

# **Infusing Service-Learning into Allied Health Profession Curriculum: Perceived Enablers and Barriers**

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## **Abstract:**

Service-learning may offer an innovative perspective in the competing global and national health interests among Philippine universities. This study sought to understand the enablers and barriers of implementing service-learning in the context of a premier private Catholic Philippine allied health profession education. It used an in-depth descriptive qualitative design. Transcripts from interviews, field notes and organizational documents were analyzed using thematic analysis. Data were coded and categorized into perceived barriers and enablers according to The Self-Assessment Rubric for Institutionalization of Service-Learning in Higher Education (SRISL) by Furco (2002). A wide range of enablers and barriers to implementing SL in one of the university's health-related program were discussed. The results of this study may support further uptake of service-learning as a signature pedagogy in the allied health profession, particularly for its emerging unique professional identity and role in enhancing disability-related health outcomes.

Keywords: occupational therapy, Philippine higher education, disability-related health outcomes

## **Introduction**

A central part of Philippine educational reform is to have universities connect more with communities and provide a reciprocal service orientation in which the universities reach out to their communities with knowledge and services. It mandates Philippine universities to undertake more innovative and transformative approaches to shape its future graduates to be equipped with skills, knowledge, and attitude to respond to these local, regional, or national social development needs.

Specifically, the Philippine health system calls for improvement of health services delivery, including its accessibility in the rural and socioeconomically-disadvantaged areas. Although advancing health research and medical knowledge has led to a positive impact on the health of most people, it does not sufficiently address the complex health issues in the Philippines. Primarily, the humanistic elements cannot be replaced with these advancements. Humanistic elements such as care, empathy and compassion of the healthcare provider, will remain to be essential components of effective delivery of healthcare services (McManus, 1991; Burks & Kobus, 2012). Furthermore, trends in future global workplaces show an increasing need for teamwork and collaborative problem-solving skills, interpersonal communication, and social skills to complement these technical skills (World Economic Forum, 2016). However, there has

been noted decrease on the emphasis of these skills in the curriculum, with the assumption that these skills are developed implicitly in the ‘hidden’ curriculum as students navigate their training (Battaglia, 2016; Geraghty et al., 2016). Hence, in preparing future healthcare professionals, it is important to explicitly develop these skills in their professional education curriculum (Battaglia, 2016; Burks & Kobus, 2012; Geraghty et al., 2016). Service-learning, then, may offer an innovative perspective in these competing global and national health interests among Philippine universities.

Literature has supported service-learning as one of the high impact teaching strategy in higher education (Kuh, 2008) and as a signature pedagogy in the field of occupational therapy education (Schaber, 2014), with a broad spectrum of benefits for both the university and the community it serves. However, much of the available literature are from the United States. Moreover, more literature has demonstrated the benefits of service-learning among secondary schools and community colleges. Literature on the adoption of service-learning among higher education institution (HEI), however, remains limited and presents with more contextual challenges. This study, thus, sought to understand the enablers and barriers of implementing service-learning in the context of a premier private Catholic Philippine allied health profession education.

## **Literature review**

Simply defined, service-learning (SL) is “an experiential education approach that is premised on reciprocal learning“ (Furco, 1996, p. 2). However, SL takes many forms and there has been a wide range of conceptualizations of SL in the literature. The most widely used definition of SL is offered by Bringle and Hatcher (1996, p. 222) as:

a credit-bearing educational experience in which students participate in an organized service activity that meets identified community needs and reflects on the service activity in such a way as to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility.

It traced its conceptualization on the works of John Dewey and David Kolb’s educational experiential theories. Thus, reflection is a key pedagogical feature of SL (Giles & Eyler, 1994; Jacoby, 2014).

Another widely used definition of SL stated that:

[s]ervice learning means a method under which students or participants learn and develop through active participation in thoughtfully organized service that is conducted in and meets the needs of a community; is coordinated with an elementary school, secondary school, institution of higher education, or community service program, and with the community; and helps foster civic responsibility; and that is integrated into and enhances the academic curriculum of the students or the

educational components of the community service program in which the participants are enrolled; and provides structured time for the students or participants to reflect on the service experience (National and Community Service Act of 1990, p. 13)

Stemming from community development theories, this definition highlighted another key feature of SL, which is Reciprocity as described by Sigmon (1979). This understanding of reciprocity becomes helpful in distinguishing other closely associated terms with SL, such as internship, field education, community service and volunteerism. Furco (1996) provided a continuum of this distinguishing feature of reciprocal relationship with his conceptualization of SL. Internship and field education place university students as the locus of control of service provision by deciding who, what and when services will be provided. In contrast, in community service and volunteerism, the recipients control and benefit from these services.

From these descriptive definitions, an understanding of the two key features of SL can be drawn upon. These are **reflection** as a pedagogical strategy and **reciprocity** as a guiding principle for community partnership and learning.

