and reduced opportunities to meet required clinical competencies. Studies on health workforce distribution in the Philippines also show that hospitals in remote areas frequently lack adequate staffing and resources, further restricting their capacity to accommodate trainees (Aytona et al., 2021).

The shortage of clinical training sites has clear implications for educational quality. Overcrowding at available hospitals leads to reduced supervision, limited hands-on practice, and decreased opportunities for students to participate meaningfully in patient care (Nyoni et al., 2021). Resource limitations within clinical facilities—such as insufficient equipment, inadequate patient volume, or lack of specialized services—also hinder students' ability to integrate classroom learning with practical skills. In some cases, programs have been forced to adopt alternative or supplemental models of clinical education, including simulation-based training, community-based placements, and shared placement models with other institutions (Kayingo et al., 2023; Mafumo & Maputle, 2025). While these approaches can help mitigate shortages, they cannot fully replace the depth and variability of learning experiences offered by actual clinical exposure.

Additionally, the competition among medical, nursing, and allied health programs for the same limited training sites creates operational challenges for academic administrators. Institutions must negotiate affiliation agreements, seek accreditation for new clinical partners, and continuously adjust student placements to meet fluctuating hospital

capacities. The literature indicates that these administrative burdens place significant pressure on program leaders, who must balance regulatory requirements, competency expectations, and institutional enrolment demands (Williams et al., 2025; Guignona et al., 2021). As a result, clinical placement scarcity becomes not merely a logistical issue but a broader structural barrier that affects program planning, faculty workload, and institutional sustainability.

Overall, the evidence demonstrates that limited availability of clinical placement sites represents a systemic, multilayered challenge with far-reaching consequences for health professions education in the Philippines. The shortage affects learning quality, constrains competency development, and increases inequity between urban and rural training programs. As enrollment continues to rise and health systems face ongoing demands, securing sufficient clinical placements will remain a central concern for educational leaders seeking to maintain program quality and produce practice-ready graduates.

2.12 Synthesis of the Literature

The reviewed literature presents a convergent picture of health professions education as a system under multidimensional strain—psychological, generational, organizational, and structural—especially in Asian and Philippine contexts. Across studies, moral distress, role overload, burnout, intergenerational conflict, shifting learner preferences, digital disruption, and systemic constraints (such as licensure pressures and clinical placement shortages) form an interlocking set of pressures that affect students, faculty, and academic leaders.

At the individual level, moral distress and moral fatigue have been documented among medical and health professions students, faculty, and academic leaders across diverse Asian settings (e.g., Singapore, China, Hong Kong, Taiwan, Iran, Kazakhstan). Moral distress arises when actors are unable to act in accordance with their ethical convictions due to institutional or contextual constraints, leading to emotional exhaustion, burnout, and reduced professional efficacy. For students, repeated exposure to ethically challenging environments and hierarchical cultures contributes to distress, burnout, and intentions to withdraw from programs or future practice. For faculty, limited autonomy, resource constraints, and emotionally demanding teaching contexts result in moral fatigue,

organizational silence, and diminished sense of meaning in their work. These findings underscore that moral distress is not a marginal or incidental phenomenon but a core component of the lived experience in health professions education, directly shaping well-being, teaching effectiveness, and learner outcomes.

Closely related is the pervasive problem of role overload and burnout among faculty. Health professions educators—particularly those combining academic and clinical roles—are consistently shown to juggle heavy teaching loads, curriculum and assessment work, student mentoring, research expectations, service roles, and, in many cases, direct patient care. Administrative burden, especially in accreditation, documentation, and committee responsibilities, emerges as a particularly potent source of burnout, often more salient than teaching itself. Work-life imbalance, exacerbated by digital expectations and pandemic/post-pandemic changes, further intensifies exhaustion and turnover intentions. Structural factors such as lack of autonomy, limited recognition, ambiguous role expectations, and resource deficits amplify these burdens and erode both productivity and organizational commitment.

At the relational and classroom level, the literature on intergenerational differences shows that generational diversity has become a defining feature of contemporary higher education. Faculty—predominantly from older generations—teach cohorts drawn from Generation Z and, increasingly, Generation Alpha. Studies show that differences in values, communication norms, and expectations about teaching and learning can disrupt classroom interaction, reduce perceived faculty support, and diminish student engagement. Misaligned communication styles, contrasting attitudes toward formality, and divergent expectations about responsiveness and feedback produce misunderstandings and relational distance. At the same time, research demonstrates that these generational differences are not inherently detrimental: where institutions invest in culturally responsive pedagogy, faculty development, and open dialogue, intergenerational diversity becomes a resource for richer learning, not merely a source of friction.

The literature further elaborates generational differences in leadership and organizational life. Younger faculty often prioritize shared governance, flexibility, rapid career progression, and digital integration, whereas senior leaders tend to

emphasize hierarchy, gradual advancement, and institutional continuity. These mismatches complicate leadership, succession planning, and institutional change. A recurring theme is the fragility of leadership pipelines: mid-career faculty often lack structured pathways, mentorship, and preparatory experiences needed to transition into leadership roles. Where such gaps persist, institutions risk leadership vacuums, stalled reforms, and weakened organizational cohesion.

Within this generational context, studies on Generation Z learning preferences depict a cohort that is highly digital, strongly oriented toward multimodal and active learning, and expectant of immediacy and personalization. Gen Z students show a pronounced preference for technology-rich, interactive, and experiential approaches—such as flipped classrooms, simulations, problem-based learning, and gamified activities—over traditional didactic methods. They favor concise, visually dense materials and rapid feedback, shaped by their immersion in digital media. This creates both opportunities and tensions: while such preferences align well with competency-based and simulation-driven health professions curricula, they may conflict with more traditional, text-heavy or lecture-centric pedagogies still prevalent in many programs.

The post-pandemic rise of short-form digital content further complicates this landscape. Short-form media and constant connectivity are associated with heightened distractibility, reduced sustained attention, and challenges in self-regulation, particularly among students with weaker digital competence. At the same time, when thoughtfully designed and integrated, short educational videos and digital collaboration tools can increase engagement, simplify complex concepts, and enhance motivation. Thus, the digital environment functions as a double-edged sword: a risk factor for burnout and discipline loss when unstructured, and a pedagogical asset when intentionally harnessed.

At the level of student commitment and professional trajectories, Philippine studies on licensure-based programs (e.g., education, criminology, nursing) reveal that a subset of students pursue board programs without strong intention to sit for or pass the licensure examination. Weak intrinsic interest, misalignment between program choice and personal aspirations, peer or family-driven decisions, and alternative career plans contribute to ambivalent licensure intentions and sporadic academic engagement. This misalignment has direct consequences for licensure outcomes, career pathways, and the effective utilization of human capital in licensure-regulated professions.

At the organizational and systems level, the literature on health professions education in the

Philippines highlights a persistent tension between program viability and program quality. Institutions, especially private and regional providers, depend heavily on enrolment for financial sustainability, incentivizing the admission of larger cohorts. Yet rapid expansion often outpaces capacity in faculty, laboratories, clinical affiliations, and support systems, leading to declines in licensure performance and regulatory sanctions. Chronic faculty shortages, especially in clinical disciplines, compound this issue by increasing teaching loads, undermining mentoring and licensure preparation, and constraining curricular innovation. Regulatory and accreditation demands from CHED, PRC, and accrediting agencies function as both safeguards and stressors: while they promote quality assurance and continuous improvement, they also impose significant administrative and resource burdens, particularly on smaller HEIs.

The limited availability of clinical placement sites emerges as a critical structural constraint that connects many of these issues. As health programs expand, competition for clinical sites intensifies, generating overcrowding, reduced supervision, and diminished hands-on experience. In the Philippines, the urban concentration of hospitals and the lack of adequately resourced facilities in rural areas create inequities in exposure and competency development. Even where simulation and community-based models are adopted, they cannot fully substitute for authentic clinical immersion, especially in licensure-driven programs.

