

ORIGINAL RESEARCH

# Interprofessional Education Perception among Faculty in Health Allied Professions in the Philippines: A Preliminary Study



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## Abstract

**Background:** Interprofessional education (IPE) has been recognized globally as critical for preparing health professionals to deliver collaborative and patient-centered care. In the Philippines, however, IPE remains in its early stages of development, with limited standardization across institutions and scarce research focused on faculty perceptions. Faculty play a vital role in implementing and sustaining IPE initiatives, making their perspectives essential to understanding the current landscape and barriers to IPE integration.

**Purpose:** This study aimed to assess the perceptions of IPE among faculty members teaching in allied health programs in the Philippines and to identify factors influencing their attitudes toward interprofessional collaboration.

**Methods:** A descriptive cross-sectional design was employed, surveying 328 faculty members from accredited Philippine institutions through a self-administered online questionnaire. Participants were selected using convenience sampling. The Interdisciplinary Education Perception Scale (IEPS) was used to measure perceptions, with excellent internal reliability (Cronbach's  $\alpha=0.984$ ). Statistical analyses, including independent t-tests and one-way ANOVA, were conducted using SPSS version 27 after checking for normality (Shapiro-Wilk test) and homogeneity of variance (Levene's test).

**Results:** Faculty members demonstrated generally positive perceptions of IPE, particularly in valuing collaboration and recognizing the need for cooperation. No significant differences were found in overall perception scores based on age, gender, region, or years of teaching experience in the academe and years of clinical or professional practice in their respective health fields. However, statistically significant differences were observed across programs for perceived need for cooperation ( $p=0.000$ ) and perception of actual cooperation ( $p=0.001$ ), indicating a gap between intent and practice.

**Conclusion:** While allied health faculty in the Philippines express supportive attitudes toward IPE, actual interprofessional collaboration remains limited. These findings highlight the need for faculty development initiatives, institution-wide policy frameworks, and longitudinal research to bridge the gap between perception and practice. Strengthening IPE implementation will be crucial to preparing future healthcare professionals for collaborative roles in improving patient outcomes.

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## 1. Introduction

Interprofessional education (IPE) has been increasingly recognized worldwide as a crucial strategy to prepare healthcare students for collaborative practice; however, in the Philippines, IPE implementation remains fragmented and limited in scope. Existing initiatives are often

institution-specific, pilot-based, and lack national standardization. Multiple structural barriers persist, including budgetary constraints, overloaded discipline-specific curricula, insufficient interprofessional learning facilities, and high faculty teaching loads. These systemic challenges inhibit the integration of IPE into allied health and nursing education despite its recognized importance in improving patient outcomes. In the Philippines, studies have largely focused on student readiness and perceptions of IPE, with minimal exploration of faculty perspectives—the key agents in curriculum design and interprofessional pedagogy. This critical gap in the literature restricts the development of sustainable IPE programs aligned with faculty capacities and institutional contexts (Patel et al., 2025). Secondly, curriculum overload restricts the space for IPE to flourish (Sy et al., 2020). Integrating IPE necessitates revisiting existing courses, adding new ones, or juggling content, which strains resources and faculty energy (Ødegård et al., 2025). Third, in the absence of dedicated facilities that support interprofessional interaction and shared learning environments, collaboration is rendered a constrained and obligatory process rather than an organic and fluid exchange (Banister et al., 2020). Finally, the faculty workload is demanding and relentless. Implementing IPE places a significant burden on faculty shoulders, necessitating the development of new interprofessional teaching and assessment competencies.

Currently, limited research exists on IPE implementation and faculty perspectives in the Philippine context (Cervantes-Sudio et al., 2021; Sy et al., 2020). Our study aims to provide a crucial foundation for faculty perceptions, attitudes, and experiences regarding IPE. Faculty are essential to shaping allied health students' curriculum and learning experiences. Identifying their perspective on IPE integration will contribute to curriculum development that fosters collaboration, communication, and interprofessional competencies among future healthcare professionals. As a preliminary study, this research will lay the foundation for larger-scale investigations on IPE in the Philippines (Cervantes-Sudio et al., 2021).

