Social Responsibility of Filipino Physical Therapists: Developing a Transformative Curriculum

Thesis submitted in accordance with the requirements of the University of Liverpool for the degree of Doctor of Education – Higher Education by Yves Y. Palad.

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Table of Contents

List of Tables

List of Figures

Glossary of Abbreviations

APTA	American Physical Therapy Association
BSPT	Bachelor of Science in Physical Therapy
CBR	Community-based rehabilitation
CHED	Commission on Higher Education, Republic of the Philippines
COVID-19	Coronavirus disease 2019
DOH	Department of Health
FGD	Focus group discussion
HEI	Higher education institution
HPE	Health professions education
IHPDS	Institute of Health Policy and Development Studies
IPE	Interprofessional education
LUCs	Local universities and colleges
NCR	National Capital Region
POEA	Philippine Overseas Employment Administration
PPTA	Philippine Physical Therapy Association
PRC	Professional Regulation Commission
PSG	Policies, Standards and Guidelines (by CHED)
PT	Physical therapy
PWD	Person with disability
RSA	Return-of-service agreement
SR	Social responsibility
SUCs	State universities and colleges
WCPT	World Confederation for Physical Therapy
WHO	World Health Organization
WHO-WPRO	World Health Organization Regional Office for the Western Pacific

Abstract

Physical therapy (PT) education globally needs to effectively foster social responsibility among its students as it is one of the expected professional behaviours among entry-level physical therapists. Educating for social responsibility by educators in our academic institution is all the more important because of the distinct social responsibility and leadership mandates of the university. However, there is no shared understanding of what social responsibility means for Filipino physical therapists, which is necessary to influence not only practice development, but also education for socially responsible practice. There is also little attention given to local PT education for social responsibility as scholarly discourses and literature are scarce. The objectives of the study were therefore to define social responsibility of Filipino physical therapists, to analyse faculty practices of educating for social responsibility, and to identify strategies for improvement.

This study followed a sequential qualitative study design involving two phases. Phase 1 was to address the first objective through constructivism-based interviews with PT leaders and practitioners. Phase 2 was to address the second and third objectives through collaborative focus group discussions with university colleagues. The discussions were informed by Phase 1 results. Collected data from both phases were subjected to thematic analysis. Trustworthiness of the study was ensured by employing procedures appropriate to the research objectives, member checking, keeping records for audit trails, management of ethical considerations, and providing adequate information about these procedures and study context in the report.

For Phase 1, 16 PT leaders and practitioners were interviewed. Six (6) themes were yielded from the interviews, which depict both broad and contextualized views on Filipino physical therapists' social responsibility and how PT students could be educated for such social responsibility. For Phase 2, six (6) faculty colleagues participated, and three (3) themes were generated from the discussions, which represent the main areas of change to faculty practice of fostering social responsibility.

Participants viewed Filipino physical therapists' social responsibility as a professional duty that needs to be fulfilled with humanistic motivations that reflect genuine desire for social change. It needs to be particularly targeted towards responding to social issues affecting Filipinos' access to PT and attainment of health, which agrees with the expansion of PT practice frameworks suggested in PT literature. Results propose that educating for social responsibility could be facilitated by a transformative curriculum that pervasively integrates social responsibility into both its formal and implicit aspects, providing opportunities for developing critical consciousness through praxis, experiential learning, participatory assessment, and reflective dialogues. This study enjoins PT educators locally and globally to revisit PT education and balance its focus on competence development with moral agency formation to enable students to respond to the needs of the society that they serve.

Keywords: curriculum, physical therapy, praxis, *social responsibility, transformative education*

Chapter 1. Introduction

The Philippines has been experiencing threats to the health of its population, such as the increase in non-communicable diseases, existing infectious diseases, and the various socio-economic determinants that worsen these. The current global health crisis caused by the infectious novel Coronavirus disease (COVID-19) adds to these threats as it continues to inflict immense health burdens and force drastic changes on societies all over the world (Cucinotta & Vanelli, 2020; Khan et al., 2020). Health professions education (HPE) are therefore urged to improve their social relevance and transformative purpose to produce graduates who are able and committed to respond to these health threats. As an HPE educator, my motivation for this study is to explore how to better respond to this challenge. Particularly, my aim is to improve practices of fostering social responsibility among our physical therapy (PT) students as espousing this principle could encourage commitment to responding to the health issues of the country. This aim is driven by experiences suggesting that despite social responsibility being an essential professional behaviour, there is lack of attention given to fostering it among PT students.

This chapter discusses the background and rationale for this study. It first introduces the threats to Filipinos' health, which explain the necessary scaling up of HPE, and then presents my motivations for this study. A section on PT and the profession's emerging societal identity follows, which shows the widening of the scope of PT professional responsibility to include the broader society. This is followed by a section on PT education, which discusses social responsibility as an expected professional behaviour thus requiring its inclusion as a learning outcome. These two sections discuss first the general global context, then the Philippine context to situate this study. This chapter also introduces our institutional context and PT education program within which a part of this study is more specifically situated. This chapter ends with the specific objectives and research questions this study aimed to address.

1.1. Demands on Health Professions Education

Globally, health security is continuously being threatened by emerging diseases and environmental and behavioural risks due to globalization and climate and demographic changes (Dayrit et al., 2018; Frenk et al., 2010). In the Philippines, this threat to health is characterized by the rise in non-communicable diseases, such as heart diseases, while combating already prevalent infectious diseases and the impact of globalization and climate

change (Dayrit et al., 2018; World Health Organization Regional Office for the Western Pacific [WHO-WPRO], 2013). The current COVID-19 pandemic adds to these threats as it continues to overwhelm the country's health care system and worsen Filipinos' overall health and socioeconomic conditions (Economic Policy Research Institute, 2020). Filipinos' experience of these health issues is significantly influenced by inequalities in access to health care due to socio-economic and geographical barriers. Geographically, the Philippines is composed of thousands of islands, many of which are geographically isolated. This hinders the distribution of services, especially affecting the remote islands and communities. These services remain concentrated in the main urban centres of the three largest islands, i.e., National Capital Region (NCR) in Luzon, Cebu City in Visayas, and Davao City in Mindanao. Incidences of natural calamities (e.g., typhoons, earthquakes, and volcanic eruptions) and consequent health problems are also highly likely in the Philippines because of its location in the Pacific (Dayrit et al., 2018; WHO-WPRO, 2013). Economically, although the Philippines is one of Asia's fastest-growing economies, development among its population is unequal, making poverty still widespread. This results in health care, which is usually paid for out of pocket, being inaccessible to those below the poverty line (Dayrit et al., 2018). A universal and equitable health financing is yet to be effectively experienced by all Filipinos.

Further worsening these health issues are the inadequate number and unequal distribution of health professionals who could cater to the health needs of Filipinos, especially the underprivileged and those in underserved areas (Dayrit et al., 2018; Institute of Health Policy and Development Studies [IHPDS], 2012; WHO-WPRO, 2013). Most of the health professionals in the country work in more urbanized and economically developed areas, particularly in the NCR. They cite unappealing working conditions in the rural communities as reason for choosing not to work in these areas. The Philippines is also known to be one of the highest labour-exporting countries, in part because of health professionals migrating abroad for better work. This leaves the country with less health workforce to care for Filipinos' health needs, especially those underserved (Dayrit et al., 2018; IHPDS, 2012; WHO-WPRO, 2013). To illustrate, the Philippine government had to impose last April 2020 a temporary overseas deployment ban of Filipino health care workers to fill in the inadequacy in number of those needed to respond to the impact of the current pandemic (Philippine Overseas Employment Administration [POEA], 2020a), which was met with opposition from health professionals intent on migrating. Although this ban was already lifted, a limit to the

number of newly hired health care workers that may be deployed was imposed instead, particularly for occupations identified as critical to the needs of the country (POEA, 2020b).

The need for health professionals who are able and willing to address the evolving societal health needs is all the more emphasized during these times (Frenk et al., 2010; World Health Organization [WHO], 2016). One of the health professions that has been experiencing changing demands due to rapidly shifting demographics and health care contexts is PT (Higgs et al., 1999). The current pandemic, for example, has challenged physical therapists to reinforce their role in population health as movement experts as people limit their movement during quarantine. Even before this pandemic, there were already increasing unmet rehabilitation needs across the world (WHO, 2017). In the Philippines, these needs are characterized by, among others, the rising prevalence of non-communicable diseases and incidence of injuries (Dayrit et al., 2018). As earlier discussed, these health needs are further compounded by socio-economic issues that hinder equal access to health care. According to a report of the country's PT profile as of 2021, there is only 1 physical therapist per 10,000 population (World Physiotherapy, 2021b), which is clearly inadequate. Neighbouring countries such as Taiwan, Singapore, and Hong Kong have 3 to 4 physical therapists per 10,000 of their population, while others like Japan and Australia have at least 10 physical therapists per 10,000 population (World Physiotherapy, 2020). With the majority of health professionals, including physical therapists, working in the private sector (Dayrit et al., 2018; WHO-WPRO, 2013), and without proper health financing, health care services would be especially inaccessible to the underprivileged.