Finally, the literature on leadership and management interventions indicates that transformational and adaptive leadership, collaborative conflict management, inclusive governance, faculty development, and technology-enabled engagement constitute promising approaches to address generational conflicts and strengthen faculty engagement. However, these strategies are not uniformly implemented or evaluated, and their impact is mediated by institutional culture, resources, and regulatory context.

Taken together, the literature portrays a complex, multi-layered ecosystem in which psychosocial strain (moral distress, burnout), generational diversity, digital transformation, licensure logics, and structural constraints (enrolment pressures, clinical site shortages) intersect. These forces jointly shape the experiences, commitments, and performance of students, faculty, and leaders in health professions education, particularly in the Philippine setting.

2.13 Research Gaps

Despite the breadth of empirical and conceptual work reviewed, several critical gaps



remain, particularly in relation to the Philippine health professions education context and licensure-based programs.

First, the literature is largely fragmented by theme and level of analysis. Moral distress, burnout, intergenerational differences, digital media effects, program viability, licensure performance, and clinical placement constraints are often studied in isolation. Few studies offer integrative, multi-level models that examine how these phenomena interact within specific institutional contexts. For example, existing work rarely connects faculty moral distress and role overload directly with generational tensions, digital disruption, and enrolment/licensure pressures in a single analytic framework. This limits understanding of how psychosocial, generational, and structural dynamics jointly shape faculty engagement, student trajectories, and program outcomes.

Second, there is limited empirical work that explicitly links generational change to licensure-driven educational cultures in the Philippines. Studies on Gen Z learning preferences and evolving definitions of success are mostly global or non-Philippine, and frequently focus on general higher education rather than licensure-intensive health professions programs. Conversely, Philippine studies on licensure performance and program viability often treat students and faculty as generically “traditional,” without systematically examining generational identities, expectations, and values. There is scant evidence on how Gen Z learners in Philippine health professions programs reconcile their preferences for active, tech-rich, and flexible learning—and their broader, more holistic definitions of success—with the rigid, high-stakes nature of licensure examination cultures.

Third, while some Philippine research documents that a subset of students in board programs lack strong intention to take or pass licensure examinations, the deeper determinants and consequences of this phenomenon remain underexplored. Existing studies identify misaligned program choice, external pressures, and variable motivation, but there is little examination of how these intentions are shaped by generational perspectives on success, exposure to digital media, moral distress during training, or perceptions of local and global labor markets. Moreover, there is limited investigation of how educational leaders and faculty understand and respond to these ambivalent trajectories within their programs.

Fourth, leadership and management interventions are described in the international literature but are insufficiently contextualized and evaluated in Philippine health professions education. Evidence supports the value of transformational and adaptive leadership, collaborative conflict management, inclusive practices, and faculty development for mitigating generational conflict and fostering engagement. However, there is a paucity of empirical work assessing how Philippine deans, program heads, and clinical coordinators operationalize these approaches under conditions of enrolment pressure, faculty shortage, and regulatory scrutiny. The specific leadership dilemmas associated with balancing program viability (through enrolment) against program quality (through licensure outcomes and clinical competence) remain only partially documented.

Fifth, the intersection between structural constraints—particularly clinical placement shortages—and the psychosocial and generational issues highlighted in the literature is not comprehensively addressed. While studies separately document the scarcity and maldistribution of clinical sites, and others describe moral distress, burnout, and generational conflict, research rarely examines how competition for clinical placements and perceived inadequacy of clinical exposure contribute to moral distress among students and faculty, or influence licensure intentions and performance. Likewise, the potential of simulation, digitally mediated learning, and short-form educational content to systematically offset clinical site constraints—without exacerbating distraction or undermining academic discipline—remains underexplored in empirical, outcomes-focused research.

Sixth, there is a shortage of longitudinal and mixed-method studies that can capture temporal dynamics and causality. Many of the reviewed studies are cross-sectional, relying on self-report measures at a single point in time. As a result, the developmental trajectories of moral distress, burnout, engagement, and licensure commitment across the student lifecycle and faculty career stages are not well understood. Longitudinal, mixed-method designs would be particularly valuable in tracking how generational cohorts move through programs, respond to institutional interventions, and ultimately influence licensure outcomes and workforce pipelines.

Finally, there is limited synthesis that explicitly focuses on the Philippine health

professions education sector as a unified system. While individual studies examine nursing, medicine, teacher education, or criminology, there is a need for integrative research that spans multiple licensure-based programs, compares institutional types (public/private, urban/rural, flagship/regional), and situates findings within the broader regulatory and labor-market context. Such system-level understanding is crucial for informing policy, accreditation frameworks, and strategic leadership responses.

These gaps collectively justify further empirical work that:

Integrates psychosocial, generational, and structural dimensions into a coherent analytic framework;

Focuses explicitly on Philippine health professions and other licensure-based programs;

Examines how students' evolving definitions of success and digital-era learning behaviors interact with licensure expectations, program design, and leadership practices; and

Identifies context-sensitive strategies by which educational leaders can balance program viability with quality, while safeguarding the well-being and engagement of both faculty and students.

Such a study would not only address evident lacunae in the literature but also provide an evidence-informed basis for institutional and policy reforms in Philippine health professions education.

3. Methodology

3.1 Research Design

This article employed an integrative, narrative review design to synthesize contemporary evidence on psychosocial, generational, and structural pressures in health professions and other licensure-based academic programs, with particular attention to the Philippine context. The review brought together empirical studies, conceptual papers, policy analyses, and review articles in order to:

- a. Map how moral distress, moral fatigue, role overload, burnout, and intergenerational dynamics are documented among students, faculty, and academic leaders in health professions education;
- b. Examine how changing learner profiles (especially Generation Z and emerging Generation Alpha), digital media environments, and shifting definitions of success interact with traditional licensure-driven program logics; and

- c. Situate Philippine evidence on licensure intention, program viability, enrolment pressures, clinical placement constraints, and quality assurance within broader regional and international debates.

A narrative rather than meta-analytic approach was chosen because the available literature is methodologically heterogeneous (cross-sectional surveys, qualitative studies, mixed-method designs, policy case studies, and scoping reviews) and spans multiple disciplines (medicine, nursing, teacher education, criminology, and higher education leadership). The emphasis of the review is therefore on conceptual integration, pattern recognition, and identification of system-level implications and research gaps, rather than on pooled effect sizes.

3.2 Search Strategy and Data Sources

The review drew on peer-reviewed literature identified through structured electronic searching and supplementary manual techniques. Electronic searches were conducted using combinations of keywords and Boolean operators relating to five broad clusters:

- a. Moral distress and burnout (e.g., "moral distress," "moral fatigue," "burnout," "role overload," "health professions education," "medical education," "nursing education");
- b. Generational differences and leadership (e.g., "Generation Z," "Generation Alpha," "intergenerational," "faculty," "leadership," "higher education," "workplace conflict");
- c. Learning preferences and digital environments (e.g., "learning preferences," "Gen Z learners," "short-form digital content," "TikTok," "attention span," "academic discipline");
- d. Licensure intention and student commitment (e.g., "licensure examination," "board exam," "career intention," "student motivation," "Philippines"); and
- e. Program viability, quality, and clinical placements (e.g., "enrolment pressure," "program viability," "licensure performance," "clinical placement," "Philippine health professions education").

In addition to conventional database and journal platform searches, the authors used Consensus (<https://consensus.app>) as an AI-assisted literature discovery tool. Within this review, Consensus was treated strictly as a search interface that aggregated and ranked potentially relevant peer-reviewed papers. All decisions regarding relevance, eligibility, interpretation, and synthesis were made manually by the authors based on full-text inspection, not by the AI system itself.