Furthermore, establishing a robust foundation for IPE also requires a clear understanding of faculty perspectives and the barriers they encounter. This preliminary study serves as a springboard for future research and targeted interventions aimed at fostering interprofessional collaboration within allied health education. Strengthening faculty engagement is pivotal to cultivating the competencies necessary for collaborative, patient-centered care. Therefore, this study was conducted to assess the perceptions of IPE among faculty members teaching in allied health programs in the Philippines and to identify factors influencing their attitudes toward interprofessional collaboration. The findings aim to inform long-term policy and curricular reforms that support sustainable IPE implementation in the Philippine context.

## **2. Methods**

### **2.1. Research design**

A descriptive cross-sectional design was employed for this study, as it is appropriate for capturing a snapshot of perceptions and attitudes at a specific point in time across a diverse group. This design was particularly suited for the preliminary nature of the investigation, enabling the identification of baseline faculty perceptions regarding interprofessional education (IPE) without manipulating any variables.

### **2.2. Setting and samples**

The study was conducted among faculty members affiliated with allied health programs at accredited higher education institutions in the Philippines. These programs included Nursing, Pharmacy, Radiologic Technology, Physical Therapy, Occupational Therapy, Midwifery, Nutrition and Dietetics, and Medicine. Institutions from various regions, including the National Capital Region (NCR), Cordillera Administrative Region (CAR), Ilocos Region, Cagayan Valley, Central Luzon, and Western Visayas, were included to capture geographic diversity. Participants were selected through convenience sampling, utilizing email invitations, social media postings on professional platforms, and departmental referrals to maximize reach and participation. Of the 500 faculty members contacted, 328 completed the survey, yielding a response rate of 65.6%. Inclusion criteria included actively teaching faculty members from allied health disciplines with at least one year of teaching experience. Exclusion criteria were administrative personnel without teaching assignments and faculty members teaching purely non-health science-related subjects.

### 2.3. Measurement and data collection

The study utilized the Interdisciplinary Education Perception Scale (IEPS), a validated instrument originally developed by Luecht et al. (1990), designed to measure perceptions of interprofessional education among health professions students and faculty. The IEPS assesses four subscales: competence and autonomy (items 1, 3, 4, 5, 7, 9, 10, and 13) ( $\alpha=0.983$ ), perceived need for cooperation ( $\alpha=0.929$ ) (items 6 and 8), perception for actual cooperation ( $\alpha=1.00$ ) (items 2, 14, 15, 16 and 17) and understanding others' value ( $\alpha=0.949$ ) (items 11, 12 and 18). The overall Cronbach's alpha for this tool was 0.984. Responses are rated on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree), with total scores ranging from 18 to 108. For this study, the original English version of the IEPS was used, as participants were proficient in English—the primary language of instruction in Philippine higher education institutions. No translation or cross-cultural adaptation was required.

In addition to the IEPS, the researchers developed a brief demographic questionnaire to collect participants' socio-professional profiles. This included variables such as age, gender, region of residence, program/discipline, highest educational attainment, years of teaching experience, and years of professional practice.

The data collection process was conducted from February to March 2024 using an online survey platform. Recruitment was done via institutional email invitations, professional organization networks, and social media postings on relevant faculty groups. Participants were provided with an information sheet and electronic informed consent prior to accessing the survey. Participation was voluntary, and all responses were anonymized to ensure confidentiality.

### 2.4. Data analysis

Before inferential statistical analyses, assumptions of normality and homogeneity of variance were tested. The Shapiro-Wilk test assessed the normality of the IEPS total and subscale scores. The Levene's test was performed to determine the homogeneity of variances across comparison groups. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed for demographic variables and IEPS scores. Independent sample t-tests and one-way analysis of variance (ANOVA) were utilized to determine differences in IPE perceptions across demographic variables, with statistical significance set at  $p<0.05$ . All analyses were performed using SPSS version 27 (IBM Corp., 2020).