The ability and commitment needed from physical therapists to respond to these health issues bring to fore the crucial connection between the health system and PT higher education. Historically according to Paolo Freire, the mission of education is to enlighten students to enable them to contribute to the development of communities and societies (Dawson & Avoseh, 2018). However, its marketization has led to a shift in focus to serving the economic needs of society and the survival needs of students in an industrialized world (Dawson & Avoseh, 2018; Mayo, 2003). These dominating ideologies in education tend to prioritize marketability over social relevance and action (Mayo, 2003). Academic institutions are therefore urged to engage more in processes that will reignite education's accountability to society (Dawson & Avoseh, 2018; Mayo, 2003). Academic institutions for health professionals are particularly being challenged to renew their social mission to contribute to the improvement of the health of the community in which they belong (Mullan, 2017; van

Heerden, 2013; Zodpey & Sharma, 2014). They are being strongly urged to engage in the scaling-up of their transformative role to produce socially responsible graduates (Frenk et al., 2010; Grau et al., 2017; WHO, 2011, 2016). They are expected to help students develop not only the necessary knowledge and skills for competent patient care, but also a developed values system and attributes that will inspire willingness to be actively engaged in responding to societal health issues.

In the Philippines, there are several private, state, and local universities and colleges offering HPE. Universal access to these academic programs was facilitated by a recently enacted law that ensures free tuition and fees for students enrolled in 112 state universities and colleges (SUCs) and 78 local universities and colleges (LUCs) (Cepeda, 2018; Congress of the Philippines, 2016), including the university I am affiliated with. Although initially included in the law's implementing rules and regulations, establishing a return-of-service agreement (RSA) with students who will benefit from the free tuition law is now left to the discretion of SUCs and LUCs (Tomacruz, 2018). The RSA is seen as a way for student beneficiaries of the law to give back to the country for subsidizing their education (Tomacruz, 2018). The state university I am affiliated with has been implementing a return-of-service program even before the enactment of the free tuition law. This involves students entering into an RSA with the university that obligates them to serve in the Philippines for a specified number of years upon graduation, preferably in underserved areas, or government or cause-oriented institutions (Office of Alumni Relations, 2015). As one of the most significant health issues in the country is the shortage and maldistribution of health professionals due to unmanaged migration (Dayrit et al., 2018; WHO-WPRO, 2013), graduates' RSA can be viewed as an opportunity to contribute to the country's health workforce. The RSA reinforces the argument that HPEs in the country need to strengthen their transformative role and produce socially responsible graduates.

It is established that Bachelor of Science in Physical Therapy (BSPT) degree programs in the country have "[demonstrating] social and professional responsibility…" as one of their required minimum graduate outcomes (Commission on Higher Education [CHED], 2017). Educating for such outcome among graduates could help address the need for socially responsive physical therapists. However, unlike educating about the technical aspects and scientific underpinnings of PT as a discipline, there is scarcity in scholarly discourses about educating for the affective aspect of the profession, particularly with regard to embodying one's social responsibility. Physical therapy education literature from the Philippines more

commonly revolves around pedagogical approaches for teaching clinical competencies necessary for individual patient care. To my knowledge, there are no Philippine studies that have explored educating PT students for social responsibility. International literature, although available, is likewise lacking. Social responsibility in HPE is mostly discussed in the context of medicine and nursing education.

1.2. My Motivations for this Study

I am currently affiliated with the University of the Philippines where I teach and do research on PT practice, PT education, and disability-related issues. I have been teaching PT students for 11 years, the last nine years of which are as an Assistant Professor at my current affiliation. As an Assistant Professor, I had been assigned committee work and program and PT Department leadership roles aside from my teaching and research tasks. These experiences made me better understand my HEI and its practices, systems, as well as its issues, and these likewise provided me the opportunity to contribute to the improvement of our department and the university as a whole. My most notable contribution to date was when I spearheaded the revision of our BSPT curriculum as the Chair of the PT Department from 2015 to 2017. One of the revisions made was adding an explicit program outcome on social responsibility. I am committed to helping the PT Department implement the revised curriculum. This study is one of my ways of helping the Department as this study is intended to provide knowledge on how we could better educate our students for social responsibility.

I believe that physical therapists have a responsibility to improve population health beyond individual patient care. I further believe that it is the role of PT higher education to prepare students for this responsibility to the wider society. Our society needs its physical therapists to have a broader, social view on health and its determinants, especially with the growing rehabilitation needs of the country and unequal access to health care (Dayrit et al., 2018). The demands of society call for more from our physical therapists than just disciplinary knowledge and skills. These demands require transferable competencies and affective attributes that will enable them to recognise societal problems and implement creative solutions (Frenk et al., 2010; WHO, 2011; World Physiotherapy, 2011). Social responsibility is an essential professional behaviour for this. However, scholarly discourses on PT education here in the Philippines do not include such topic. This reflects a lack of attention to this important element of the PT profession. From my personal experience teaching PT students and from observation of and anecdotes from other local PT educators and clinical practitioners, there is indeed a lack of attention given to social responsibility as a professional

behaviour, especially because of the particular attention given to developing professional knowledge and skills. It was, therefore, the purpose of this research to contribute to the education of BSPT students for social responsibility. For my role and duties as an academic, this study informs of needed improvements to my own education practice and what I can do to influence our institutional practices for educating for social responsibility. Through this study, I also intend to prompt others' interest on the topic and inform actions for better integration of social responsibility in PT education and practice.

To provide further background and justification for this study, the following sections discuss the PT profession and education, with particular focus on the Philippine context, and the institutional context in which this study was set.

1.3. About Physical Therapy

This section discusses PT as a profession and its evolution towards a broader scope of responsibilities. It presents the definition of PT, its growth into being recognised as a profession, and its predicted transformation to a societal identity. Finally, this section discusses PT in the Philippines.

1.3.1. Definition of Physical Therapy

Physical therapy, or physiotherapy in some countries, is a health care profession which promotes functional movement as an essential element to one's health and quality of life (Higgs et al., 2001; World Physiotherapy, 2019a). The World Confederation for Physical Therapy (WCPT), now rebranded as World Physiotherapy, defines physical therapy as "services provided by physical therapists to individuals and populations to develop, maintain, and restore maximum movement and functional ability throughout the lifespan" (p.1; World Physiotherapy, 2019a). Physical therapists, or physiotherapists, play an essential role in the health care system as they work towards "maximizing quality of life and movement within the spheres of promotion, prevention, treatment/intervention, and rehabilitation" (p.1) of people's physical, psychological, emotional, and social well-being (World Physiotherapy, 2019a). The definition of World Physiotherapy is a result of collaboration among PT representatives from different countries. Being the sole international body for PT and the representative of over 600,000 physical therapists through its 125 member organisations, such policy statements released by World Physiotherapy are regarded as the standard by many physical therapists. Various PT associations across the world utilize similar definitions of PT, but are contextualized to the specific needs of their countries.

1.3.2. Evolution of Physical Therapy Professionalism

The PT profession globally has evolved over time with the necessary shifts in the social and demographic landscape and the associated changes in individual and societal health. Physical therapists were initially considered as reconstruction aides in medical care and thus did not have outright professional recognition (Shaik & Shemjaz, 2014). The recognition of physical therapists' role in the health care system began to grow because of their significant contributions starting from the 1920s in treating individuals during the polio epidemic and in the 1940s in treating wounded soldiers from the Second World War (Purtilo, 2000; Shaik & Shemjaz, 2014). However, physical therapists only progressed from being technicians to being professionals in the 1950s when PT proponents advocated for autonomy and professionalism (Shaik & Shemjaz, 2014).

Physical therapy has since continued to grow as a profession to extend its reach and impact on society. For example, as the focus of health care expanded from medical treatment to including preventive and lifestyle strategies, so did the focus of PT (Higgs et al., 1999). Health care has shifted from a mainly curative, illness-focused model to a more holistic social ecology model. The latter focuses on the interplay of person, environment, and sociocultural factors in health, and also takes into consideration the wider societal outcomes of health care (Higgs et al., 1999). Physical therapy is adapting to these changes and has evolved in its paradigm and scope over time.

Emergence of Physical Therapy's Societal Identity. The profession's ethical focus has also progressed with the advancements in PT and the changes in the social and health care landscapes. Ruth Purtilo (2000) illustrated this evolution through three overlapping periods of maturing ethical identities of PT, which show an outward expansion in ethical focus from the profession to the patient then to society.