Literature has shown that SL has significant benefits in student learning and development (Celio, Durlak & Dymnicki, 2011; Yorio & Feifei, 2012). Furthermore, the use of service-learning as an experiential pedagogy to explicitly address the development of several humanistic skills in the curriculum of health-related professions is widely supported in recent literature (Battaglia, 2016; Roskell, White & Bonner, 2012). It aided the holistic development of the health professionals, both in discipline-specific skills and generic health professional skills such as interprofessional practice and cultural responsiveness (Crawford et al., 2017).

With these benefits of SL, current literature continues to support the globally widespread practice of service-learning among higher education institutions. It also recognized that there were more extensive service-learning programs in the United States than in Australia, Asia, or Africa (Kerins, 2010). Hence, this posed difficulty in identifying critical success implementation factors along the different contextual situations. While its success cannot be attributed to a single factor, lessons can be learned that can be adopted or adapted to suit our current context. These lessons looked at both sides of supporting as well as hindering the successful implementation of SL.

## Support Factors

*Educational and Historical Context as Major Drivers.* One of the major drivers of SL was the educational and historical context (Stanton, Giles & Cruz, 1999). For example, SL flourished in the 1990s as a result of the US government call to augment the role of American higher education in nation-building (National Task Force on Civic Learning and Democratic

Engagement, 2012, p. 2). Similarly, the Humboldtian idealism of combining teaching and research together with the European culture of volunteerism has been seen as an opportunity in paving the way of SL in the German universities in the early 2000s (Garrett, Sharpe, Walter & Zyweitz, 2012). Conversely, Langworthy (2007) argued the contextual difference on Australian historical convict-beginnings and Platonic influence on education made SL not readily embraced widely in Australia.

*Change in Mindset for Educational Reform.* Launching a SL program required a change in mindset and it was not simply adding a new program (Stanton, Giles & Cruz, 1999). SL should not be regarded as a supplement to the formal curriculum but as a necessary component of student learning explicitly linked to academic growth. This will distinguish SL from volunteer activities (Xing & Ma, 2010; Zlotkowski, 2011). Furthermore, Sachs and Clark (2017) attributed the success of Macquarie University to its commitment to making community engagement their core business and not as an add-on feature. The synergized tripartite university function legitimized SL as their core business. The creation of a ‘hub’ allowed weaving of SL across teaching, research, and community development (instead of adding SL) into the university fabric. Such structural reorganization encouraged collaboration instead of competition, and it allowed institutionalization of SL (Kezar & Rhoads, 2001; Roberts et al., 2018). In Asia where education is typically regarded as an intellectual endeavour, SL called for a shift from this mindset to recognizing “[p]edagogically, SL comprises of the ‘head’ plus ‘heart’ plus ‘hands’ ”(Xing & Ma, 2010, p. 24).

*Design of Service-Learning Program.* The role of faculty members in designing appropriate SL activities was crucial to ensure achievement of good learning outcomes. This meant ensuring a good student-placement fit and well-structured reflection activities (Waterman, 2013). He hypothesized that Student-Placement Fit, which is meeting the students’ motivation (whether intrinsic or extrinsic) during their SL experience, can make a significant effect on the success of the program. This also meant that the relevance of the right settings and the related tasks to their course content helped assure that the experience indeed enhanced their learning (Giles & Eyster, 1994). More importantly, having a well-structured reflection had the strongest link with the learning outcomes (Celio et al., 2011). In allied health profession education, Parmenter and Thomas (2015) further supported that on-going reflections, as the key feature of occupation-focused SL, enabled learning about occupational therapy’s underpinning paradigm as well as development of professional values of being a therapist.

*Enabling Processes.* While most literature recommend creation of a separate office to lead SL (Bringle & Hatcher, 1996; Furco, 2002), Macquarie University introduced a different organizational structure for its SL program by designing a hub as “an (evolving) configuration” (Sachs & Clark, 2017, p. 277) to encourage institutional collaboration. Furthermore, a clear alignment between the purpose of SL and the university mission and its core values has been acknowledged as one of the successful factors at Macquarie University (Sachs & Clark, 2017). It recognized the unique contribution of SL to higher education through its curriculum. This rationally determined the form SL shall take, the breadth of SL across the departments as well as

across the student levels, and the focus of program monitoring and evaluation. This successful implementation of SL at Macquarie University provided case study evidence how SL has contextually transformed this Australian university (Sachs & Clark, 2017).

Reciprocity, as the key feature of SL, had defined Macquarie University's network and partnerships. It was not measured by the number of communities but rather by the social impact their programs have created (Sachs & Clark, 2017). This reciprocity principle guided the shift in community development from a needs-based to an asset-based paradigm. This shift is "in contrast to doing work *for* communities, *in* communities or *on* communities [.T]he newer paradigm emphasizes doing work with the community" (Bringle & Plater, 2017, pp. 301-302).