To broaden coverage, the authors also consulted reference lists of key articles (“backward citation tracking”) and, where appropriate, identified more recent work that cited foundational studies (“forward citation tracking”). Preference was given to recent publications from roughly the last decade, especially post-2015 studies that reflect contemporary conditions in health professions education and the post-pandemic digital environment. Seminal earlier works were included when they provided important conceptual or contextual grounding.

As with any literature review, the final corpus is constrained by the indexing practices, coverage, and algorithms of the platforms used. The review should therefore be regarded as analytically rich and systematically developed, but not exhaustive of all possible literature on each subtheme.

3.3 Eligibility Criteria

Inclusion and exclusion criteria were defined a priori but applied flexibly to accommodate the integrative nature of the review. Studies were considered for inclusion if they met the following criteria:

3.3.1 Topical relevance: The article addressed at least one of the core domains of interest:

- a. moral distress, moral injury, or moral fatigue among students, faculty, or educational leaders in health professions or closely related fields;
- b. role overload, burnout, and work-life imbalance among faculty in higher education, with preference for health professions settings;
- c. intergenerational differences affecting teaching, communication, leadership, or student engagement in higher education;
- d. learning preferences and behaviors of Generation Z (and, where available, Generation Alpha) learners;
- e. impacts of short-form digital content and post-pandemic digital environments on attention, motivation, and academic discipline;
- f. student commitment to licensure exams and career intentions in Philippine board programs;
- g. tensions between enrolment, program viability, licensure performance, and clinical placement capacity, particularly in Philippine health professions education.

3.3.2 Population and context: Studies focused on higher education students, faculty, or academic leaders, with priority given to health professions (medicine, nursing, allied health) and licensure-based programs (e.g., teacher education, criminology) in the Philippines and comparable systems in Asia and other regions.

3.3.3 Type of publication: Peer-reviewed journal articles, scholarly book chapters, and substantial conference papers. Grey literature, short commentaries, and purely opinion-based essays were used sparingly and only when they clarified policy or regulatory context.

3.3.4 Language: Publications available in English.

3.3.5 Accessibility: Full text accessible to the authors for detailed review.

Articles were excluded if they: (a) dealt exclusively with clinical ethics or burnout in hospital staff without an educational or academic component; (b) focused solely on technical curriculum outcomes without psychosocial or generational dimensions; or (c) discussed licensure, enrolment, or clinical placements only in aggregate statistical terms, without linking these to educational processes or stakeholder experiences.

3.4 Study Selection Procedures

The study selection process unfolded in several stages. First, keyword combinations were entered into the selected search platforms, including Consensus as an AI-assisted discovery tool. Search results were exported or recorded and then subjected to an initial title and abstract screening to remove clearly irrelevant items (e.g., clinical trials unrelated to education, non-licensure disciplines, or purely technical algorithm papers).

Second, potentially relevant records were retrieved in full text and subjected to full-text screening by the authors. At this stage, each article was evaluated against the eligibility criteria in Section 3.3. Particular attention was paid to the presence of:

- a. clearly defined educational or institutional settings;
- b. explicit reporting of experiences, perceptions, or outcomes relating to moral distress, burnout, generational dynamics, learning behaviors, licensure commitment, or program-level pressures; and

- c. sufficient methodological transparency to allow appraisal of credibility.

Third, for each thematic area (Sections 2.1–2.11 of the Review of Related Literature), the authors aimed to assemble a set of conceptually rich and contextually relevant studies, with at least some representation from the Philippines or comparable Asian settings whenever possible. Where multiple studies from the same context reported similar findings, preference was given to those with stronger methodological detail, broader samples, or more nuanced analysis.

Throughout the process, disagreements about inclusion were resolved through discussion among the authors, with the guiding principle of preserving conceptual diversity while avoiding redundancy.

3.5 Data Extraction and Thematic Synthesis

Data extraction focused on capturing information necessary to understand both the substantive findings and the institutional implications of each study. For each included article, the authors noted:

- a. bibliographic details (author/s, year, country, discipline, and program type);
- b. study design and methods (quantitative, qualitative, mixed-method, review, or policy analysis);
- c. population characteristics (e.g., students, faculty, academic leaders; generational cohort where applicable);
- d. main variables or focal constructs (e.g., moral distress, burnout dimensions, learning preferences, licensure intention, enrolment trends, clinical placement capacity); and
- e. key findings and conclusions relevant to the review questions.

An iterative, thematic synthesis approach was then used. Initial coding was guided by sensitizing concepts corresponding to the subsections of the literature review:

1. moral distress and moral fatigue among educators and students;
2. role overload and burnout among faculty;
3. intergenerational differences in communication, teaching, and leadership;
4. learning preferences and digital behaviors of Gen Z and Gen Alpha;
5. the impact of short-form digital content on attention and discipline;
6. student intentions and commitment toward licensure examinations;
7. program viability, enrolment pressures, licensure performance, and quality assurance; and

8. availability of clinical placement sites and related structural constraints.

Within each cluster, the authors identified recurrent patterns, convergent and divergent findings, and contextual factors (e.g., regulatory regimes, institutional types, regional inequalities). These were progressively distilled into higher-order themes that structure the Review of Related Literature (Section 2) and inform the synthesis and gap analysis.

Rather than aggregating numerical results, the synthesis sought to trace relationships—for example, how moral distress and burnout intersect with generational tensions and leadership practices; how digital-era learning behaviors interact with licensure expectations; and how structural features such as enrolment policies and clinical site scarcity feed back into faculty workload, student commitment, and program outcomes.

3.6 Methodological Rigor and Limitations of the Review

Several strategies were employed to enhance the rigor and trustworthiness of the review. First, the use of explicit eligibility criteria and staged screening (title–abstract, then full-text) promoted transparency and reduced ad hoc inclusion. Second, drawing on multiple thematic clusters and cross-checking evidence from different disciplines and countries allowed for triangulation of insights, strengthening the robustness of the interpretive claims. Third, the authors maintained an audit trail of search terms, inclusion decisions, and thematic refinements to support replicability and future updating of the review.

At the same time, the methodology has inherent limitations. The review is restricted to English-language publications and to studies indexed in the databases and platforms consulted, including articles surfaced through Consensus as an AI-assisted search tool. Relevant work published in other languages, in non-indexed local journals, or in institutional reports may therefore be underrepresented. The reliance on published literature also means that the synthesis is subject to publication bias, with successful or statistically significant studies more likely to appear in the corpus than null or negative findings.

Furthermore, the heterogeneity of study designs, measures, and outcome variables precluded formal meta-analysis. Instead, the review necessarily relies on interpretive synthesis, which, while valuable for surfacing patterns and system-level insights, is sensitive to the authors' judgement in weighting and integrating diverse sources. Finally, although concerted effort was made to foreground Philippine evidence, gaps in the existing research



base mean that some arguments necessarily draw on analogies from other contexts, which may not fully capture local institutional and regulatory specificities.

These limitations notwithstanding, the integrative approach adopted in this methodology provides a coherent and conceptually grounded basis for the subsequent analysis of moral distress, generational dynamics, licensure commitment, and structural pressures in Philippine health professions and other licensure-based programs.

4. Results and Discussion

4.1 Distribution of Included Studies

The final synthesis included eleven (11) literature clusters, each corresponding to a guiding analytic question addressing generational diversity, student motivation, leadership dynamics, institutional constraints, and professional preparation within higher education. From these 11 clusters, the Consensus-based search process generated a combined pool of studies spanning approximately the last 10–12 years. After screening for relevance, methodological soundness, scholarly credibility, and thematic coherence, a total of 124 peer-reviewed studies were retained for the narrative synthesis.

The included studies represent a wide geographical distribution. While a substantial portion originated from the Asian region—reflecting the contextual focus of this study—several clusters also incorporated research from Europe, North America, Oceania, and Africa to capture global perspectives on student success, faculty engagement, generational conflict, and higher-education systems. Filipino studies formed a significant subset, particularly in questions involving licensure-based programs, health education constraints, and cultural or institutional factors shaping student pathways.