### 2.5. Ethical considerations

Ethical approval for the study was obtained from the St. Dominic College of Asia Research Ethics Committee (SDCA-2024-REC-FR-00026-DEL-REC). Participation was voluntary, and electronic informed consent was obtained from all respondents before survey access. Data anonymity and confidentiality were strictly maintained throughout the study.

## 3. Results

### 3.1. Profile characteristics of the participants

Table 1 presents the profile characteristics of faculty members from allied health professions in the Philippines. The average age was 43.60 years ( $SD\pm 10.08$ ), with most participants aged 41–50 years (28.4%). The majority were female (77.4%) and from the National Capital Region (23.2%). Most participants were from Nursing programs (68.6%), with other disciplines including Radiologic Technology (11.9%), Physical Therapy (6.4%), and Pharmacy (4.3%). Regarding education, 31.4% held a master's degree related to their profession. Participants had an average of 15.65 years ( $SD\pm 7.87$ ) of academic experience and 16.26 years ( $SD\pm 8.03$ ) of professional practice.

### 3.2. Interprofessional education perception among faculty of allied health professions in the Philippines

Table 2 presents the perception of interprofessional education among faculty of allied health professions in the Philippines. The overall mean score was 54.05 ( $\pm 25.57$ ). In the Competence and Autonomy subscale, *Individuals in other professionals think highly of my profession*, and *Individuals in my profession are extremely competent* obtained the highest mean scores of 3.20 ( $\pm 1.34$ ). *Individuals in my profession can work closely with individuals in other professions*, and *Individuals in my profession demonstrate a great deal of autonomy* obtained the lowest

mean score of 3.02( $\pm$ 1.41). In the subscale, Perceived Need for Cooperation, *Individuals in my profession who think highly of other related professions* obtained the highest mean score of 3.56( $\pm$ 1.16), while *Individuals in my profession are willing to share information and resources with other professionals* obtained the lowest score of 3.17( $\pm$ 1.35). In the subscale Perception of Actual Cooperation, *Individuals in my profession must cooperate with other professions*, and *Individuals in my profession must depend upon the work of people in other professions* obtained similar scores of 3.11( $\pm$ 1.44). In the subscale, Understanding Others' Values, *Individuals in my profession make every effort to understand the capabilities and contributions of other professions* obtained the highest score of 3.16( $\pm$ 1.35), while *Individuals in other professions often seek the advice of people in my profession* obtained the lowest mean score of 3.03( $\pm$ 1.41).

**Table 1.** Profile characteristics of the participants

Profile Characteristics	f	%	M $\pm$ SD
Age (year)			43.60 $\pm$ 10.08
20 to 30	65	19.8	
41 to 50	90	27.4	
41 to 50	93	28.4	
51 to 60	80	24.4	
Gender			
Male	74	22.6	
Female	254	77.4	
Regions			
National Capital Region	76	23.2	
Cordillera Administrative Region	60	18.3	
Ilocos Region	63	19.2	
Cagayan Valley	63	19.2	
Central Luzon	63	19.2	
Southwestern Tagalog Region	1	0.3	
Western Visayas	2	0.6	
Program of Study			
Pharmacy	14	4.3	
Physical Therapy	21	6.4	
Radiologic Technology	39	11.9	
Medical Biology	4	1.2	
Nutrition and Dietetics	4	1.2	
Occupational Therapy	6	1.8	
Midwifery	4	1.2	
Nursing	225	68.6	
Medicine	11	3.4	
Education			
Master's Degree related to the Profession	103	31.4	
Master's other than the Profession	79	24.1	
Doctor of Medicine	36	11.0	
Doctorate related to the Profession	36	11.0	
Doctorate other than the Profession	74	22.6	
Years in Academe			15.65 $\pm$ 7.87
3 years	12	3.7	
4 to 14 years	132	40.2	
15 to 25 years	129	39.3	
26 to 36 years	55	16.8	
Years in Practice			16.26 $\pm$ 8.03
3 years	12	3.7	
4 to 14 years	132	40.2	
15 to 25 years	129	39.3	
26 to 36 years	55	16.8	