The first period of ethical formation is the period of self-identity as a profession, which was marked by the issuance of the Code of Ethics and Discipline in 1935 (Purtilo, 2000). This period coincides with the health care era when doctors were deemed to be the holders of extensive educational background and scientific qualifications to cure a disease, while other health professionals were to assist doctors in patient care (Engel, 1978; Purtilo, 2000). This health care setup drove physical therapists to advocate for what the profession can contribute to health care and to the public. They saw the need to formulate and issue ethical standards for PT through the Code of Ethics and Discipline to declare to the public what they

can expect from physical therapists (Purtilo, 2000). This helped carve a place for physical therapists among other health professionals.

The second period of ethical formation is the period of patient-focused identity**,** which highlights the centrality of patient's rights in PT care. This period was a result of worldwide movements on upholding human rights post-Second World War (Gostin et al., 2018). Ethical tasks in this period centred on "establishing a true partnership with patients as persons" (p. 1115, Purtilo, 2000). The transformation from being profession-focused to patient-focused called for changes in the profession's ethical standards to adapt to the shift from a paternalistic to a partnership and advocacy approach to health care. This entailed patient-centred care that is individualized, collaborative, and respectful of individual rights.

Ruth Purtilo (2000) suggested a third emerging period of ethical transformation, which is the period of societal identity. The criticism that pushes for such transformation is that the highly individualized approach to patient care has created a system that ignores the larger community and the social issues that affect one's experience of health and illness, e.g., health care cost and access (Edwards et al., 2011; Purtilo, 2000). The inability to participate for the good of the larger community therefore challenges the validity of the profession's social contract (Edwards et al., 2011; Purtilo, 2000). This social contract is an implicit agreement borne out of trust from the society that the profession will utilize its expertise for the betterment of the public (Higgs et al., 1999). For this period, Purtilo (2000) suggested that the ethical task of physical therapists should be to establish true professional partnership with the larger community to ensure that the basic health needs of each person are met amidst constraints and resource limitations.

Social responsibility is particularly relevant in the period of transition to a societal identity because, as Purtilo (2000) argued, this period calls for physical therapists to

> *accept responsibility* for the well-being of *all* members who can benefit more from our services than anything else society can offer to prevent or ameliorate the suffering that our expertise allows us to address effectively. (p. 1119, emphasis in original)

Edwards, et al. (2011) suggested that the individualist ethical frameworks that guide current patient-centred care fail to underpin the ethical tasks of the broader societal obligations of the profession. This therefore calls for a transformation in ethical frameworks to include not only issues within physical therapist-patient encounters, but also wider social issues that influence individual and population health.

1.3.3. Physical Therapy in the Philippines

In the Philippines, physical therapy is a health profession legally recognised through the Republic Act 5680 (Physical Therapy Law, 1969), referred to hereon as the PT Law. Physical therapy is defined in the PT Law as "the art and science of treatment by means of therapeutic exercises, heat, cold, light, water, manual manipulation, electricity, and other physical agents" (Physical Therapy Law, 1969). This definition, which is arguably reflective of an outdated curative model, is still in effect as of writing. However, the Philippine Physical Therapy Association (PPTA) has also adopted the World Physiotherapy definition of PT as further guide for both the practice of the profession and the education of future physical therapists in the country (PPTA, 2020). The PPTA is the only national professional organization for physical therapists recognised by the country's Professional Regulation Commission (PRC), and is a member organization of World Physiotherapy.

Aside from the PT Law, the profession's identity is also established through the issuance of the PPTA Standards of Practice (PPTA, 2000b) and Code of Ethics (PPTA, 2000a), which declare what the Philippine public can expect from the profession. The provisions in these policy documents reflect that physical therapists in the country are to adopt a patient-focused ethical practice as these highlight the protection of patient's rights and bioethical principles, such as autonomy, beneficence, non-maleficence, and confidentiality (PPTA, 2000a).

Despite the largely patient-centred practice and ethical tasks included in these policies, the PPTA Code of Ethics also declares some responsibilities to the larger public expected to be fulfilled by its member physical therapists. Examples of these are:

> [cooperating] with the proper authorities in the promotion of health in the community…[informing] the public of the dangers of communicable diseases, injuries, deformities, and their prevention
>
> [rendering services] unselfishly to the indigent in accordance with correct standards of practice. (PPTA, 2000a)

These imply the profession's acceptance of its societal identity and obligations. However, the lack of access to PT services of some sections of society and the increasing rehabilitation needs in the country (Dayrit et al., 2018; IHPDS, 2012) suggest that current efforts to help alleviate social health issues still needs to be scaled up.

In summary, PT is a profession that regards movement and function as essential to health and well-being. From initially being regarded as reconstruction aides, physical therapists have become health professionals whose responsibilities have evolved to including not just addressing individual patients' health concerns, but also working with the larger community in addressing broader societal health issues. In general, physical therapists in the Philippines also assume responsibilities not only to individual patients, but also to the public. However, the current state of the country's rehabilitation needs demands reinforcement of efforts to fulfil their assumed responsibilities, especially to the larger Philippine society.

1.4. About Higher Education in Physical Therapy

The preparation of future physical therapists is crucial to the scaling up of the PT profession's efforts in fulfilling its obligations. As earlier suggested in section 1.3.2, social responsibility is an increasingly important professional behaviour to develop among physical therapists amidst the profession's transition to a societal identity. Physical therapists need to accept responsibility for all members of society who could benefit from PT and complement this with the competence to address the issues that limit access to PT (Purtilo, 2000). Entry-level PT education is crucial in ensuring that PT students are equipped with this competence and moral agency to accept such responsibility. It is the ideal venue to start developing future physical therapists' social responsibility. This section discusses how PT education prepares future physical therapists for their roles with patients and the society. It first discusses the guidelines set forth by the World Physiotherapy, and then proceeds to discuss PT education in the Philippines.

1.4.1. Physical Therapy Education according to the World Physiotherapy

The history and growth of PT education vary between countries because of the different events and socio-political forces that have been influencing the development of PT as a discipline (Moffat, 2012). A sample manifestation of this diversity are the differences in academic credentials required to enter the PT profession across nations (Higgs et al., 2001; Moffat, 2012). Some countries like the US require a clinical doctorate in PT (i.e., DPT) as an entry-level degree, while other countries require a bachelor's degree, or completion of a diploma program. These academic degrees are also not equivalent internationally as education systems and standards across countries also differ. Regardless, the goal of any entry-level PT education is to produce graduates who have the competence and values expected upon entry to the profession (Higgs et al., 2001; World Physiotherapy, 2021a). It should be noted though

that the competence and attributes expected for professional PT practice change because, as previously discussed, the profession continues to undergo transformations because of changes in the social and health care landscapes. Physical therapy education must adapt to these changes to produce graduates who are relevant and responsive to the evolving needs of the health care system and the society (Higgs et al., 1999).

The World Physiotherapy has aimed to establish standards to guide the delivery of entry-level PT education around the world amidst educational differences and professional transformations (Moffat, 2012). The World Physiotherapy develops policy statements and guidelines for PT education with input from its member organizations from different countries. The regular revisions made to the organization's policy statements, from the first statement in 1995 to the most recent in 2019 (World Physiotherapy, 2019c), reflect the organization's efforts to be responsive to the changing times. The most recent policy statement from World Physiotherapy (2019c) highlights the need to enable graduates to practice autonomously, safely, ethically, and inclusively in a constantly changing environment. Aside from a curriculum that helps students attain the requisite knowledge, skills, and attitudes for competent practice, the policy also recommends a PT curriculum that is relevant to the health and social needs of the country where the curriculum is to be implemented (World Physiotherapy, 2019c). If implemented as recommended, PT education programs can produce graduates who can readily engage with these health and social needs, and therefore contribute to advancing the profession's efforts to fulfil its societal obligations.

The latest set of guidelines for PT education from World Physiotherapy is its 2011 version. These guidelines were integrated in their recently published PT education framework (World Physiotherapy, 2021). Both documents recommend that entry-level PT education programs be designed to help students demonstrate PT practice expectations. These include competencies in PT assessment and intervention, ethical and professional practice, communication, evidence-based practice, interprofessional framework, reflective practice and lifelong learning, quality improvement, and leadership and management (World Physiotherapy, 2021). The professional behaviours that entry-level physical therapists need to develop included accountability, altruism, compassion/caring, cultural competence, ethical behaviour, integrity, personal and professional development, professional duty, teamwork, and social responsibility and advocacy (World Physiotherapy, 2011).