Across the dataset, publication years ranged predominantly from 2015 to 2025, with the strongest representation between 2020 and 2025, reflecting a surge of literature addressing post-pandemic transformations in education. Clusters dealing with digital learning, student motivation, and faculty leadership showed particularly strong concentrations in 2021–2025, coinciding with global shifts prompted by COVID-19 and the subsequent digital transformation of higher education. Clusters focusing on structural barriers (e.g., clinical

placements, hospital shortages) and licensure-exam motivation drew from earlier but still methodologically relevant studies dating as far back as 2015.

In terms of disciplines, the included studies covered a broad range of academic domains. These included education, psychology, organizational behavior, management, nursing, public health, criminology, and higher-education governance. Several clusters (particularly those related to digital content exposure, motivation, and academic discipline) featured interdisciplinary studies combining educational psychology, communication, and cognitive science. Clusters on licensure-based programs and clinical placements predominantly involved studies from nursing, allied health, and medical education.

Methodologically, the studies represented a diverse mix of quantitative, qualitative, mixed-methods, systematic reviews, and scoping reviews. Quantitative studies frequently employed descriptive-correlational designs, regression modelling, and structural equation modelling to explore predictors of engagement, performance, or exam outcomes. Qualitative studies contributed rich thematic insights into student experiences, faculty conflicts, and institutional leadership challenges. Review articles provided integrative perspectives on digital transformation, health education constraints, and generational differences.

Overall, the breadth of publication years, geographical contexts, and disciplinary backgrounds ensured that the final synthesis drew from a sufficiently comprehensive and conceptually diverse body of literature. This distribution supports the credibility of the emergent themes by showing that the patterns identified are not isolated to a single context but represent wider trends across higher education systems, particularly within Asia and the Philippines.

4.2 Emergent Themes

Theme 1 — Institutional Viability and Strategic Pressures

Across the reviewed studies, a central emergent theme concerns the growing tension between institutional viability and the pressures of maintaining program quality in Philippine health professions education. This tension is most visible in programs that depend heavily on licensure outcomes

for their legitimacy and regulatory standing. The literature consistently documents how schools, particularly private higher education institutions, face structural pressures to sustain enrollment levels to remain financially viable, while at the same time being held accountable by CHED, PRC boards, and accreditation bodies for program outcomes that require significant investment in faculty, facilities, and quality assurance systems.

Studies such as Tuppal et al. (2025) and Olvido et al. (2024) highlight that newly established and expanding nursing and teacher education programs often enter a cycle in which enrollment growth outpaces institutional capacity. In these cases, increasing student numbers are used to stabilize budgets, cross-subsidize other programs, or signal institutional expansion, even when the required resources for instruction, supervision, and competency development are insufficient. This “growth-first” orientation becomes risky because licensure examinations function as high-stakes external validators. Programs that fail to meet passing-rate thresholds face reputational damage, regulatory scrutiny, and in some cases, threats of closure or moratorium. Thus, leaders operate under continuous pressure—balancing survival with compliance in a policy environment that ties program legitimacy to exam results.

The literature also captures how this tension is intensified in private institutions that lack stable subsidies or government support. Generelao et al. (2022) and Barlan (2023) describe how many Philippine HEIs rely heavily on tuition-generated income, making high enrollment essential to sustaining operations, maintaining faculty lines, and funding infrastructure. However, licensure-driven programs like nursing, criminology, teacher education, and medical technology require robust investments in laboratories, clinical placement agreements, faculty specialization, and assessment systems. When budgets are stretched, institutional leaders are forced to make difficult trade-offs: either grow enrollment to increase revenue, or restrict enrollment to safeguard licensure outcomes. Both decisions carry significant risk.

Several studies point out that accreditation and regulatory requirements amplify these pressures. Programs must demonstrate compliance across curriculum standards, faculty qualifications, clinical training requirements, and outcomes-based monitoring (Cagape & Prado, 2025; Almuhaideb & Saeed, 2020). Meeting these demands requires sustained institutional planning and strong internal governance. Yet, as Appiah (2020) notes, the quality of leadership, strategic coherence, and faculty engagement varies widely across institutions. Where leadership structures are fragile, institutional decision-making becomes reactive—responding to

short-term enrollment fluctuations or exam performance cycles rather than implementing stable, long-term quality strategies.

The review also highlights that institutional pressures do not exist in isolation; rather, they intersect with the national context of workforce shortages and growing global demand for Filipino health professionals. Studies such as Balmores & Mayllem (2025) and Pizarro & Talosig (2025) show that the rapid expansion of nursing and other health programs is partly a response to local and international labor market signals. Institutions strategically expand offerings or increase intake to match perceived workforce opportunities. However, without proportional investment in faculty development and learning environments, this responsiveness results in dilution of program quality and inconsistent licensure outcomes. The consequence is a cyclical pattern in which institutions attempt to capitalize on demand, only to confront regulatory sanctions or low exam performance that undermine their viability.

Overall, the literature points to a core systemic challenge: Philippine health professions education operates within a high-stakes regulatory environment that demands high-quality outcomes, but the financial structure of many institutions incentivizes enrollment expansion. Leaders must navigate contradictory imperatives—ensuring program survival while safeguarding licensure performance—under conditions of constrained resources, tightening accreditation requirements, and intensifying competition. This theme establishes a foundational context for understanding the other emergent issues in the succeeding themes, as institutional viability pressures shape decision-making related to curriculum, faculty deployment, student support, and resource allocation across programs.

Theme 2: Leadership, Management and Intergenerational Dynamics

Across the reviewed studies, leadership and management emerge as pivotal factors shaping the quality, coherence, and overall functioning of health professions education programs. The literature highlights that institutional leaders—deans, program heads, clinical coordinators, and department chairs—carry the burden of steering programs through regulatory complexity, limited resources, and shifting expectations from students and external stakeholders. These leadership demands are compounded by the intergenerational dynamics now characterizing both faculty and student populations. As institutions serve Gen Z learners and increasingly anticipate the entry of Gen Alpha, while still relying on predominantly Gen X and early millennial faculty and administrators, leadership challenges



become multidimensional, involving not only governance but also cultural alignment and communication.

Multiple studies emphasize that leadership style and institutional governance strongly influence program coherence, faculty morale, and student learning environments. For instance, Tuppal et al. (2025) underscore how newly appointed deans in nursing programs often navigate fragmented structures, underdeveloped systems, and unclear role expectations, resulting in inconsistent direction-setting and uneven implementation of quality assurance mechanisms. Similarly, Barlan (2023) identifies issues of strategic misalignment, where institutional plans do not translate into operational clarity, leading to gaps between envisioned quality reforms and their actual execution across levels of the organization. These patterns point to a broader challenge: leadership effectiveness depends not only on managerial competence but also on the presence of institutional cultures that support clarity, communication, and collective ownership of program goals.

The literature also documents tensions arising from intergenerational differences in expectations, values, and communication styles. Studies on Gen Z describe them as having distinct preferences in learning, feedback, and engagement—expecting transparency, responsiveness, and environments that acknowledge their mental health and well-being needs (Siason et al., 2025; Olvido et al., 2024). Yet many faculty members and administrators were socialized in more hierarchical or directive educational models. The resulting mismatch generates friction in academic and clinical settings. Students perceive some faculty as rigid or unresponsive, while faculty view some students as less resilient or insufficiently prepared. These intergenerational gaps challenge leaders to adapt communication structures, teacher training, and classroom norms without compromising academic rigor or professional expectations.

Leadership is further implicated in managing cultural and interpersonal conflict within programs. Several studies describe environments where faculty are overextended, students feel academically unsupported, or clinical instructors struggle to balance patient care with teaching responsibilities (Dayon & Dagoc, 2025; Appiah, 2020). In such contexts, conflict resolution and relational leadership become essential. Programs with strong leadership teams are better able to mitigate tensions, set clear expectations, and maintain psychologically

safe learning spaces. Conversely, weak leadership magnifies workload inequalities, slows decision-making, and undermines faculty cohesion.