Resource commitment, particularly financial resources, plays a vital role in the success of any program. Because of limited internal grants and funding, universities need to look for external grants to fund these SL activities. Macquarie University used these grants to offset the incurred costs and subsequently to foster more engagements (Sachs & Clark, 2017). However, internal grants presumably worked better towards institutionalization of SL without reliance on external funding (Furco, 2002).

#### Hindering factors

Alternatively, literature also showed several hindering factors or barriers to implementation of SL that led to the failure or non-institutionalization of SL programs in some universities.

*Organizational Culture and Tensions associated with Service-learning.* Kezar and Rhoads (2001) recognized the role of academic leaders in balancing the organizational tensions associated with SL. For instance, Langworthy (2007) argued that the tension between the public good offered by SL interest and the increasing external pressure on workforce outcomes and graduate attributes may have led to the Australian universities not to engage in SL. Moreover, tensions within the organization such as the lack of faculty interest and budgetary support, the lack of time and coordination for SL, and placing SL on a marginal status have been the most cited barriers in implementing SL (Bringle & Hatcher, 1999; Stanton et al., 1999; Waterman, 2013). Reshaping into SL-conducive organizational culture, increasing the incentives for SL engagement, and re-aligning the recognition and reward system to include SL were some suggestions to resolve these organizational tensions (Kezar & Rhoads, 2001).

*Academic Culture.* The academic culture questioning the legitimacy of SL as an academic activity was also a possible hindrance to the implementation of SL. Where does SL fall under the three functions of the university: teaching, research, or community service? Kezar and Rhoads (2001, p. 167) argued that the functional 'organizational boxes' universities will need an

organizational restructuring to encourage interdisciplinary collaboration to be more conducive for SL. Garrett et al. (2012) further argued that the challenge of SL in German universities lies on the traditional belief that the concept of educating engaged citizens should be in the public democratic space of society and not necessarily in the more formalistic arena of higher education. Moreover, Langworthy (2007) recommended a change of terminology to reduce confusion and ‘trivialization’ and to reflect a more academic or scholarly nature.

*Financial Challenges.* The funding scheme could spell a difference in the institutionalization of SL. For instance, federally-funded Australian universities rely on the competitive ranking results that emphasize research outputs and employability, and not community engagements or its impact on social transformation. Langworthy (2007) extrapolated that this was one of the reasons for not engaging in SL among Australian universities. Opazo, Aramburuzabala and Cerrillo (2016) conversely attributed the support through the European Credit Transfer System (ECTS) for SL activities as a major propeller of its development and sustainability among Spanish universities.

*Growing Ethical Concerns.* Lastly, Xing and Ma (2010) highlighted the ethical dimension of SL in Asian literature that questioned the extent of involvement of the academic community vis-à-vis the governance of the university and its partner communities, the extent SL program enhancing the capacity of the community to be self-sufficient over the charitable service provision, and the possible exploitation issues for the community and the students such as using free student labor to perform duties that would have been typically performed by paid worker.

## **Methodology**

The initial step in adopting service-learning into the context of Philippine higher education is to explore the key support enablers and barriers of service-learning in the context of a private Catholic university in the Philippines using the The Self-Assessment Rubric for Institutionalization of Service-Learning in Higher Education (SRISL) by Furco (2002).

SRISL is one of the widely used tool that characterizes the success factors in development of SL in higher education. It utilizes five dimensions, namely, the philosophy and mission of service-learning, the faculty support for and involvement in service-learning, the student support for and involvement in service-learning, the community participation and partnerships and institutional support for service-learning. More than eighty American higher education institutions had used this tool to identify the stage of development of service-learning in their institutions and subsequently provide the direction to steer the specific dimensions towards its institutionalization (Furco, 2002).

Implementation science frameworks guided this study in order to successfully adopt new SL programs and practices. Implementation science is utilized to promote the systematic uptake of evidence-based research findings and practices into routine practice to improve the quality and effectiveness of services (Nilsen, 2015). Specifically, determinant frameworks among the implementation sciences recognized that implementation is a multidimensional phenomenon, with multiple interacting influences (Nielsen, 2015). It is generally aimed to understand influences, whether facilitator or barrier, on implementation outcomes. The author chose to use the SRISL, being closely relevant to the service-learning practice and its consistency with the characteristics of these determinant frameworks.

Individual conversations with three (3) key administrative staff, which includes the Vice-Rector for Academic Affairs, SimBahayan Director as the community extension arm of the University, and the Dean of the College of Rehabilitation Sciences, were held within the University premises. Three (3) department chairpersons, ten (10) faculty members and fifteen (15) students from the College of Rehabilitation Sciences were also interviewed about their views about SL and their perceived enablers or barriers in its implementation using semi-structured questions (Table 1). Reflections and organizational insights on ongoing SL activities were based on these conversations alongside with a review of relevant organizational reports and plans.