To achieve these, the World Physiotherapy recommends including in the curriculum learning experiences on the management of patients/clients of different conditions across the

lifespan and level of care, practice in various settings, and involvement in interdisciplinary practice. These entail curriculum content on biological and physical sciences (e.g., anatomy, neuroscience, physiology, pathology, etc.), social, behavioural, and technological sciences (e.g., ethics and values, communication, applied psychology and sociology, management, information communication technology, etc.), clinical sciences (e.g., cardiovascular, neuromuscular, pulmonary systems and conditions, etc.), evidence-based practice and research, skills and characteristics of a competent physical therapist (e.g., clinical reasoning, critical thinking, ethical practice, professional behaviours, etc.), and practice education experiences (World Physiotherapy, 2021).

As earlier stated, social responsibility is one of the expected professional behaviours for which PT education should be able to prepare students. Among other professional behaviours, social responsibility is the behaviour that allows graduates to engage more with social issues and be attuned to their obligations to the wider society. Other professional behaviour standards are mainly in the context of individual patient care. In the 2011 World Physiotherapy guidelines, social responsibility is grouped with advocacy (World Physiotherapy, 2011). Table 1 shows the practice expectations for social responsibility and advocacy that global and local PT graduates need to demonstrate.

Table 1 Physical Therapy Practice Expectations/Standards for Social Responsibility

Source document and organization	Practice expectations/Performance standards
Physical therapist professional entry level education: Guideline (World Physiotherapy, 2011)	Social responsibility and advocacy • Advocate for the health and wellness of society. • Advocate for the professional competence of physical therapists in a changing health delivery environment. • Participate and show leadership in community organizations and volunteer service. • Advocate for the profession through decision-makers and stakeholders (e.g., to include, but not be limited to, legislative regulatory, political, payer). • Understand the sequelae of humanitarian situations, including torture and natural, environmental, and technological disasters and intervene when and as appropriate. • Understand the sequelae of civil or criminal violence (including domestic violence) and intervene when and as appropriate.

Policies, Standards and Guidelines for the Bachelor of Science in Physical Therapy Education (CHED, 2017)	Social and professional responsibility and ethical behaviors • Respond to the needs of the physical therapy profession and other healthcare professions, as appropriate to one's level of competence and resources. • Respond to the needs of the community-at-large, as appropriate to one's level of competence and resources. • Exercise integrity in all undertakings • Demonstrate appropriate professional behavior as a productive member of a team. • Ensure that any decision and action will benefit others and will not result to any harm. • Provide equal opportunities to everyone regardless of gender, race, religion, political affiliation, economic status, educational background, and societally position. • Allow others to make informed decisions for themselves. • Apply knowledge of laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules, and any processes pertinent to the practice of physical therapy. • Adhere to the physical therapy scope of practice and Code of Ethics.

1.4.2. Physical Therapy Education in the Philippines

A bachelor's degree in PT is the academic qualification for entry into the Philippine PT profession. As of February 2020, there are approximately 80 PT higher education institutions (HEIs) that produce BSPT graduates in the country (Professional Regulation Commission [PRC], 2020). All HEIs offering and intending to offer BSPT must adhere to the minimum requirements of the Commission on Higher Education (CHED) for PT education (CHED, 2017). These minimum requirements are specified in the CHED Policies, Standards, and Guidelines (PSGs) for BSPT Education, the most recent version of which was signed into effect in 2017. These PSGs were developed in consideration of the changes in the national education landscape, which included the implementation of the 12-year basic education system and a reform towards outcomes-based education (CHED, 2017).

Based on the 2017 PSG, a BSPT curriculum should prepare students to attain 12 minimum required program outcomes. These program outcomes reflect the minimum required competencies to practice the profession in the Philippines. These outcomes include demonstrating beginning competencies in applying knowledge of the different sciences to PT practice, care/management of patients/clients across the lifespan and within a broad

continuum of care, applying teaching-learning principles in various learning contexts, management and leadership, research, promotion of health and improved quality of life, lifelong learning, interprofessional collaboration, communication, using technology in practice, and demonstrating social and professional responsibility and ethical behaviours (CHED, 2017). Each program outcome has a set of minimum performance standards which should be used to evaluate students' attainment of the program outcome.

Overall, the program outcomes required by CHED for BSPT are aligned with the PT practice expectations espoused by World Physiotherapy. The CHED and 2011 World Physiotherapy guide documents only differ in the level of specificity of their practice expectations/performance standards. Such difference can be seen in how the practice expectations for social responsibility are stated in the two guide documents (see Table 1 above). The expectations set by World Physiotherapy for social responsibility include more specific behaviours on how it is to be demonstrated, with reference to specific issues, such as humanitarian situations, natural disasters, and violence of various forms. This suggests that physical therapists have a role in such situations. This role is not a clear expectation for entry-level Filipino physical therapists as CHED PSG performance standards for the program outcome on social responsibility are stated more broadly (i.e., "Respond to the needs of the community-at-large…"). The broadness of the statement can elicit various interpretations of social responsibility and the societal needs physical therapists should be responding to. However, this may be at the expense of pushing for a minimum professional standard across institutions, which is the purpose of the PSG. Despite this difference, it can still be argued that the task of responding to social issues is present in both guide documents.

Based on my understanding of local PT education, the universally implemented learning activity that could be most related to helping students achieve the social responsibility program outcome is community-based rehabilitation (CBR) training. Here, students and educators usually collaborate with underserved communities to address communities' rehabilitation needs and to empower persons with disabilities within those communities while achieving certain learning outcomes. However, the extent to which such training addresses the program outcome on social responsibility remains unknown. It begs the question of how PT HEIs specifically define their program outcome on social responsibility to be able to engender and assess it.

In summary, based on national and global standards, PT education should prepare students for their future roles as physical therapists, one of which is to intervene in social

issues and respond to community needs as appropriate. This is the contribution of PT education in advancing the profession's efforts in fulfilling its societal obligations. Social responsibility, which is one of the expected professional behaviours among entry-level physical therapists, will enable them to be receptive of their societal obligations and to respond to social issues affecting health. Physical therapy education should therefore be able to help students demonstrate social responsibility. However, there needs to be a clearer set of expectations as to what social responsibilities future Filipino physical therapists have a role in to influence practice and to guide PT education.

1.5. About the University and its BSPT Curriculum

As earlier discussed, my motivation for this study is to contribute to the improvement of educating for social responsibility in PT education, starting by directly contributing to the practice in my HEI. Hence for this study, I chose to focus on exploring my faculty colleagues' practice and perspectives. I chose to investigate my faculty colleagues' practices because of the unique context of our university system. Our university is one of the over 80 schools that offer a BSPT program in the country. Ours has been offering BSPT since 1962. What sets us apart from the other HEIs offering BSPT is our mandate as the country's national university to "perform its unique and distinctive leadership in higher education and development", including leading as a public service university (University of the Philippines [UP], 2008). As a public service university, we are to provide "various forms of community, public and volunteer service, as well as scholarly and technical assistance to the government, the private sector, and civil society…" towards national development (UP, 2008). Social responsibility and the commitment to national development are therefore fundamental guiding principles and responsibilities of our university (UP, 2008). In relation to this, our university is expected to provide training and learning in leadership and responsible citizenship (UP, 2008) and its graduates are therefore expected by the public to embody social responsibility and be part of the solution to the issues the country faces. As discussed in section 1.1, our graduates are also obligated to render service back to the country after graduation, which further emphasizes the need to engender social responsibility among our graduates as it could inspire ways to repay the public for the education they received. The unique mandates and role of our university in the country and the expected return of service by its graduates warrant investigating how its PT educators perceive their practice of fostering social responsibility among its PT students.

Our BSPT program is a 4-year curriculum administered by the faculty of the Department of Physical Therapy. The department consists of 19 full-time faculty members

who are responsible for the learning of an estimated 120 BSPT students spread throughout the different year levels. Our current BSPT program is a revision and was approved for implementation in 2018. Similar to the CHED 2017 PSG for BSPT education, the curriculum was revised in consideration of the changes in the national educational landscape. To ensure that education and professional standards are met, the program was benchmarked against the CHED PSG as well as the World Physiotherapy guidelines and other international entry-level PT education programs. One of the changes made was the explicit inclusion of a program outcome on social responsibility, which is shown in Table 2 with its corresponding performance indicators.

Our 4-year BSPT curriculum consists of a total of 154 course credits comprised of seven (7) general education courses, eight (8) core interdisciplinary courses, and 24 PT courses. Through a curriculum map, or what is also referred to as the 'skills matrix' (Warren, 2021), the department had identified the courses where learning experiences for social responsibility should be included. The department currently implements some educational

Table 2 New Program Outcome on Social Responsibility in Revised BSPT curriculum

Program Outcome	Performance indicators
Graduates will demonstrate social responsibility, service-orientation, patriotism, leadership, and advocacy for one's profession.	• Adhere to principles of public service-oriented practice. • Identify PT needs and potential programs for underserved and vulnerable sectors of Philippine society with guidance. • Justify the role of PT in the prevention of prevalent diseases and disabilities in the country. • Justify the role of PT in the Philippine health system.

programs and strategies which may be broadly associated with fostering social responsibility (Dharamsi et al., 2010; Furze et al., 2011; Peck et al., 2010). These include offering legally mandated service-oriented courses (e.g., the National Service Training Programs) (Congress of the Philippines, 2001), inclusion of relevant local and global health issues in some courses, teaching about the health care system and social determinants of health, providing learning experiences in real-world settings, and service-learning through internship and fieldwork activities. Some faculty members also incorporate other strategies such as using problem-

based learning, reflections, and critical thinking activities in some of the courses they teach. The extent to which these learning activities lead to the development of students' social responsibility is worth exploring. However, there was no formal assessment that could help evidence students' development of social responsibility as a learning outcome.