**Table 1.** Interprofessional education perception among faculty of allied health professions in the Philippines

Interprofessional Education Perception Scale Statements	Mean	SD
<i>Competence and Autonomy</i>		
1. Individuals in my profession are well-trained.	3.11	1.37
2. Individuals in my profession can work closely with individuals in other professions.	3.02	1.41
3. Individuals in my profession demonstrate a great deal of autonomy.	3.02	1.41
4. Individuals in my profession are very positive about their goals and objectives.	3.10	1.39
5. Individuals in my profession are very positive about their contributions and accomplishments.	3.15	1.37
6. Individuals in other professions think highly of my profession	3.20	1.34
7. Individuals in my profession trust each other's professional judgment.	3.16	1.37
8. Individuals in my profession are extremely competent.	3.20	1.35
	2.98	1.43
<i>Perceived Need for Cooperation</i>		
1. Patients would ultimately benefit if healthcare students worked together to solve patient problems.	3.20	1.35
2. Individuals in my profession are willing to share information and resources with other professionals.	3.17	1.35
3. Individuals in my profession have good relations with people in other professions.	3.49	1.13
4. Individuals in my profession think highly of other related professions.	3.56	1.16
5. Individuals in my profession work well with each other.	3.53	1.18
	3.05	1.46
<i>Perception of Actual Cooperation</i>		
1. Individuals in my profession need to cooperate with other professions.	3.11	1.44
2. Individuals in my profession must depend upon the work of people in other professions.	3.11	1.44
	3.04	1.46
<i>Understanding Others' Values</i>		
1. Individuals in my profession have a higher status than individuals in other professions	3.14	1.37
2. Individuals in my profession make every effort to understand the capabilities and contributions of other professions.	3.16	1.35
3. Individuals in other professions often seek the advice of people in my profession.	3.03	1.41
	2.95	1.43
Overall Scores	54.05	25.57

### 3.3. Test of significant differences in the interprofessional education perception among faculty of allied health professions in the Philippines

Table 2 presents the test of significant differences in the perception of interprofessional education among faculty of allied health professions in the Philippines. The independent sample t-test and one-way ANOVA revealed no significant difference in the IPEPS scores regarding age, gender, region, department, years in the academe, and years in practice. However, the perceived need for cooperation ( $p=0.000$ ) and perception of actual cooperation showed statistically significant differences in the department ( $p=0.001$ ).

**Table 3.** Test of significant differences in the interprofessional education perception among faculty of allied health professions in the Philippines

Variable	CA (M±SD)	t/F	p- value	PNC (M±SD)	t/F	p- value	PAC (M±SD)	t/F	p- value	UOA (M±SD)	t/F	p- value	Overall IEPS Score (M±SD)	t/F	p- value
Age	25.10±9.82	0.16	0.925	17.05±5.21	1.06	0.368	6.30±2.76	1.33	0.265	9.40±3.78	0.58	0.628	55.85±24.30	0.41	0.749
Gender	24.85±10.25	0.54	0.593	16.75±5.62	1.36	0.175	6.15±2.99	1.83	0.068	9.25±4.05	1.64	0.102	53.10±26.75	1.34	0.248
Region	25.30±10.12	0.16	0.925	17.20±5.34	1.05	0.368	6.35±2.88	1.33	0.265	9.45±3.89	0.58	0.628	56.25±25.70	0.41	0.749
Program/ Department	26.25±9.88	1.27	0.258	18.60±5.03	4.04	0.000 *	7.05±2.54	3.24	0.001 *	9.70±3.56	1.35	0.219	61.60±22.80	1.53	0.146
Years in Academe	24.50±10.75	0.68	0.563	16.45±5.92	0.04	0.991	6.00±3.20	0.17	0.916	9.10±4.22	0.07	0.974	52.10±27.90	0.06	0.983
Years in Practice	24.55±10.30	0.68	0.563	16.50±5.85	0.04	0.991	6.05±3.15	0.17	0.916	9.15±4.15	0.07	0.974	52.55±27.60	0.06	0.983

Notes.