Table 1. Interview Questions

| Semi-Structured Questions Used in the Interview   | SRISL (Furco, 2002)   |
|---|---|
| <ol style="list-style-type: none"> <li>1. How do you understand service-learning?</li> <li>2. What are possible benefits of service-learning?</li> <li>3. What are examples of service-learning activities you have participated in?</li> </ol>                   | Dimension 1: Philosophy and Mission of Service-Learning   |
| <ol style="list-style-type: none"> <li>4. What motivates you to participate in service-learning activities?</li> <li>5. What hampers your participation in service-learning activities?</li> </ol>  | Dimension 2 : Faculty support for and involvement in service-learning<br>Dimension 3: Student support for and involvement in service-learning |
| <ol style="list-style-type: none"> <li>6. How does the community view the participation of students in service-learning?</li> <li>7. How does the university view the participation of students in community activities?</li> </ol>                               | Dimension 4: Community participation and partnerships   |
| <ol style="list-style-type: none"> <li>8. How has service-learning evolved in the College and/or University? What factors led to this current state of service-learning?</li> <li>9. What problems or challenges were encountered in engaging with the</li> </ol> | Dimension 5: Institutional support for service- learning  |

|  |  |
|--|--|
| communities? How were these managed or resolved? |  |
|--|--|

This study used an in-depth descriptive qualitative design. The two sources of data used to inform the analysis, namely a) semi-structured interviews with key stakeholders or intended users about their views about SL and their perceived enablers and/or barriers in its implementation and b) a document review of relevant organizational reports and plans on service-learning in the said university. Transcripts, field notes and organizational documents were analyzed using thematic analysis. Data were coded and categorized into perceived barriers and enablers according to the SRISL framework.

## **Results and Discussion**

### Background on the University of Santo Tomas

The University of Santo Tomas (UST) is one of the top universities in the Philippines with twenty-three (23) colleges and fifty-six (56) undergraduate academic programs. It is a 400-year-old private Catholic university with a 20,000-student population. As the Royal and Pontifical University of the Philippines, the University is marked as a strong traditional educational institution. This paper focused on one particular unit called as the College of Rehabilitation Sciences (CRS). It is one of the health-related colleges that offers four programs, namely, Physical Therapy (PT), Occupational Therapy (OT), Sports Science (SPS) and Speech and Language Pathology (SLP). This College is led by a Dean, who is responsible for the overall operations of the College. Each program is led by a department chairperson who manages their respective program.

A wide range of enablers and barriers to implementing SL in one of the university's health-related program will be discussed. The significant perceived enablers were the implicit alignment of institutional mission with service-learning, the beginning service-learning groundwork in one department, optimism of faculty members for service-learning initiatives, the preferred partner communities and the symbolic administrative support for service-learning initiatives. The perceived barriers were the fragmented views among students, faculty and administration on service-learning, the restricted faculty and student engagement, the minimal incentives for faculty and students to participate in service-learning, the limited 'reciprocity' concept among the partner communities and the lack of actual administrative buy-in support. The result of this self-assessment also showed the early stages of development of service-learning at UST.



## Perceived Enablers

*Implicit Alignment of Institutional Mission with SL.* SL activities appeared to be peripherally situated in the institutional goals and strategies. As a Catholic university guided primarily by the teachings of St. Thomas of Aquinas, the UST mission had three clear core values of Competence, Compassion and Commitment. While the Compassion and Commitment components are clearly relevant elements of SL, the curriculum does not explicitly link these to achieve one of the key graduate attribute of servant leadership. In the same light, the Thomasian educational philosophy of contemplative study in service of truth (Lorezca-Tangco, 2014), though closely attuned with SL, was not clearly evident in its curriculum. Competence in the professional therapy practice appears to be the main focal point of the curriculum design. Thus, it lacked a clear link as to how these relate to the social transformation mission stated in its strategic plans. Specifically, the strong social transformation agenda of CRS on the vulnerable and marginalized sector of people with disability remained to be seen and felt more overtly, as shared by the students and faculty members.

*Beginning Service-learning Groundwork.* The Dean recognized that the OT department has taken a lead on SL development, with its first introduction of a community-based rehabilitation (CBR) course into its curriculum in 2010 and expanding towards introduction of social justice issues using rehabilitation science lens. It was admittedly difficult at the beginning for the OT department, especially in finding acceptance and legitimacy of this pedagogy. As an evolving course, CBR offered a relatively new perspective on disability-related health issues by putting the community as the focal point for disability prevention and health promotion activities for allied health professionals. CBR offered a paradigm shift from a medical to biopsychosocial model of disability, with mutual benefit of attaining student outcomes and meeting the health needs of the community (Sagun-Ongtangco & Abenir, 2016). The CBR course not only expanded the disability-related practice of occupational therapy, but also helped develop a unique professional identity in the Philippine setting.