In summary, aside from the importance the PT profession places on social responsibility and the inclusion of a program outcome on social responsibility in our revised BSPT curriculum, the unique leadership context of our university, its commitment to social responsibility, and the expectations of the public from its graduates to contribute to the Philippine society especially warranted the exploration of our BSPT educators' practice of engendering social responsibility among our students.

1.6. Research Objectives and Implications to Physical Therapy Education

My aim with this study was to contribute to the improvement of our practices in educating our PT students on social responsibility. The desired consequent long-term impact of this study is the formation of PT graduates who are cognizant and capable of and willing to fulfil their responsibilities not only to their individual clients, but also to the wider society.

To be able to achieve these, it was crucial to identify first what social responsibility entails specifically for Filipino physical therapists. Currently, there is no shared understanding of what social responsibility means for Filipino physical therapists as the expected behaviours related to it are not clearly defined. Dharamsi, et al. (2011) argued that conceptualizing social responsibility needs to be contextualized to the setting and circumstances of the society for which it will be used. A definition of social responsibility is crucial for informing the strategies appropriate for fostering it among PT students. It could also help inform the analysis of our practices and identification of strategies for improvement. Thus, the objectives of this research were to:

1. define social responsibility of Filipino physical therapists from a synthesis of PT experts' views;
2. explore perspectives of faculty members of a BSPT program about their practice of educating for social responsibility using the synthesized definition as a framework; and
3. identify what can be done to better foster social responsibility among PT students.

This research intended to answer the following questions:

1. What does social responsibility of Filipino physical therapists mean?

2. What knowledge, skills, and attitudes or values do these social responsibilities entail and thus need to be learned and developed to be socially responsible physical therapists?
3. What do BSPT faculty members perceive of their current practice for fostering social responsibility among PT students?
4. What strategies do BSPT faculty members think can be introduced to improve their current approach to fostering social responsibility in BSPT?

The resulting definition of Filipino physical therapists' social responsibility may clarify for PT HEIs across the country what it entails for future physical therapists to demonstrate social responsibility and what it requires for HEIs to effectively foster it among students. Although exploring our BSPT faculty's practice of educating for social responsibility more directly impacts our faculty, institution, and BSPT curriculum, insights from the results could also have influence on the wider PT education and practice in the country and globally. Through this study, I aim to contribute to professional discourses worldwide about social responsibility as an increasingly important professional behaviour. This study could serve as basis for reflection, action, and continuing discussions about our profession's social responsibility and how future physical therapists are prepared for such responsibility. Other HPEs, especially those with social responsibility missions or learning outcomes, could also gain insight from this study and find inspiration to critically reflect on their own education practice.

1.7. Chapter Summary

Academic institutions for health professionals are urged to renew their social mission to contribute to the improvement of the health of the community in which they belong. This is particularly true for PT education as the PT profession is being called to fulfil its societal obligations. Social responsibility is an expected PT professional behaviour that could enable physical therapists to actively engage in social issues, and PT education is expected to effectively foster this among its students. However, there needs to be a shared understanding of what social responsibility means for Filipino physical therapists not just to set practice standards, but also to inform educational strategies.

Despite its importance, generally in local PT education, there is little attention given to educating for social responsibility as scholarly discourses and literature are scarce. Among other PT educators in the country, there was a distinct need to explore our BSPT faculty's

perspective on their practice of engendering social responsibility to our students and how this can be improved because of the unique leadership context of our university, having social responsibility as an institutional core value, and the public's expectations of its graduates to contribute to national development. The objectives of this study were therefore to define social responsibility of Filipino physical therapists, to explore our BSPT faculty's perspectives on their current educational practices, and to identify strategies for improvement.

The following chapters provide detailed explanation of how these objectives were achieved and the findings of this study. *Chapter 2 Literature Review* discusses how social responsibility is defined in various health professions. Literature implies that although there is a general theme of what social responsibility means, professional and social contexts influence how it is more specifically understood in each profession, which justifies the need to understand how it is perceived for Filipino physical therapists. This chapter also discusses available literature on educating for social responsibility and outcomes related to it; however, these are more in the context of medicine and nursing education.

Chapter 3 Methodology and Research Process explains in detail the sequential qualitative design of the study and the procedures taken to achieve the study objectives. This chapter discusses the pragmatism methodological underpinnings of the study, which led me to divide the study in two phases: Phase 1 was composed of constructivism-based methods to achieve the first study objective, and Phase 2 involved participatory-based methods to address the second and third study objectives. How ethical considerations were managed and how trustworthiness was ensured throughout the study were also discussed in this chapter.

Chapter 4 Results details the findings from each phase of the study. Phase 1 methods resulted in six themes that illustrate how PT leaders and practitioners perceive social responsibility of Filipino physical therapists and how it can be engendered among PT students and practitioners. Phase 2 methods resulted in three themes that describe the formal and implicit curricular improvements perceived by participants to be needed by our faculty to better educate for social responsibility.

Chapter 5 Discussion and Conclusion explains my interpretation of the findings and their impact on the BSPT curriculum and PT education in general. In brief, I concluded that there is a need to develop a transformative curriculum to foster moral agency formation towards being socially responsible. This transformative curriculum should ensure the development of students' critical consciousness through praxis and experiential and service learning, and maximize institutional resources and faculty fit to complement the formal

curriculum. To ensure students' holistic development, the curriculum should also balance competence development with constructive approaches to learning. This chapter also discusses the study's possible limitations (i.e., limited generalizability and lack of gender diversity among Phase 2 participants), the impact of the study to my professional development, and future developments following the study.

Chapter 2. Literature Review

This chapter discusses available literature on the topics that this study aimed to address, i.e., how social responsibility is defined in different health professions, and how HPE engenders it among students. Literature shows that in broad terms, social responsibility is commonly perceived as contributing to the betterment of society. However, literature also suggests that in more specific terms, social responsibility is being viewed as a professional duty, as an ethic of care and altruism, and as a moral commitment to social justice. Different professions in various settings profess different social responsibilities because of their unique professional and situational contexts. In terms of educating for social responsibility, literature shows that service learning, cultivating critical consciousness, designing appropriate assessments, integrating social responsibility in students' academic journey, achieving consistency through curricular alignment, and developing educators' capacity to teach social responsibility all have potential benefits. The following texts discuss the literature in more detail.

2.1. Literature Review Process

The literature was continuously reviewed for available scholastic articles on 1) how social responsibility is defined among the health professions and 2) educating for social responsibility in HPE. An initial literature search was done on PubMed as this database already includes a comprehensive collection of both health and HPE articles. Search terms used were 'social responsibility', 'health profession', 'health care', 'physical therapy', 'physiotherapy', 'physical therapist', and 'physiotherapist'. As 'social responsibility' is the term used in the PT profession, the search strategy included only this term and 'social justice' and other terms related to social responsibility were not included. With a large initial yield of 9,893 articles and article yields that used terms such as 'social justice', 'social responsiveness', 'social determinants of health', and 'social accountability', further literature search using such search terms was no longer deemed necessary. Boolean terms were used to combine these key words into a search string. No wildcards and truncations were used during the search. Despite this, alternative spellings of the search terms (e.g., 'health professionals' for 'health profession' and 'healthcare' for 'health care') were also found in the yields. To supplement the PubMed search and ensure that no PT articles on social responsibility were missed, EBSCO and ProQuest were also searched. The search terms used for these databases were 'social responsibility', 'physical therapy', 'physiotherapy', 'physical therapist', and

'physiotherapist'. PubMed, EBSCO, and ProQuest databases also house health professions education journals and literature. The EBSCO database also covers articles housed in ERIC, a comprehensive database for education-related literature. Searching these databases ensured that relevant education literature was identified and retrieved. References of included articles were also searched for further articles to review.

The initial PubMed search yielded 9,893 articles and the supplemental search yielded a combined total of 1,973 articles. Articles were included in the review if these aimed to define social responsibility, used a definition of social responsibility in the study, or discussed pedagogical strategies for social responsibility or related competencies as learning outcome. Only full-text articles in English were included in the review.