CA = Competence and Autonomy;

PNC = Perceived Need for Cooperation;

PAC = Perception of Actual Cooperation;

UOV = Understanding Others' Value.

\*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001.

#### 4. Discussion

This study aimed to assess the perceptions of interprofessional education (IPE) among faculty members in allied health programs across the Philippines and to examine how demographic and professional factors influence these perceptions. Interprofessional education perception (IPE perception) refers to individuals' attitudes, beliefs, and opinions about IPE. Understanding perceptions is essential because they can influence the success of IPE initiatives. Positive perceptions can create a supportive environment for IPE and encourage individuals to engage in IPE activities. Negative perceptions can develop challenges for IPE implementation and may need to be addressed through education and communication (Olenick et al., 2019). The data suggest a generally positive attitude toward interprofessional education among faculty members of allied health professions in the Philippines (Causapin et al., 2022; Cervantes-Sudio et al., 2021; Lal & Jonathan, 2025).

Faculty members perceive that others highly regard their profession and that they possess high levels of competence. A positive self-image and belief in the value of their profession can motivate faculty to engage in IPE and contribute effectively to interprofessional teams (Chan et al., 2019; Ganotice Jr et al., 2021). However, the lower scores for *"Individuals in my profession can work closely with individuals in other professions"* and *"Individuals in my profession demonstrate a great deal of autonomy"* suggest potential deficits in interprofessional collaboration and teamwork skills. This mismatch between perceived competence and collaborative abilities highlights a possible gap in training in areas crucial for effective healthcare delivery in today's interprofessional environment. The observed pattern aligns with findings from previous studies. Singh et al. (2024) identified limited IPE opportunities as barriers to effective teamwork among healthcare professionals. Faculty members value other related professions and are willing to share information and resources. The high mean scores demonstrate a positive inclination towards interprofessional collaboration among allied health professions faculty members in the Philippines. This suggests that they recognize the interconnectedness of healthcare professions and the value of teamwork in providing optimal patient care (AlZaabi et al., 2023; Ganotice & Chan, 2022; Quach et al., 2024; Shimizu et al., 2022; Sick et al., 2023). This finding aligns with the growing emphasis on interprofessional teamwork in healthcare, supported by numerous studies. For instance, Reeves et al. (2010) identified improved patient outcomes, increased efficiency, and enhanced professional satisfaction as key benefits of effective interprofessional collaboration.

Faculty members acknowledge the need to cooperate with other professions and recognize their dependence on others' work. However, the mean scores in this subscale are relatively low, suggesting there might be room for improvement in actual interprofessional collaboration practices. While faculty members acknowledge the need for interprofessional collaboration and recognize their dependence on other professions, the relatively low mean scores in this subscale suggest potential gaps in actual collaborative practices. This points to the need for a closer examination of existing interprofessional initiatives and potential barriers hindering effective teamwork (Collin et al., 2025; Dawe et al., 2025; de Oliveira Cunha et al., 2025; Kilroy et al., 2025). This finding aligns with studies highlighting discrepancies between attitudes and practices in interprofessional collaboration. For example, Pandolfelli et al. (2021) found that despite positive attitudes towards IPE, healthcare professionals faced challenges implementing collaborative practices due to siloed workplaces and unclear roles.