Another insight reflected in the literature is that leadership challenges are not purely interpersonal; many are structural. Leaders are expected to meet accreditation demands, manage curriculum revisions, supervise faculty development, secure clinical placements, and respond to fluctuating licensure performance—often without the administrative infrastructure or staff support necessary for sustained quality improvement. Olvido et al. (2024) and Reyes et al. (2021) describe leaders in crisis-prone environments who operate reactively rather than proactively, managing disruptions such as disasters, policy changes, and the aftermath of the pandemic. These conditions shift leadership energy toward operational survival rather than long-term academic excellence.

Intergenerational dynamics intensify these pressures. Gen Z students expect participatory learning, digital integration, and mental health support—needs that require recalibrated teaching methods and relational sensitivity. Older faculty, however, may require training, mentoring, or policy guidance to adjust. Leadership therefore becomes the mediator not just of systems, but of cultural transitions within the institution.

Taken together, the literature frames leadership in health professions education as both a stabilizing force and a potential point of fragility. Leadership effectiveness shapes how institutions communicate their goals, align their strategies, maintain program culture, and respond to intergenerational change. Where leadership is strong, cohesive, and adaptive, programs are better equipped to navigate regulatory demands and the evolving characteristics of their student populations. Where leadership is inconsistent or structurally unsupported, misalignment, conflict, and cultural gaps impede program development.

Theme 3: Faculty Capacity, Workload, Competence, and Human Resources

Across the reviewed literature, faculty capacity and human resource constraints consistently emerge as structural determinants of quality in health professions education. Institutions—especially nursing, medical, and allied health programs—operate within environments where faculty shortages, uneven faculty competencies, and heavy instructional and

administrative workloads collectively destabilize program delivery. These constraints not only diminish the quality of student learning but also weaken institutional readiness to meet accreditation standards, regulatory requirements, and licensure performance expectations.

Studies such as Appiah (2020) and Olvido et al. (2024) point to chronic faculty shortages, particularly in specialized clinical areas where qualified instructors are urgently needed but difficult to recruit or retain. Faculty often carry multiple roles—classroom teaching, clinical supervision, curriculum development, research, extension, and administrative or committee work—resulting in workloads that surpass reasonable expectations. The literature describes faculty who teach full loads while simultaneously fulfilling clinical responsibilities, or clinical instructors supervising too many students at once, leading to reduced supervision quality and compromised student-patient interaction. These patterns are not isolated; they reflect systemic human resource constraints embedded within many programs.

Competency gaps among faculty members also emerge as a substantial concern. In some institutions, faculty struggle to keep pace with evolving competency frameworks, updated curricula, emerging technologies, or specialized content areas (Calisura, 2025; Dayon & Dagoc, 2025). This dynamic creates unevenness in instructional quality, especially in programs where rapid enrollment expansion outpaced faculty development. The literature highlights that inconsistencies in faculty qualifications can lead to fragmented instruction, gaps in clinical reasoning development, and weaker integration of theory and practice—all of which have downstream effects on licensure exam performance and student preparedness.

Burnout is another recurring theme. Faculty are described as experiencing emotional exhaustion, role strain, and diminished job satisfaction due to persistent overload and inadequate institutional support (Balmores & Maylem, 2025; Tappal et al., 2025). This burnout is linked not only to heavy workloads but also to unclear governance structures, limited administrative support, and inconsistent communication with academic leadership. Programs in rural or resource-constrained regions face additional challenges, where faculty members often serve simultaneously as administrators, instructors, and coordinators for accreditation, community engagement, or research projects. These overlapping responsibilities accelerate burnout and increase turnover risk, further destabilizing human resource capacity.

A related issue is limited access to sustained faculty development. Several studies report that professional development opportunities—training, workshops, continuing education, competency-based upskilling—are sporadic, inadequately funded, or unevenly implemented (Tappal et al., 2025; Appiah, 2020). Faculty members frequently rely on self-directed learning or ad hoc training rather than structured institutional programs. Where faculty development is inconsistent, institutions struggle to maintain standardized quality assurance systems, revise curricula in response to regulatory changes, or adopt evidence-based instructional practices. This lack of coordinated development limits institutional adaptability and perpetuates disparities in faculty readiness.

Moreover, weak quality assurance structures exacerbate these challenges. As Barlan (2023) notes, some institutions lack systematic processes to monitor teaching quality, evaluate faculty performance, or use data to inform instructional improvement. Without strong QA mechanisms, inconsistencies in faculty effectiveness remain unaddressed, and gaps in student learning continue to accumulate. Faculty may not receive actionable feedback, and institutional leaders lack a reliable system for tracking instructional quality or identifying areas for intervention.

Finally, human resource constraints extend beyond individual capacity and affect institutional strategy. Programs depend heavily on a small pool of committed faculty, creating vulnerability when turnover occurs. Hiring freezes, budget limitations, and difficulty attracting qualified applicants—particularly in private or regional schools—further restrict human resource stability. These issues intensify the pressures on existing faculty and hinder long-term planning for program growth, clinical expansion, or accreditation readiness.

Taken together, the literature portrays a clear and consistent theme: faculty capacity is both the backbone and the bottleneck of health professions education. When faculty are insufficient, overloaded, or unevenly supported, instructional quality suffers, clinical supervision weakens, and student outcomes decline. Conversely, programs with stronger staffing structures, clear governance systems, and sustained faculty development mechanisms are better positioned to maintain high academic standards and achieve stronger student outcomes.

Theme 4: Curriculum, Instruction, and Theory-Practice Misalignment

A strong and consistent pattern across the clustered evidence centers on the widening gap between what programs teach and what students are required to demonstrate in real professional



environments. The literature converges on the insight that curriculum structures in many health professions programs have not kept pace with evolving competency expectations, resulting in fragmented learning experiences and uneven student preparation. This misalignment manifests not only in content gaps but also in the way instruction, assessment, and practical training are organized.

One of the clearest emergent issues is that curriculum design often prioritizes coverage over competency, leading to programs that are dense, heavily theoretical, and insufficiently integrated. Students experience an educational structure where key concepts are delivered but not meaningfully contextualized, creating difficulties in transferring classroom learning to clinical or real-world settings. This disconnect is intensified in programs where module sequencing, course integration, and competency mapping are inconsistent or outdated, leaving students uncertain about how individual subjects contribute to their professional formation.

Instructional delivery appears as another locus of misalignment. The combined evidence indicates that instructional quality varies widely, shaped by differences in faculty capability, instructional training, technological readiness, and pedagogical philosophy. This variability creates inconsistent learning trajectories where some students receive rigorous, practice-oriented instruction while others navigate lecture-heavy or outdated approaches. The theme reveals that instructional inconsistency does not arise from teacher preference alone but from institutional systems that offer limited scaffolding, uneven professional development, and weak monitoring of pedagogical effectiveness.

The gap between theory and practice becomes most visible during clinical placement or applied learning experiences. Students frequently report that the competencies expected in real-world environments differ from those emphasized in coursework, leading to feelings of underpreparedness or confusion. The theme suggests that while some programs acknowledge these discrepancies, institutional mechanisms for continuous curriculum revision remain slow, reactive, or constrained by regulatory requirements, limiting their capacity to realign learning experiences with workplace expectations.

Assessment practices further reinforce the divide. Many assessments emphasize recall and theoretical understanding, even in programs where performance-based evaluation should dominate.

This misalignment signals an institutional challenge: assessment systems do not reflect the skills students will be evaluated on in licensure examinations or clinical performance standards. As a result, assessments fail to function as developmental tools that guide students toward mastery and instead become disconnected checkpoints with limited formative impact.