After title and abstract screening, 64 articles were initially included. These articles were a mix of empirical studies, conceptual or perspective pieces, and review studies. As literature searching is ongoing, further relevant articles are being added to this initial yield as they become available. No literature that aimed to define or used a definition of social responsibility for Filipino physical therapists was found, nor were there articles on educating for social responsibility in the context of Philippine PT education.

The following two sections discuss the articles obtained so far from the literature search. The first discusses what social responsibility is, and the next section discusses educational strategies for fostering social responsibility.

2.2. What is Social Responsibility?

Social responsibility is a concept more commonly understood within ethical and professional frameworks, serving for many professions as a guide for professional development and setting standards of practice. It is also considered in relation to moral development (Swaner, 2005) and improving civic engagement (Association of American Colleges and Universities, 2009). Broadly, the term 'social responsibility' is being used to refer to some form of obligation or ethical standard of contributing to the development of society. However, the more specific conceptualizations of social responsibility by different professions and organizations are varied. This is expected as social responsibility is influenced by contextual factors, including social, political, philosophical, economic, cultural, and religious values and circumstances of the responsible individuals and professions (Dharamsi et al., 2007), as well as that of the communities intended to benefit from the fulfilment of these responsibilities (Hadian Jazi et al., 2019).

Reviewed health care and HPE literature that aimed to conceptualize or used a definition of social responsibility includes articles in the fields of dentistry, medicine, mental health, nursing, PT, and public health. As expected, based on these articles, social responsibility is being understood from different yet overlapping perspectives. As I recognised some patterns of ideas emerging from these perspectives, I decided to group these perspectives into themes to highlight the essence of how social responsibility is perceived in these articles. I did this by analysing the ideas ascribed to social responsibility in each of these articles, grouping similar ideas, and assigning a theme to each group. There are only two other studies that reviewed the literature to clarify the concept of social responsibility (Hadian Jazi et al., 2019; Shannon, 2017); however, their scope was focused on the nursing profession. The literature review done for this current study is not limited to any health profession, and includes articles on physical therapy, medicine, nursing, and dentistry, among others.

The generated themes from the literature review show that social responsibility is being perceived as 1) a profession's obligation to society, 2) an ethic of care and altruism, and 3) a moral obligation towards social justice. Each theme is discussed in the following three sub-sections. These themes are then followed by a sub-section that discusses social responsibility in PT literature and another sub-section that discusses the competencies and attributes that facilitate social responsibility.

2.2.1. A Profession's Obligation to Society

Some of the reviewed articles discuss the concept of social responsibility with reference to the professions' 'social contract'. Welie (2012) argued that health professions' social contract is the foundation of these professions' social responsibility. As discussed in section 1.3.2, this social contract refers to the implicit agreement between professions and the society that arises from the trust placed by the public on these experts who 'profess' to utilize their specialized knowledge and skills in the service of the public (Higgs et al., 1999; Welie, 2012). Tangible illustrations of this social contract are the oaths, codes of ethics or conduct, and standards of practice issued by these health professions that include declarations of the professions' responsibilities (Welie, 2012). Being considered as a 'profession', which hinges on the recognition and trust of the public, heavily depends on the profession's ability to demonstrate its significant contributions to the improvement of the conditions of society (Sullivan, 2005). The inability of a health profession to provide care to the whole public, and

not just to a particular segment, may push the public to lose trust in the profession and render the social contract null (Welie, 2012).

A qualitative study that reports on the opinions of dentists about the social responsibility of dental practitioners (Dharamsi et al., 2007) illustrates this social contract perspective of social responsibility. Some participants characterized a socially responsible dentist as:

> someone imbued with trust, possessing expert knowledge and skill, and with social privileges, but [those] privileges should only be "granted because of the professional promise that practitioners make to use their knowledge and skill in the interests of those whom they serve." (Dharamsi et al. 2007, p. 1587)

This implies that while the profession is being granted privileges by society such as self-governance, self-determination, and the freedom to determine the dental health care system structure, dentists are in return obliged to render services that are responsive to society's needs (Dharamsi et al 2007). However, as also earlier suggested, the dental profession is at risk of losing these privileges if dentists fail to fulfil their social obligation (Dharamsi et al 2007).

Kelley, et al. (2008), Tyer-Viola, et al. (2009), and Shannon (2017) also described social responsibility as part of the nursing profession's role and social contract. They referred to various nursing policies, code of conduct statements, and nursing literature which show that addressing societal barriers to health, such as lack of access to health care, unsafe living conditions, poverty, and health illiteracy, is also a professional obligation.

The public's trust placed on these professionals also imply some level of confidence that the professionals will be able to reliably perform and commit to their professional duties to society (Faulkner & McCurdy, 2000; Weed & McKeown, 2003). In their article on teaching medical students about social responsibility, Faulkner and his colleagues (2000) defined social responsibility from this perspective: "the state of being fit to be trusted, worthy of confidence, and dependable for the improvement of the health of society and its members" (p. 347). Similarly, Weed and McKeown's (2003) account of the social responsibility of epidemiologists puts accountability, commitment, and reliable performance of their professional tasks at the centre of their pursuit of public good, which is a healthy population.

For this theme, social responsibility of professionals is reliably performing their professional duties to society as dictated by their profession's standards of practice and as expected by the public.

2.2.2. An Ethic of Care and Altruism

Aside from being a professional obligation, social responsibility is also perceived by some health professions as an ethic of care and altruism. This theme overlaps with the former as health professions are ultimately caring professions, and as such, are duty-bound to care for those in need of these professions' services. However, this theme extends the meaning of social responsibility from being an obligation to being one's ethical and moral standard. Several authors had argued that it is not possible to simply present social responsibility solely as an obligation or a rule to be obeyed as this tends to reduce the principle into duties that are devoid of feelings of care and meaning (Dharamsi et al., 2011; Gobodo-Madikizela, 2009; Semplici, 2011). For Dharamsi et al. (2011), social responsibility is a moral commitment and duty "to behave altruistically—placing society's concerns before its own" (p. 1110). It is choosing to contribute to the common good, which is to have equitable access to health for all members of society (Dharamsi, et al., 2011). Gobodo-Madikizela (2009) also suggested that empathy and care are at the heart of advocacy works for human welfare. Being responsive to broader social issues is deemed to be a commitment arising from empathy towards the ordeals that others experience. It requires having interest and sensitivity beyond the self and openness towards the possibility of taking responsibility for others (Gobodo-Madikizela, 2009).

In their qualitative research among dentists, Dharamsi and colleagues (2007) similarly opined that social responsibility is linked with social conscience and connotes "an ethic of care and trust beyond individualism and private interests" (p. 1591). This arose amidst reports from participants of a strong tension between the economic imperatives of a market-based dentistry system and responsibilities to serve the public good. Their participants argued that social responsibility may not be at the forefront of dental practice as there is the "inevitable and necessary influence of economic realities on dental practice" (p. 1590). However, as mentioned earlier, the dental profession's responsibilities to society cannot be denied. The authors suggested finding a reasonable balance between fiscal and social responsibilities in practice, and this will entail having empathic and altruistic principles that foster caring for others beyond one's own interests (Dharamsi, et al., 2007). For dentists, for example, this

could mean providing charity service to those who need but cannot afford their services within their own communities.

Another example to illustrate this theme is the results of a study involving a concept analysis of Iranian nurses' social responsibility. From their analysis of nursing literature and interviews with Iranian nurses, Hadian Jazi and colleagues (2019) found that Iranian nurses realise their social responsibilities through benevolent actions and even going to the extent of self-sacrifice. In some instances, this extended to exuding "mother-like behaviours" particularly in attending to all matters and concerns related to a patient, and voluntary actions without the expectation of a reward. For the participants, these voluntary and benevolent actions do not only apply to their individual patients, but can also be directed towards their communities and organizations.

2.2.3. A Moral Imperative Towards Social Justice

Social responsibility is also understood by some health professions as a moral imperative to address social injustice in health and to effect change to improve the lives of individuals and the broader society (Dharamsi et al., 2010, 2011; Gobodo-Madikizela, 2009; Wise, 2005). Globalization has changed the health and health care landscape, resulting mainly in inequalities in access to health care. Instead of being universal, health has become commodified and has become inaccessible to some segments of society (Higgs et al, 1999). As discussed in section 1.1, issues of inequality in health care access are also experienced in the Philippines because of several socio-economic and geographical factors. Engaging the principle of social responsibility as an expression of social justice in health demands that the highest attainable standard of health is perceived as a fundamental human right (UNESCO International Bioethics Committee, 2010), and upholding social justice requires working towards addressing the core structures and systems causing the health divide. Hence, it entails an expansion of focus of professional tasks from individual to societal health (Tyer-Viola et al., 2009).