*Optimism of Faculty Members.* Despite claiming it was their first time to hear about SL or having limited understanding of SL, faculty members have discussed various elements of SL in their current practice such as:

*I think our community-based rehabilitation (CBR) course is an example of service-learning because it is geared towards community development through disability prevention. (Faculty member 1)*

*Our internship program has a community setting as one of the students' placement. (Faculty member 2)*

*We encourage our students to participate in Lib-Rehab, an annual program of providing free therapy services in the community. (Faculty member 7)*

*The current group of interns are conducting research on tele-rehab in the community in exchange for free rehabilitation services to its community members. (Faculty member 8)*

These responses showed that SL is closely associated with working in a community (locational purpose) and working on a community (therapy service provision). Moreover, it also appeared that SL is closely intertwined with the nature of the therapy profession, which is inherently part of the allied health professional identity (Parmenter & Thomas, 2015). As such, community involvement becomes integral part of the allied health profession curriculum for developing both professional therapy and humanistic skills. Albeit lacking in reflective pedagogical strategy and being graded based on attendance diluting the basic essence of SL, there were also some faculty members who expressed the hope of SL to

*not only develop these humanistic skills but also to promote social justice as perceived from the rehabilitation science lens. Recognition of health disparities and inequitable access to healthcare services are among the many social problems that need to be incorporated into the service-learning program. (Faculty member 5).*

This may indicate the potential expansion of SL into the social change agenda as described by Butin (2010), including disability-related health reforms such as disability-inclusive communities.

*Preferred Partner Communities.* SimBahayan, as the community development arm of the University, acted as the liaison between the community and the Colleges, matching the academic needs with the community needs. SimBahayan Director proudly shared that the number of partner communities had increased to one hundred twenty (120) over a few years. *We use a needs-based framework where the needs of the partner communities were identified and established prior to forming a partnership with the University (Director of SimBahayan).* For CRS, it was relatively easy to establish disability-focused community partnerships in the rural and socio-economically disadvantaged areas where access to therapy and health services is limited. It included but not limited to public schools, rural health units, villages and non-profit organizations with disability-related concerns. The nature of most of these activities was discipline-specific and was considered as extra-/co-curricular in nature such as free health screening and wellness programs for health-related programs, English language classes and book reading for education and humanities programs, and tree-planting and community clean-ups for the social sciences programs.

*Symbolic Administrative Support.* The organizational structure of the University clearly depicted the tripartite functions of the university, which are instruction, research and extension services. These are clearly designated with a Vice-Rector with corresponding operational budget. For the instruction function, there is the Office of Vice-Rector for Academic Affairs. For the research function, there is the Office of Vice-Rector for Research and Innovation. For the extension

services or community development, there is the SimBahayan office, which is under the Office of Vice-Rector for Religious Affairs. Being a Catholic University, SimBahayan represented the union of Church (SIMbahan), Family (BAHAY) and Nation (bayAN). SimBahayan was the innovative result of the quadricentennial celebration of the University in 2010.

## Perceived Barriers

*Fragmented Views.* The most usual SL understanding reported by both faculty members and students is community service, either curricular, co-curricular or extra-curricular. Some students associated SL with internship when they shared stories about their experiences of practising the skills learned in the classroom with real patients (in contrast with simulated patients). Some faculty members and students expressed their understanding of SL when they volunteered their services in the community (as compared to the clinic or hospital). A few faculty members described SL as an exchange between learning skills for disability-inclusive community development by students and the empowerment of partner communities on disability-related health issues. Two faculty members mentioned that both community and the academe shared the mutual benefit of SL with an end goal of improving the disability-related health outcomes in their communities.

The department chairpersons raised a different perspective. They focused on the pedagogical component of SL and its impact on the values formation and humanistic skills such as cultural competency and interprofessional collaboration skills.

The administrative officials had more fragmented views on SL. On one hand, the CRS Dean viewed it as a way to merge research and community service. On the other hand, the SimBahayan Director viewed it as mobilizing the students to participate in socially-relevant activities. He further elaborated that SimBahayan will get a boost in support and funding if it portrayed the university as an international SL hub, reportedly important for the university's ranking and program accreditation purposes. Furthermore, the Vice-Rector for Academic Affairs viewed it as the pedagogical tool that will shape future Thomasian graduates as a global citizen.

Reflection as a learning strategy had not been mentioned in these conversations. They may have assumed that learning had occurred as a consequence of their community experience. The role of faculty in facilitating this learning through reflective strategies was not evident. Reflection, as a key pedagogical feature of SL, was not explicitly elucidated in these conversations.