A broader pattern emerging from this theme is the lack of systemic coherence across curriculum, instruction, and practice environments. Programs may attempt reforms—integrated outcomes, competency-based frameworks, simulation enhancements—but without coordinated and sustained implementation, these reforms struggle to take root. The literature points to a structural need for curriculum leadership systems that are agile, data-informed, and capable of aligning instructional design with both professional standards and actual clinical contexts.

Taken together, this theme shows that curriculum and instructional misalignment is not simply a pedagogical concern; it is a systemic challenge that shapes student confidence, readiness for licensure, and transition into professional roles. The disconnect between what is taught and what is practiced creates a persistent barrier to high-quality learning and undermines the very competencies that health professions education aims to develop. Without deliberate efforts to integrate curriculum coherence, instructional rigor, assessment alignment, and real-world applicability, the gap between theory and practice will continue to widen.

Theme 5: Student Motivation, Commitment, and Learning Outcomes

A major cross-cutting pattern in the evidence shows that student motivation and commitment have become increasingly unstable foundations in licensure-based programs. This theme integrates the issues of weak licensure intention, mismatched course selection, lack of clarity of purpose, and shifting generational definitions of success. Together, these elements form a coherent narrative of how evolving student motivations shape academic readiness, persistence, and eventual learning outcomes.

A central insight emerging from the clusters is that many students enter health and board programs without an intrinsic desire to pursue the licensure track. Some arrive through external influence—family expectations, peer pressure, institutional marketing, or perceived employability—rather than

an authentic vocation or interest in the profession. As a result, commitment to the demands of the program becomes inconsistent. Students who lack early intentionality frequently demonstrate lower academic engagement, weak study habits, and limited drive to meet the rigorous expectations of professional preparation. The result is a pattern of uneven academic progression, absenteeism, and, in some cases, disengagement from licensure preparation altogether.

The evidence suggests that mismatched course choice is one of the earliest predictors of long-term learning difficulties. When the degree program is not aligned with a student's strengths or aspirations, the student encounters persistent academic strain—particularly in foundational courses that require mastery for clinical or applied work. This early strain escalates into problems with academic readiness, such as insufficient grounding in prerequisite competencies, inability to manage course load, or difficulty adapting to program expectations. These students may proceed through the program but with chronic deficiencies that complicate performance in higher-level tasks.

A more complex pattern emerges from the generational context. Gen Z and the incoming Generation Alpha demonstrate a redefinition of success that is more fluid, personalized, and value-driven than that of previous cohorts. Instead of anchoring success primarily in board examination results or professional titles, students increasingly frame it in terms of well-being, meaning, social impact, and work-life integration. While these evolving perspectives are not inherently negative, they introduce tensions in licensure-based programs where competency, discipline, and high-stakes performance remain non-negotiable. When institutional cultures fail to reconcile these new motivations with longstanding academic norms, students encounter motivational dissonance—struggling between their own definition of success and the rigid demands of licensure-oriented curricula.

This theme also draws attention to the progression and retention challenges that arise when student motivation is unstable. Learners who lack commitment at entry often reach the midpoint of the program and begin questioning whether the profession is truly suitable for them. Some reduce academic effort, delay clinical requirements, or postpone licensure examination plans. Others shift career paths entirely upon graduation, opting for alternative employment that does not require licensure. These patterns create a cumulative effect: weaker academic performance, lower licensure readiness, and higher attrition from the professional track.

At the instructional level, educators experience the downstream effects of these motivational patterns. Students with unclear purpose require more guidance, closer monitoring, and structured motivational support. Without these, they may fall behind in competency development, struggle in practice-based courses, and perform inadequately during clinical placements. The cases captured in this thematic cluster highlight a recurring cycle: low commitment leads to reduced academic performance, which then reinforces avoidance of licensure preparation, perpetuating poor outcomes.

Overall, this theme reveals that student motivation, intention, and purposefulness are deeply intertwined with academic trajectories in licensure-based programs. Weak licensure motivation, unclear program choice, and evolving generational values create vulnerabilities in learning outcomes that institutions must strategically address. Without systemic support through advising, early diagnosis of mismatches, and alignment between student purpose and program design, these motivational gaps will continue to hinder academic readiness and licensure success.

Theme 6—Resources, Infrastructure, and Learning Continuity Constraints

A dominant structural pattern emerging from the synthesis concerns the persistent scarcity of resources and infrastructure necessary to sustain high-quality health professions education. The clusters collectively show that the pressures generated by insufficient clinical sites, limited hospital capacity, inadequate facilities, and uneven technological access have become systemic barriers that directly compromise learning continuity, competency development, and institutional performance.

Across the evidence, clinical training emerges as the most critically constrained resource, with hospital shortages repeatedly limiting the availability, quality, and diversity of student placements. Institutions face intensified competition for a small pool of accredited clinical sites, particularly in regions where hospital density is low. This results in overcrowded placements, reduced supervision, and insufficient exposure to real-world cases—conditions that weaken students' ability to translate theoretical knowledge into clinical competence. These constraints disproportionately affect programs outside major urban centers, where regional inequities in healthcare infrastructure severely limit learning opportunities.

The implications of these shortages extend beyond clinical exposure. When clinical placements become inconsistent or insufficient, programs struggle to meet regulatory competency requirements, delay student progression, and



compromise readiness for licensure examinations. This creates a cascading effect: disrupted hands-on training leads to weaker practical skills, which in turn undermines student confidence, performance, and long-term employability. Faculty and program administrators are also burdened with the logistical challenges of securing placements, renegotiating hospital partnerships, and restructuring academic calendars to accommodate fluctuating availability.

Beyond clinical sites, resource and infrastructure gaps within campuses themselves emerge as a recurring constraint. Many institutions operate with limited laboratory facilities, outdated equipment, and inadequate simulation environments. When student populations grow faster than institutional resources can accommodate, access to learning materials becomes uneven, resulting in fragmented skill acquisition and reduced mastery of core competencies. Resource strain also manifests in overcrowded classrooms, insufficient learning spaces, and overstretched faculty—further compromising instructional quality.

Technological infrastructure, too, plays a decisive role in learning continuity. The pandemic magnified disparities in digital access, revealing gaps in device availability, connectivity, and digital literacy among students. Even as institutions transitioned to hybrid or technology-enhanced models, students with weaker digital access experienced disruptions in course engagement, assessment completion, and continuity of learning. These inequities persist in the post-pandemic period, where technology remains deeply embedded in instructional systems. Students with limited access continue to struggle with digital submissions, online examinations, simulation-based tasks, and electronic learning platforms, leading to inconsistent academic performance.

The aftermath of the pandemic also exposed longer-term learning recovery challenges, particularly among students whose foundational skills were weakened by prolonged online learning. Reduced laboratory exposure, inconsistent clinical practice, and limited interaction with faculty during remote instruction created learning gaps that persist even after the return to face-to-face classes. Students in resource-constrained programs face the dual burden of recovering lost competencies while navigating environments that still lack adequate facilities, clinical partners, or technology.

Taken together, these evidence patterns illustrate how resource limitations—whether

physical, clinical, technological, or structural—create a deeply interlinked set of constraints that hinder academic continuity and professional preparedness. Programs operating under these conditions find it difficult to sustain quality standards, align curricula with competency requirements, or support students through the progression pipeline. Institutions must therefore confront resource scarcity not as isolated logistical issues but as central determinants of educational performance and licensure outcomes.

4.3 Thematic Synthesis: Interrelationships Among the Themes

The six emergent themes reveal a tightly interlinked ecosystem of pressures shaping health professions education, where institutional survival, leadership performance, human resource capacity, curriculum alignment, student motivation, and resource constraints continuously interact. Rather than functioning as isolated issues, these themes collectively illuminate the structural, managerial, and pedagogical forces that converge to influence licensure outcomes and overall program quality.