It has been widely accepted that health is determined by several factors including biological aspects and individual life choices. However, the greatest share of health problems is said to be attributable to an individual's sociocultural and economic conditions (UNESCO International Bioethics Committee, 2010). Examples of these conditions that affect health are income and social status, education level, employment status and working conditions, access to a safe physical environment, availability of social support, cultural traditions and beliefs, adequacy of resources for health, and access to satisfactory health care (UNESCO

International Bioethics Committee, 2010; WHO, 2008). The reality of these social determinants suggests a lack of complete control of an individual over his/her own health. As a result, those in less privileged social positions tend to be less healthy than the more privileged members of society. These social determinants of health serve as the foundation for the health of populations and have been the target of social justice movements in health. Health inequities exist not just between social classes, but also between rural and urban areas, and globally between developing and developed nations (WHO, 2008). These inequities thus require action from socially responsible health professionals to ensure health for all. In the Philippines, for example, these actions could be working with policymakers to lobby for universal health care in the way that the PPTA works with legislators to include rehabilitation services in health financing programs. Another example is the collaboration between community-based health practitioners and community members to establish sustainable health care services in rural and remote areas.

Semplici (2011) cited social responsibility as crucial in the promotion of the highest attainable standard of health as a fundamental human right. In his article, social responsibility is depicted as a shared obligation by all sectors of society. He argued that the cooperation of all sectors of society whose actions impact on the conditions of the rest of society is necessary to take on the challenge of promoting the highest attainable standard of health amidst inevitable limitations of various causes (Semplici, 2011). This agrees with Purtilo's (2000) suggestion`, discussed in section 1.3.2., that with a societal identity, physical therapists need to work with the larger community to ensure that all those who need PT services will be able to access these.

The notion of social responsibility as an expression of justice is also reflected in the study by Dharamsi, et al. (2010). The authors described nurturing a sense of social responsibility among future dentists so that they may be able to "respond to the disparities in health care and the needs of those people in society who are rendered vulnerable because of various social, economic, political, environmental, and biological influences that prevent them from protecting their own needs and interests" (p. 906). The learning activities designed to nurture this sense of social responsibility among their students were based on a social justice framework. This framework was focused on changing structural or institutional forces that allow inequitable conditions to ensue, developing mutual capacity with partner communities to address causes of systemic social inequity, and building social capital (Dharamsi, et al., 2010).

Kelley, et al. (2008), Tyer-Viola, et al., (2009), and Shannon (2017) also discussed nurses' social responsibility with reference to the concept of social justice. In their articles where they discussed perspectives on social responsibility for nurses, they argued that social justice is at the centre of the nurses' social responsibility, and that this has long been the vision for the profession as proposed by 19th and 20th century leaders in nursing (Kelley et al., 2008; Shannon, 2017; Tyer-Viola et al., 2009). For the authors, the nursing profession is intimately tied to societal health needs and nurses have roles to play in promoting human rights and attending to systemic causes of inequalities in health, such as the inadequacy in number and the unequal distribution of nurses and other health workers across settings (Kelley et al., 2008; Tyer-Viola et al., 2009).

2.2.4. Integration of Themes

The notion that social responsibility is an ethic of care and altruism intersects with the perspective that social responsibility is an obligation towards health equity because working towards social justice may be deemed as an expression of care and empathy towards others. Gobodo-Madikizela (2009) suggested that "at the heart of social responsibility work is the pursuit of the greater good for the promotion of human welfare" (p. 87). To respond to the needs of the most vulnerable and to narrow the health divide require an empathic understanding of people's suffering and the ill-effects of health inequities. To advocate for health for all is a service of care towards humanity. As how Dharamsi et al. (2011) described social responsibility in medicine, it is committing to act altruistically to ensure equitable access to health care.

The 'social responsibility for social justice' theme likewise overlaps with the first theme about fulfilment of a social contract because of the dual role that most health care workers play, i.e., role as health practitioners and role as advocates of health and human welfare. For physical therapists, for example, aside from helping a patient with a disability (re)gain movement and function through clinical means, some physical therapists also advocate for the rights of persons with disabilities in general to further help their patients achieve better quality of life. The healing and illness prevention functions of health professionals also illustrate this dual clinical and human welfare advocacy roles. Despite the overlap, the two roles have fundamentally different ethical underpinnings and approaches (Edwards et al., 2011; Gobodo-Madikizela, 2009). Engaging in broader socially responsible work tends to be inspired by moral conscience borne out of a sense of responsibility as members of society and humanity (Gobodo-Madikizela, 2009). Practitioner-patient clinical

decision making, on the other hand, tends to be underpinned by ethical frameworks that are particular to individual patient encounters, such as the four bioethical principles of respect for patient autonomy, beneficence (doing good to the patient), non-maleficence (doing no harm to the patient), and justice (acting fairly towards the patient) (Beauchamp & Childress, 2001). These principles may not be adequate for social justice responsibilities, which require a broader understanding of justice and a consideration of issues beyond the practitioner-patient encounter (Edwards, et al., 2011).

In summary, the three themes on what social responsibility means suggest that social responsibility is perceived by some health professions as a professional obligation imposed by their social contract. Some, on the other hand, argue that while it is a legal obligation, it is also a moral commitment of caring for the health needs of individuals and society beyond one's personal interests. Whether as a professional duty or a commitment to altruism, social responsibility has been largely for the purpose of promoting social justice by addressing societal health inequities and ensuring equitable access to health.

Some are critical about obligating such social responsibilities among health professionals (Dharamsi, et al., 2007; Godobo-Madikizela, 2009). On top of their full-time professional practice, demanding such obligations seems to be a tall order for those who find themselves ethically and emotionally conflicted between their professional and economic imperatives and engaging meaningfully in society's development (Dharamsi et al., 2007; Godobo-Madikizela, 2009). Some also put into question the extent of obligations demanded of them, arguing that these social responsibilities may be excessive (Dharamsi et al., 2007). Specifying what social responsibility encompasses for a particular profession and context could assist professionals in managing their expectations and resources for such undertakings.

2.2.5. Social Responsibility in Physical Therapy

It is understandable that most of the available literature is in the fields of medicine, nursing, and public health because of their frontline roles in health care. In medicine, there are even specific organizations and programs committed to social responsibility. For example, Doctors Without Borders is a private international association of mainly doctors whose mission is to provide medical care to populations in distress and victims of disasters and conflicts (Médecins Sans Frontières/Doctors Without Borders (MSF), 2021). Physicians for Social Responsibility is a US-based organization of physicians and other health professionals who contribute their health perspective in pushing for climate solutions and a nuclear weapons-free world (Physicians for Social Responsibility, n.d.). Doctors to the

Barrios is a program of the Department of Health (DOH) of the Philippines which aims to "provide the country with competent medical health resource who will render quality medical care to patients" particularly in depressed, marginalized, and underserved areas (DOH, 2021).

Medicine, nursing, and public health are also arguably the most visible workforce in primary health care, which puts them at the forefront of meeting population health needs. Primary health care is a whole-of-society approach to systematically addressing the various determinants of health, comprehensively meeting individual and community health needs through integrated health services from various levels of care (e.g., prevention, cure, rehabilitation, palliative care, etc.), and empowering people to optimize their health (Dussault et al., 2018). With its benefits so far, participating in this population-based approach to health care is a strong means for health professionals, including physical therapists, to fulfil their social responsibilities and promote justice in health (Dussault et al., 2018; Edwards et al., 2011; Europe Region World Physiotherapy, 2020). Despite its potential societal benefits, primary health care services are still not widely available in the Philippines (Dayrit et al., 2018) and physical therapists are yet to be recognised for primary care.

Physical therapy is more commonly considered to be a specialized health service with specific rehabilitative purposes and techniques (Edwards et al., 2011). It has, therefore, been customarily focused on the care for individual patients and their caregivers or families. However, physical therapists have already started to recognise their responsibilities to the health of the larger community and population. As discussed in section 1.3.2, the profession is now experiencing a practice expansion from being largely patient-centred to also being society-focused as a way of responding to growing societal health issues (Purtilo, 2000). The societal identity of PT is one that extends its focus of care and ethical thinking to include not only health issues of individual patients, but also those concerning the wider society (Edwards et al., 2011; Purtilo, 2000). This broadening in moral agency of the PT profession consequently signals an expansion of its social contract that includes wider societal obligations (Edwards et al., 2011), as shown by the social responsibility professional behaviours promoted by World Physiotherapy (World Physiotherapy, 2011) (see Table 1). The profession's recognition of its societal identity is further evidenced by the inclusion of statements reflecting societal dimensions in PT policy statements, codes of ethics/conduct, and standards of practice. The responsibilities to the public declared in the PPTA Code of Ethics (PPTA, 2000a), as mentioned in section 1.3.3, illustrates this. Further examples from different PT associations across the world are shown in Table 3.