This fragmented vision of SL from the various stakeholders indicated that strong need to clarify and harmonize SL understanding to appreciate its intended benefits, particularly in the allied health profession curriculum.

*Restricted Engagement of Faculty and Students.* The limited SL understanding among faculty members and time constraints consequently led to very minimal faculty involvement.

*I would like to be part of community activities, but I have no more time for this. (Faculty member 8)*

*Inasmuch I would like to make frequent community visits with my class, we don't have the extra time to do so. (Faculty member 2)*

Although these opportunities for SL were made available to students, their academic workload took a higher priority, as illustrated in these responses:

*We would like to do it, but our academic studies come first. If only we have spare time, we would participate in community activities. (Student 3)*

*It takes so much time to get into the communities . . . and the traffic jam makes it horrible. The travel time actually makes it difficult, not the actual activity. (Student 4)*

Similarly, students perceived the National Service Training Program (NSTP), a nationally mandated course for all first-year students to engage with the community, as a 'hassle' or irrelevant to their learning to become allied health professionals as it lacked in the utilization of health-related skills in their community activities. Compliance to the traditional allied medical profession curriculum design seemed to be more appealing to students than the altruistic values SL advocates.

*Minimal Incentives.* Faculty members considered community service as a non-rewarding work and under-recognized as an innovative pedagogy. A number of faculty members shared that engaging in community service hardly contributed to their faculty promotion. They were further pressed to balance the three functions of teaching, research, and community service, with the latter most likely neglected. Literature had consistently raised this as a key barrier to SL implementation (Roberts et al., 2018). With time-consuming logistical preparations compounded with compliance to tedious government regulatory requirements for off-campus activities, some faculty members felt unmotivated and considered it not a worthwhile activity.

Similarly, there were very limited incentives for students to participate in SL activities. Being mandatory attendance in their courses, students claimed they expected to be marked for their participation, either as attendance grade or as bonus points for meritorious effort. For the faculty members, they gave these bonus points because "*without these incentives, students will most likely not participate in such extra work*" (Faculty member 5). This counteracted the key feature

of SL where students are graded based on their learning outcomes and not on their participation in the experience (Zlotkowski, 2011).

*Limited Reciprocity.* While the number of partner communities has increased over time, its impact on the community and/or the learning of the students had yet to be explored. The quality of these programs and its impact of such partnerships on social transformation will apparently need more attention. SimBahayan usually arranged the community activities and specified the number of labor, resources, date and time as indicated by the availability of the students and faculty. SimBahayan Director found this convenient as partner communities readily responded to these free services by accommodating their requirements. The concept of ‘reciprocity’ (Sigmon, 1979, p. 10), where the control of resources is in the hands of those being served, was not evident in this example.

*Limited Actual Buy-in.* Despite the potential of SL to directly influence its graduate outcomes, the departmentalized organizational structure may often lead to silo thinking in teaching, research, and service functions. Hence, this may possibly limit the collaborative culture to cultivate SL growth. Moreover, limited student and faculty recognition, grants and awards were provided for successful achievement and conversely, negative reinforcement such as budget reduction and increasing procedural bureaucracy were reportedly used for non-compliance. This non-positive organizational culture may have hindered the creative and innovative thinking, necessary for SL to take a richer form in this university.

The faculty and students alike were faced with multiple layers of bureaucracy for community engagement. The Director for SimBahayan may symbolically oversee the university’s function in community development but either the student affairs office approves extra-curricular activities, or the academic affairs office approves curricular activities. The community development coordinators monitor the community activities within their colleges while the department chairpersons monitor the integration of SL as a pedagogy in their respective departments. This lack of coordinating entity was clearly raised when the SimBahayan Director lamented that:

*The recent CHED policies have reduced the number of community activities of the students by 50%. There has been so much time, effort and money just to get those CHED permits and it had to be cancelled at the last minute because the permits weren’t processed in time. (SimBahayan Director)*

The Director of SimBahayan lamented further that the modest budget allocated to SimBahayan may not amply support all the community-related activities. Most often, students had to create fund-raising activities to implement their community-related activities. Moreover, sponsors for these activities were creatively sought by faculty and students. For instance, the office of the mayor of the partner community might fund the transportation and food expenses for such activities.