Faculty members try to understand other professions' capabilities and contributions. However, the score for *"Individuals in other professions often seek the advice of people in my profession"* is the lowest, indicating that faculty members could benefit from further promoting their expertise and value to other professions. This finding highlights the importance of developing interprofessional understanding and actively demonstrating the unique value that AHPs bring to the team (Anderson et al., 2025; Lefay et al., 2025). The present study findings highlight a statistically significant difference between perceived need for cooperation ( $p=0.000$ ) and perceived actual cooperation ( $p=0.001$ ) among faculty in Philippine allied health programs of study, which paints a somewhat discordant picture regarding IPE implementation. Despite acknowledging the need for cooperation, the statistically significant difference suggests a gap between intention and action. Faculty members perceive that interprofessional collaboration within their departments falls short of their desired level. This discrepancy could be due to various

factors, such as limited opportunities for interprofessional interaction, inadequate resources and support, insufficient funding, time constraints, or lack of institutional support for IPE initiatives, which could hinder effective implementation, communication and trust issues (Dawe et al., 2025; de Oliveira Cunha et al., 2025; Gunaldo et al., 2025; Park et al., 2025). Overall, the findings underscore the need for a multi-level strategy to bridge the gap between intention and practice (Löfström et al., 2025; Park et al., 2025; Watkins et al., 2025). Institutional policies must prioritize formal IPE frameworks, encourage interdepartmental collaborations, allocate dedicated resources, and offer continuous faculty training tailored to IPE facilitation.

## **5. Implications and limitations**

This preliminary study on the perception of IPE among faculty members of allied health professions in the Philippines has several implications for interprofessional education in the country. Firstly, it highlights the need for targeted faculty development programs that provide faculty members with the knowledge, skills, and resources to effectively implement IPE in their teaching practice. These programs should address the specific challenges and concerns raised by faculty members, such as the lack of time, resources, and institutional support. Secondly, the study emphasizes the importance of interdisciplinary communication and collaboration in healthcare education. Faculty members need to model and promote effective communication and teamwork skills among students, as these skills are essential for providing patient-centered care and improving patient outcomes. Institutions should provide opportunities for faculty members to collaborate across disciplines and engage in interprofessional teaching and research activities. Lastly, the study underscores the role of institutional support in fostering a positive perception of IPE. Educational institutions should prioritize and invest in the integration of interprofessional collaboration in the curriculum, provide resources and support for faculty members, and create a culture that values and promotes interprofessional education. This requires a collaborative effort from administrators, faculty members, and students to create an environment that nurtures interprofessional collaboration and prepares future healthcare professionals for successful teamwork.

This study has limitations. The chosen sample may not accurately represent the entire population of allied health faculty. Convenience sampling, for example, may miss key demographics or viewpoints. Random sampling techniques and efforts to ensure diverse representation are crucial to reduce bias. Participants may not accurately report their true perceptions due to the desire to appear favorable or meet perceived expectations. Careful wording and anonymous data collection can help mitigate this issue.

## **6. Conclusion**

This study revealed that faculty members from allied health professions in the Philippines hold generally positive perceptions toward interprofessional education (IPE), recognizing the value of collaboration across disciplines. However, the observed gap between the perceived need for cooperation and the actual level of interprofessional collaboration highlights a critical challenge for translating positive attitudes into consistent practice. Ergo, strengthening faculty capacity, institutional commitment, and evidence-based policy support is essential for advancing IPE implementation in Philippine allied health education. By addressing these multi-level factors, the healthcare system can better prepare future professionals to function effectively within interprofessional teams and contribute to improved patient outcomes. There is a need for longitudinal studies tracking the effectiveness of IPE initiatives on faculty teaching behaviors and student competencies over time. Additionally, qualitative investigations could explore in-depth the specific institutional, cultural, and logistical barriers faculty encounter in implementing IPE. Expanding future research to include broader samples across public and private institutions, rural and urban settings, and a wider range of health professions will provide a more comprehensive understanding of IPE dynamics in the Philippines.

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### Author contribution

All authors contributed to the conceptualization of the study, study design, data collection, data analysis, interpretation of results, drafting the manuscript, critically revising the manuscript, and approved the submission of the manuscript. All authors gave their consent for the article to be published.

### Conflict of interest

No potential conflict of interest.

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