Institutional viability (Theme 1) exerts the broadest and most pervasive influence, cascading downward into nearly every other domain. As private HEIs navigate declining enrollment, regulatory expectations, and threats to program sustainability, administrators are compelled to make rapid strategic decisions that inevitably shape leadership styles and governance practices (Theme 2). The tension between survival and quality often leads leaders to prioritize enrollment targets over long-term academic integrity, resulting in organizational environments where planning becomes reactive rather than strategic. When institutional pressures intensify, leaders may shift toward micromanagement, tighten monitoring systems, or struggle with communication clarity—all of which directly affect faculty morale, coherence of academic direction, and the overall culture of the SOQA environment.

Leadership dynamics, in turn, cascade into faculty capacity and workload realities (Theme 3). Where resource scarcity and viability pressure limit hiring, existing faculty absorb disproportionate loads, resulting in burnout, reduced time for mentoring, weakened assessment design, and diminished space for scholarly work. Leadership inconsistencies—such as unclear expectations, shifting directives, or underdeveloped coaching cultures—exacerbate faculty stress and weaken

quality assurance mechanisms. These faculty conditions directly impact the effectiveness of curriculum delivery (Theme 4). A fatigued, overloaded faculty cannot sustain reflective pedagogy, integrate simulation-based strategies, or maintain meaningful alignment between classroom instruction and real-world clinical competency requirements. Thus, faculty constraints become a bottleneck for curriculum coherence and instructional quality.

The quality of curriculum implementation, shaped heavily by both leadership approaches and faculty capacity, directly influences student motivation and learning outcomes (Theme 5). When instruction lacks coherence, when assessments poorly target competencies, or when practice opportunities are limited, students experience anxiety and disengagement. For many Gen Z learners, whose definitions of success are more personalized and values-driven, the mismatch between institutional structures and their learning expectations results in inconsistent motivation, weaker licensure intention, and insecure learning trajectories. Gaps in theoretical grounding, clinical readiness, or academic identity often manifest as poor retention, erratic progression, and heightened attrition—further threatening institutional viability and restarting the cycle of pressure described earlier.

Cutting across all these themes is the pervasive constraint of resources and learning continuity (Theme 6). The scarcity of clinical placement sites, the unequal distribution of hospital partners, insufficient simulation facilities, and post-pandemic learning deficits collectively intensify the challenges embedded in the preceding themes. Resource gaps undermine leadership decisions, force institutions to rely on suboptimal faculty deployment, and restrict the curriculum's ability to integrate essential competencies. Students—especially those still recovering from online learning disruptions—face inconsistent access to practice environments and uneven exposure to patient-based training. The resource theme is therefore both a root cause and a reinforcing condition: it worsens institutional pressure, complicates leadership decisions, strains faculty performance, and widens gaps between curriculum intentions and actual learning outcomes.

In integrating these themes, a broader structural insight emerges: the issues are not merely additive; they form a recursive chain in which weaknesses in one domain amplify weaknesses in another. Institutional viability pressures reshape leadership; leadership shapes HR and curriculum; faculty capacity shapes student learning; and resource constraints weaken all levels simultaneously. What appears on the surface as a set of discrete challenges is, in fact, a nested system of

interdependencies that collectively determine licensure performance and program sustainability.

For educational leaders in 2025 and beyond, these interrelationships suggest a new model for leadership in higher education—one that must be systems-oriented, data-driven, and attuned to generational and pedagogical shifts. Leaders can no longer rely on traditional management styles that separate academic quality from institutional survival. Instead, effective leadership now requires balancing regulatory compliance with human-centered governance; cultivating a multigenerational faculty culture grounded in psychological safety; designing curriculum strategies that genuinely reflect competency demands; and addressing resource inequities through innovation, partnerships, and long-term planning. In a post-pandemic context, leadership must also integrate digital resilience, flexible learning modalities, and robust student support mechanisms as core components of program quality.

These interconnected themes therefore reveal that the central task of the contemporary HEI leader is not only to respond to isolated issues but to understand the underlying system that binds them. In an academic landscape defined by volatility, demographic shifts, and evolving professional standards, the ability to navigate these systemic linkages will determine which institutions remain viable and which can deliver graduates truly prepared for licensure, practice, and long-term professional contribution.

4.4 Discussion

The six emergent themes reveal a system of interconnected pressures that shape the operational, academic, and developmental realities of health professions education. Interpreting these themes collectively demonstrates that the challenges faced by higher education institutions are not isolated phenomena but structural patterns arising from misaligned incentives, human resource limitations, shifting learner identities, and long-standing resource inequities. These dynamics help explain why many health-related programs struggle to balance quality, sustainability, and regulatory accountability in the contemporary educational landscape.

The first theme—institutional viability and strategic pressures—frames the broader context within which all other issues unfold. Private higher education institutions depend heavily on enrollment-generated revenue, and in programs with strict regulatory benchmarks, this dependence creates a persistent tension between expanding access and preserving quality. When institutions prioritize survival, decision-making often leans toward strategies that stabilize numbers rather than long-



term academic strengthening. This tension radiates downward into how leaders exercise authority, deploy human resources, and structure program operations. The findings indicate that the viability problem is not merely financial; it is a strategic dilemma where leaders must continually negotiate between the demands of compliance and the need to maintain healthy academic ecosystems. As pressures increase, leadership behaviors become more reactive, which affects communication clarity, organizational coherence, and the overall quality of governance.

This dynamic leads directly into the second major theme—leadership, management, and intergenerational dynamics. The interpretation of this theme suggests that leadership challenges are not purely technical but deeply relational. Generational differences between leaders, faculty, and students create divergent expectations regarding communication style, workload norms, professional boundaries, and institutional culture. Leaders navigating this multigenerational environment must manage the competing expectations of older faculty who value hierarchy and younger faculty who prioritize autonomy, collaboration, and psychological safety. Students, particularly Gen Z, bring yet another set of expectations regarding flexibility, relevance, and well-being. Leadership misalignment—whether through micromanagement, fragmented communication, or inconsistent strategic direction—contributes to organizational turbulence and directly diminishes faculty effectiveness. The findings illustrate how generational complexity simultaneously broadens the range of perspectives available to the institution while increasing the likelihood of conflict or misunderstanding when governance is unclear or inadequately coordinated.

Interpreting the third theme—faculty capacity, workload, competence, and human resources—further reinforces the structural nature of these challenges. The synthesis of findings suggests that faculty are positioned at the intersection point where institutional pressures and student expectations converge. When institutions struggle with viability, hiring becomes limited, resulting in heavier teaching loads, expanded administrative duties, and diminished time for skill development. Faculty capacity is not only a matter of individual competence; it is a product of systemic conditions that constrain professional growth. Overloaded faculty may struggle to update content, integrate new pedagogies, or prepare students adequately for competency-based requirements. These conditions

create a feedback loop: strained faculty performance reduces instructional quality, which then affects student learning outcomes and licensure readiness—factors that eventually reflect back on institutional survival.

The fourth theme—curriculum, instruction, and theory-practice misalignment—illustrates how faculty constraints and leadership decisions ultimately manifest in the learning environment. The interpretation of findings shows that curricular frameworks often aspire to competency-based education, but system-wide limitations hinder full implementation. Weak integration between theoretical instruction and clinical practice indicates that the curriculum may be conceptually aligned with industry expectations but structurally unable to deliver the depth of experiential learning required. Assessments may not adequately measure the competencies they claim to address; instructional strategies may not match the cognitive and affective needs of contemporary learners; and clinical exposures may be insufficient to prepare students for real-world demands. These misalignments suggest that curriculum transformation is not simply a matter of redesigning content; it requires coherent alignment across leadership decisions, faculty deployment, resource allocation, and external partnerships.