These conversations indicated that SL in UST may potentially be the vital link in fulfilling its Thomasian educational mission, but it may need to effectively organize and implement SL to effect the authentic social transformation it hopes to achieve. The fragmented understanding of SL, seen as mostly mandatory, extra-curricular activities within the community (rather than with the community), is typically characteristic of early stages of SL program development. Reciprocity, as a key element of SL, can be further enhanced to overtly align the Thomasian educational mission and disability-related health SL initiatives. Furthermore, the role of CRS faculty in employing pedagogical reflection strategies on SL activities may be reconsidered to infuse the humanistic skills of compassionate care into the allied health profession curriculum. The academic culture of departmentalization of the tripartite functions of the university shaped the way SimBahayan functioned as a separate unit from teaching and research. These organizational tensions may contribute to pulling away from the altruistic intentions of service-learning. Beyond this coordinating entity, SimBahayan may provide a broader range of pedagogical and research support and ethical practice to support institutionalization of SL in the University. Furthermore, by recognizing the early stage of development of SL in UST, it also showed the potential growth and development opportunities to fulfill its 400-year-old Thomasian mission in the modern times. The SRISL tool had helped identify the specific enabling dimensions which can aid in overcoming the perceived barriers. Ultimately, these shall hopefully help in progressing towards the institutionalization of SL program at the University.

## **Conclusion**

Responding to the call for relevant allied health profession education, we need to ensure that learning experiences in the actual communities contribute to the redesign of health service delivery as well as allied health professional development. This study highlighted the multi-dimensional perspectives from the academic community of faculty members, students and the partner communities regarding many key concepts which may affect the SL implementation. While the benefits of SL are clear to the academic landscape, it was apparently not adequate to drive its successful implementation to attain its graduate outcomes as well as the resultant disability-related health outcomes for the communities we serve. The results of this study may be used to develop continuous education, training and support for service-learning initiatives for further uptake of service-learning as its signature pedagogy in the allied health profession. SL can potentially support allied health profession curriculum for its emerging professional identity and role in enhancing disability-related health outcomes. Likewise, the fragmented views, time constraints and limited institutional buy-in of SL, as the key barriers should be addressed in infusing the signature SL in the allied health profession education. This may potentially lead towards the institutionalization of service-learning in the allied health education curriculum and further scaling up of service-learning across the various programs in the university.

## References

- Battaglia, J. (2016). Toward a Caring Curriculum: Can Occupational Therapy Be Taught in a Caring Context? *International Journal of Teaching and Learning in Higher Education*, 28(2), 265-270.
- Bringle, R. G., & Hatcher, J. A. (1996). Implementing service learning in higher education. *The Journal of Higher Education*, 67(2), 221-239.
- Bringle, R.G. & Plater, W.M. (2017). Reflections on Macquarie Experience. In Sachs, J. & Clark, L. (Eds.) *Learning through community engagement: Vision and practice in higher education* (pp. 301-317). doi: 10.1007/978-981-10-0999-0
- Burks, D. J., & Kobus, A. M. (2012). The legacy of altruism in health care: the promotion of empathy, prosociality and humanism. *Medical Education*, 46(3), 317-325. doi:10.1111/j.1365-2923.2011.04159.x
- Butin, D. W. (2010). *Service-learning in theory and practice. The future of community engagement in higher education*. NY: Palgrave Macmillan.
- Celio, C. I., Durlak, J., & Dymnicki, A. (2011). A Meta-analysis of the impact of Service-Learning on Students. *Journal of Experiential Education*, 34(2), 164-181. doi: 10.5193/JEE34.2.164
- Crawford, E., Caine, A. M., Hunter, L., Hill, A. E., Mandrusiak, A., Anemaat, L., ... & Quinlan, T. (2017). Service learning in developing countries: Student outcomes including personal successes, seeing the world in new ways, and developing as health professionals. *Journal of Interprofessional Education & Practice*, 9, 74-81.

- Furco, A. (1996). Service-learning: A Balanced Approach to Experiential Education. *Expanding Boundaries: Service and Learning*, 2-6.
- Furco, A. (2002). *Assessment Rubric for the Institutionalization of Service-Learning in Higher Education*. Boston, MA: Campus Compact.
- Garrett, C., Sharpe, C., Walter, M., & Zyweitz, M. (2012). Introducing service-learning to Europe and Germany: The case of American studies at the University of Leipzig. *Interdisciplinary Humanities*, 29(3), 147-158.
- Geraghty, S., Oliver, K., & Lauva, M. (2016). Reconstructing compassion: should it be taught as part of the curriculum? *British Journal of Nursing*, 25(15), 836-839.
- Giles, D.E. & Eyler, J. (1994). The Theoretical Roots of Service-Learning in John Dewey: Toward a theory of service-learning. *Michigan Journal of Community Service-Learning*, 1(1), 77-85.
- Jacoby, B. (2014). *Service-learning essentials. Questions, answers, and lesson learned*. John Wiley & Sons.
- Kerins, A. T. (2010). *An Adventure in Service-learning: Developing Knowledge, Values and Responsibility*. Farnham, Surrey: Gower Publishing, Ltd.
- Kezar, A., & Rhoads, R. A. (2001). The dynamic tensions of service learning in higher education: A philosophical perspective. *The Journal of Higher Education*, 72(2), 148-171.
- Kuh, G.D. (2008). Excerpt from high-impact educational practices: What they are, who has access to them, and why they matter. *Association of American Colleges and Universities*.