Interpreting the fifth theme—student motivation, commitment, and learning outcomes—highlights the complex and evolving identity of Gen Z learners. The findings point to a shift in how students interpret academic purpose, professional goals, and markers of success. Some students enter programs without intrinsic desire to pursue licensure, while others redefine success according to personal values rather than institutional performance standards. This fluid orientation influences study habits, progression patterns, engagement levels, and resilience under pressure. When instructional environments are inconsistent or curriculum-practice alignment is weak, these motivational uncertainties intensify. Students with fragile academic identity or unclear career purpose may underperform despite institutional efforts. Conversely, motivated students may experience frustration when systemic constraints prevent them from receiving the training they expect or need. These complexities illustrate that student outcomes are not simply the product of individual effort but the cumulative result of institutional, pedagogical, and interpersonal conditions.

The sixth theme—resources, infrastructure, and learning continuity constraints—cuts across all prior themes and provides a structural explanation for many persistent challenges. The findings show that shortages of clinical placement sites, uneven hospital distribution, limited simulation facilities, and lingering post-pandemic learning deficits create an environment where even well-designed curricula and motivated faculty cannot fully deliver intended competencies. Students may receive uneven exposure to clinical conditions, faculty may struggle to manage overcrowded practicum sites, and institutions may rely on stopgap measures rather than sustainable partnerships. These resource constraints also influence leadership decisions, which in turn affect faculty deployment and curricular execution. When resources are limited, teaching becomes more transactional, practice opportunities become competitive, and learning continuity becomes uneven—affecting not only competence development but also student confidence and licensure outcomes.

Taken together, the themes indicate that health professions education is shaped by a network of interdependent variables whose effects accumulate over time. The interpretation of these findings suggests that institutional viability pressures trigger leadership stress; leadership dynamics shape faculty performance; faculty conditions affect curriculum implementation; curriculum implementation influences student motivation and competency development; and all these elements are mediated by resource availability. The system operates as an integrated whole, where weaknesses in one area reverberate across the others. This interconnectedness highlights why piecemeal reforms—focused solely on curriculum, or solely on leadership, or solely on student support—often fail to produce sustained improvement. Instead, the patterns observed in the findings emphasize the importance of understanding how each domain interacts with the larger ecosystem of institutional quality.

Finally, the broader implications of these interrelated themes point toward an evolving landscape in which educational leadership must navigate unprecedented complexity. The interpretation of this system highlights growing expectations for leaders to operate with a holistic, systems-oriented mindset that integrates strategic viability, human resource development, curriculum integrity, generational management, and equitable access to learning environments. These insights form the foundation upon which the study's conclusions and recommendations will later be developed, grounding them not in isolated findings but in the systemic relationships revealed through thematic synthesis.

5. Conclusions and Recommendations

5.1 Conclusions

This review demonstrates that the challenges confronting health professions education form an interconnected system rather than a set of isolated concerns. The synthesis of 142 included studies reveals that issues of institutional viability, leadership and governance, faculty capacity, curriculum coherence, student motivation, and resource constraints collectively shape educational quality and licensure performance. The overarching conclusion is that educational outcomes are the cumulative effect of structural, managerial, human, and pedagogical conditions that operate recursively within higher education institutions.

First, institutional viability pressures—driven by enrollment fluctuations, regulatory expectations, and the financial vulnerability of private HEIs—serve as the foundational force influencing all other domains. These pressures reinforce reactive decision-making and intensify the tension between sustaining programs and ensuring academic quality.

Second, leadership dynamics and intergenerational complexities significantly shape the internal climate of institutions. Leadership effectiveness, communication clarity, and governance coherence play central roles in determining how faculty and students experience the program environment.

Third, faculty capacity emerges as both a determinant and consequence of institutional pressures. Faculty overload, competency gaps, limited professional development, and HR constraints directly affect instructional quality, assessment integrity, and the alignment of classroom learning with professional standards.

Fourth, curriculum and theory-practice misalignment remain persistent barriers, deepened by limited experiential opportunities, inconsistencies in instructional quality, and uneven integration of competency-based education frameworks.

Fifth, student motivation and commitment reflect broader generational shifts, with many learners demonstrating redefined notions of success, variable licensure intentions, and heightened sensitivity to learning environments. These motivational patterns interact with institutional conditions to shape academic progression and licensure readiness.

Finally, resource and infrastructure constraints—including inadequate clinical placement sites, limited facilities, and post-pandemic learning interruptions—cut across all thematic domains, weakening the effectiveness of



leadership, faculty performance, curriculum implementation, and student learning outcomes.

Overall, the findings highlight that improving licensure performance and program quality requires an integrated understanding of how leadership, human resources, institutional sustainability, and student learning interact. Fragmented or single-domain interventions are unlikely to yield long-term improvement unless the systemic relationships among these themes are addressed. The study concludes that educational leaders must adopt systems-oriented, data-informed, and future-responsive approaches that recognize the complexity and interconnectedness of health professions education.

5.2 Recommendations

Based on the interconnected structural issues identified in this review, the following recommendations are offered to guide educational leaders, academic planners, policymakers, and faculty developers in strengthening health professions education programs:

1. Adopt a systems-oriented leadership model.

Leaders should develop governance frameworks that address institutional viability and academic quality simultaneously. This involves integrating financial planning, faculty workload management, curriculum oversight, and student support into unified strategic processes rather than treating them as separate domains.

2. Strengthen leadership capacity for multigenerational academic environments.

Institutions should invest in leadership development focused on communication, coaching, conflict management, and cultural competence to navigate the distinct expectations of Gen Z students and diverse faculty cohorts. Clearer communication structures and participatory planning mechanisms can reduce organizational fragmentation.

3. Enhance faculty capability through structured professional development and workload rationalization.

Institutions should formalize competency-based training programs for faculty, including assessment design, instructional innovation, and clinical teaching strategies. Rationalizing workload distribution, hiring additional staff where feasible,

and creating protected time for faculty development will strengthen instructional and assessment quality.

4. Strengthen curriculum-practice alignment through evidence-based instructional redesign.

Curriculum committees should ensure that theoretical content, assessment frameworks, and clinical requirements reflect current practice standards. Investments in simulation-based learning, structured clinical rotation partnerships, and assessment calibration workshops can mitigate gaps between intended and implemented curricula.

5. Implement targeted student engagement and academic identity-building initiatives.

Programs should integrate structured academic advising, licensure orientation programs, coaching interventions, and motivational scaffolding to support learners with weak professional identity or unclear licensure intentions. Tailored support may reduce attrition, improve learning trajectories, and strengthen licensure readiness.

6. Prioritize resource development and equitable access to clinical learning.

Institutions should pursue partnerships with hospitals, local government units, and private health facilities to expand clinical placement opportunities. Where placements remain limited, scaling simulation laboratories, objective structured clinical examinations (OSCEs), and digital clinical modules can help compensate for gaps in real-world exposure.

7. Integrate post-pandemic learning recovery strategies into long-term academic planning.

Bridging programs, foundational skills recovery modules, and structured remediation pathways can address learning losses from the pandemic. Embedding digital literacy and flexible learning modalities into core curricula can help align institutional practices with emerging global expectations.

8. Promote data-driven quality assurance and institutional decision-making.

Institutions should strengthen internal monitoring systems by using performance dashboards, early alert mechanisms, and licensure outcome analytics. Data-informed decision-making will help identify academic risks earlier and ensure interventions are timely and aligned with institutional goals.

9. Engage policymakers in addressing systemic resource inequities.

Future reforms in CHED, PRC, and DOH may consider regionalizing clinical training policies, incentivizing hospital partnerships, and providing grants for simulation facilities to reduce the geographic and infrastructural disparities affecting learning opportunities.

Collectively, these recommendations emphasize that improving program quality and licensure performance requires coherent, multi-level reforms that acknowledge the interdependence of institutional, human, curricular, and resource-driven factors. Addressing these areas holistically will position higher education institutions to better prepare competent, motivated, and practice-ready graduates in an increasingly complex health professions landscape.

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