- Langworthy, A. (2007). Education for the public good: is service learning possible in the Australian context?. *The Australasian Journal of University Community Engagement*, 2(1), 70-80.
- Lorezca-Tangco, B. (2014). Dominican Education at the University of Santo Tomas, Manila: Towards 400 Years of Unending Grace. In Kelly G. & Saunders K. (Eds.), *The Dominican Approaches in Education* (pp. 337-346). ATF (Australia). Retrieved from <http://www.jstor.org.ezp.lib.unimelb.edu.au/stable/j.ctt163t8vb.39>
- McManus, I. C. (1991). How will medical education change? *Lancet*, 337(8756), 15-19.
- National and Community Service Act of 1990*. (United States). S. 40. Retrieved from [https://www.nationalservice.gov/sites/default/files/page/Service\\_Act\\_09\\_11\\_13.pdf](https://www.nationalservice.gov/sites/default/files/page/Service_Act_09_11_13.pdf)
- National Task Force on Civic Learning and Democratic Engagement. (2012). *A Crucible Moment: College Learning and Democracy's Future*. Washington, DC: Association of American Colleges and Universities.
- Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science*, 10 (1), 53.
- Sagun-Ongtangco, K. & Abenir, M.A. (2016). A Case Study Applying Service Learning Approach: Occupational Therapy in Community Health. In *The Second International Conference on Service-Learning*, 1, 167-171.
- Opazo, H., Aramburuzabala, P., & Cerrillo, R. (2016). A Review of the Situation of Service-Learning in Higher Education in Spain. *Asia-Pacific Journal of Cooperative Education*, 17(1), 75-91.

- Oracion, C. C. (2014). *Teacher leadership in public schools in the Philippines* (Unpublished doctoral dissertation). University of London Institute of Education, London.
- Parmenter, V., & Thomas, H. (2015). WOW! Occupational therapy education and experiential service learning through community volunteering. *British Journal of Occupational Therapy*, 78(4), 241-252.
- Roberts, R., Wilson, A., Coveney, J., Lind, C., Tieman, J., George, S., ... & Tonkin, E. (2018). Role of Community and Professional Engagement in Allied Health Higher Education: The Academic Perspective. *Journal of Allied Health*, 47(3), 87E-90E.
- Roskell, C., White, D., & Bonner, C. (2012). Developing patient-centred care in health professionals: reflections on introducing service-learning into the curriculum. *International Journal of Therapy and Rehabilitation*, 19(8), 448-457.
- Sachs, J., & Clark, L. (Eds.). (2017). *Learning through community engagement: Vision and practice in higher education*. Singapore: Springer. doi: 10.1007/978-981-10-0999-0
- Schaber, P. (2014). Keynote Address: Searching for and Identifying Signature Pedagogies in Occupational Therapy Education. *American Journal of Occupational Therapy*, 68, 40-44. doi: 10.5014/ajot.2014.685S08
- Sigmon, R. (1979). Service-learning: Three principles. *Synergist*, 8(1), 9-11.
- Stanton, T., Giles, D., & Cruz, N. (1999). *Service-learning: A Movement's Pioneers Reflect on Its Origins, Practice and Future*. San Francisco, CA: Jossey-Bass Publishers.
- Waterman, A. S. (Ed.). (2013). *Service-learning: applications from the research*. New York, New York; East Sussex, England: Psychology Press.

World Economic Forum (2016). *The future of jobs: Employment, skills and workforce strategy for the fourth industrial revolution*. Retrieved from [http://www3.weforum.org/docs/WEF\\_Future\\_of\\_Jobs.pdf](http://www3.weforum.org/docs/WEF_Future_of_Jobs.pdf)

Xing, J., & Ma, C. H. K. (Eds.). (2010). *Service-Learning in Asia: Curricular Models and Practices*. China: Hong Kong University Press. Retrieved from <http://www.jstor.org.ezp.lib.unimelb.edu.au/stable/j.ctt1xwf3j>

Yorio, P. L., & Feifei, Y. (2012). A Meta-Analysis on the Effects of Service-Learning on the Social, Personal, and Cognitive Outcomes of Learning. *Academy of Management Learning & Education*, 11(1), 9-27. doi: 10.5465/amle.2010.0072

Zlotkowski, E. (2011). Pedagogy and Engagement. In Zlotkowski, E., & Saltmarsh, J. (Eds.) *Higher Education and Democracy: Essays on Service-Learning and Civic Engagement*. (pp. 95-119). Temple University Press. Retrieved from <http://www.jstor.org.ezp.lib.unimelb.edu.au/stable/j.ctt14bt5qz.13>

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