A study that surveyed the views and involvement of Gauteng PT members of the South African Society of Physiotherapy also showed acceptance of the profession's societal identity as a majority of the respondents identified social responsibility as important and necessary in the profession (Mostert-Wentzel et al., 2012). However, there were mixed responses when asked about their views on the definition of social responsibility. For example, some participants did not agree with political activism—a performance indicator of the American Physical Therapy Association for social responsibility—as a socially responsible practice. Not many of them were also involved in public health strategies, which according to the authors suggests that Gauteng physical therapists had not thus far embraced the potential role of PT in primary health care. These results show how differently social responsibility is viewed even within a particular profession and sociocultural context. The results agree with Gobodo-Madikizela's (2009) argument that individuals will respond differently to calls for socially responsible actions because each is influenced by his/her own unique values, attributes, and experiences.

Table 3 Sample statements with societal dimensions in PT codes of ethics

Source documents	Sample statements
Code of Ethics for the Physical Therapist (American Physical Therapy Association, 2020)	Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
Professionalism in Physical Therapy: Core Values Self-Assessment (American Physical Therapy Association, 2013)	Core Value: Social Responsibility …promotion of a mutual trust between the profession and the larger public that necessitates responding to societal needs for health and wellness.
Code of Conduct (Australian Physiotherapy Association, 2017)	Ethical principle: Advance the common good. We serve the interests of the whole community by protecting and promoting health to improve the wellbeing of communities and act based not only on what is good for the individual, but also for communities and the wider society. Ethical principle: Act fairly. We address social injustice and inequity by addressing the social, economic, demographic, or geographic drivers that affect people's health.

Code of Ethical Conduct (Canadian Physiotherapy Association, 2021)	B. Responsibilities to the public 3. Advocate within their capacity and context to address clients' needs and the broad determinants of health and to improve the standards of health care.
Statement on Physiotherapy in Primary Care (Europe Region World Physiotherapy, 2020)	Physiotherapists' participation in primary care contributes to addressing the growing demand for health services and the increasing costs associated with delivering these services across Europe. Physiotherapy is an effective, comparatively low-cost high-value option to meet this rising demand.
Ethical Principles (All India Association of Physiotherapists, n.d.)	13. Physiotherapists shall share responsibility with other citizens and members of other profession in meeting the needs of the public in matters of health.
Code of Professional Conduct (Singapore Physiotherapy Association, 2012)	General Ethical Guidelines 8. Co-operate with his/her physiotherapy colleagues and other professionals towards the total health care of the community.
Code of Conduct (South African Society of Physiotherapy, 2017)	In terms of their commitment to social responsibility, physiotherapists should…[advocate] that everyone has equal access to affordable quality health care by: 2.1. promoting medical care to disadvantaged and vulnerable groups; 2.2. promoting improved standards and quality of health services in the community…
Code of Members' Professional Values and Behaviour (Chartered Society of Physiotherapy (UK), 2019)	2.3.1. Strive to challenge and address health inequities in how services are delivered
Ethical responsibilities of physical therapists and member organizations (World Physiotherapy, 2019b)	Ethical principle 8: Physical therapists contribute to the planning and development of services which address the health needs of the community

These therefore further highlight the need to have a shared understanding of what social responsibility specifically entails for a particular profession within a specific context to

incorporate it into practice in a way that will contribute to the goals and standards of that profession.

Despite social responsibility being an expected professional behaviour, how it is viewed by Filipino physical therapists remains unknown. As discussed in section 1.4.2, social responsibility is one of the program outcomes required by CHED from BSPT programs in the country, making it necessary for PT students to be educated on it to enable them to "respond to the needs of the community-at-large as appropriate to [their] level of competence and resources" (CHED, 2017). However, this program outcome lacks clarity as to what social responsibility specifically entails.

The criticisms on the uptake of social responsibility in actual practice, as discussed in previous sub-sections, highlight the need for a more specific and shared description of social responsibility for a profession. Aside from perceptions being influenced by one's own values and beliefs (Gobodo-Madikizela, 2009), the inherent ambiguity of social responsibility as a construct (Kelley et al., 2008) predisposes it to varied interpretations as seen from the results of the Gauteng study by Mostert-Wentzel, et al. (2012). Following this logic, how the CHED PSG performance standards on social responsibility were broadly stated predisposes it to various interpretations, which could hinder these being effectively used as a guide in educating students. The actual manifestation of social responsibility by the profession could also be facilitated if it were to be guided by a more specific description of social responsibility as a professional behaviour.

2.2.6. Competencies and Attributes Facilitating Social Responsibility

What further defines social responsibility are the competencies and attributes that characterizes a socially responsible person (Faseleh-Jahromi et al., 2014). Suggested competencies and attributes from the literature are discussed in this sub-section.

The challenges of responding to societal health issues demand a range of skills and attributes from health professionals. Professional competencies is a must to be able to reliably provide services (Faseleh-Jahromi et al., 2014). However, aside from technical skills, health professionals should also be equipped with transferable skills (Ramklass, 2009; Sullivan, 2005) and a range of positive humanistic attributes and professional values (Faseleh-Jahromi et al., 2014) to effectively contribute to societal development. For example, aside from technical competence, they are also expected to develop interpersonal competencies, knowledge underpinning practice in under-resourced communities, ability to respond to

changes, and problem-solving skills (Faseleh-Jahromi et al., 2014; Higgs et al., 1999; Ramklass, 2009). The challenges of 21st century health care likewise demand flexibility and adaptability, responsibility for standards, sensitivity to each situation, creative approaches in managing unique problems encountered (Higgs et al., 1999), as well as the ability to work collaboratively with other professionals, policy-makers, and members of the community (McMenamin et al., 2014; Ramklass, 2009).

Higgs and colleagues (1999) also suggested the need to be culturally competent to enable one to address individual and community needs in a multicultural society. In the study by Lee and colleagues (2012), a positive correlation was found between social responsibility and cultural competence ($r = 0.627$, $p = 0.001$) among physical therapists with multiple international experiences. The potential influence of cultural competence on social responsibility, and vice versa, suggest the importance of having both in one's array of aptitudes.

As ethical frameworks underpinning one-to-one patient encounters may no longer be adequate for the broader socially responsive actions, Edwards et al. (2011) also recommended a need for physical therapists to change their ethical thinking, particularly in their understanding of justice. This shift in ethical thinking about justice in health care entails being more inclusive of wider societal health issues rather than focusing only on individual patient concerns (Edwards, et al., 2011). This agrees with the suggestion of Manca et al. (2020) and Halman et al. (2017) about the importance of cultivating critical consciousness among medical students. This critical consciousness entails having a profound and reflective awareness about the different social forces that shape how health care is practiced (e.g., power differentials, privileges, and biases), which should prompt health professionals to take pragmatic action towards these (Halman et al., 2017; Manca et al., 2020; Sharma et al., 2018). This broadening of consciousness to respond to social injustice is suggested to be driven by one's moral conscience, humanistic values that are beyond one's discipline (e.g., empathy), and self-reflection (Dharamsi et al., 2007; Gobodo-Madikizela, 2009). Such humanistic attributes and values allow one to be inspired, instead of being obligated, to act on one's professional commitments towards society (Dharamsi et al., 2011; Gobodo-Makizela, 2009).

Such competencies and attributes are important to foster among future health professionals to help them enact social responsibility. Clarifying the specifics of a profession's social responsibility will be helpful in further determining and justifying these

competencies and attributes that educators will need to prepare students for. These will aid educators in determining educational strategies for fostering such learning and affective outcomes.

2.3. Educating for Social Responsibility

As earlier argued, it is expected of higher education to foster social responsibility that will enable graduates to make impactful contributions and take leadership roles in societal development (Higgs et al., 1999). Health professions educators will need to be creative in finding ways to help students experience and realize why and how health is a societal concern (Dharamsi et al., 2007). Students will need learning opportunities that will allow them to experience the plight of others (Dharamsi et al., 2007; Gobodo-Madikizela, 2009) and a safe space for reflection (Gobodo-Makizela, 2009). Some HPE articles, including both conceptual and empirical, suggest different educational strategies for fostering social responsibility among students. These suggestions are discussed in the following sub-sections.

2.3.1. Service Learning

Service learning is a common pedagogical approach used for fostering outcomes related to social responsibility and service among HPE students (Dharamsi et al., 2010; McMenamin et al., 2014; Taylor et al., 2017). Bringle and Hatcher (1996) viewed service learning as

> a credit-bearing educational experience in which students participate in an organized service activity that meets identified community needs and reflect on the service activity…to gain further understanding of course content, a broader appreciation of the discipline, and an enhanced sense of civic responsibility. (p. 222)

It emphasizes balancing meeting student learning outcomes and addressing community needs through a collaborative partnership between the community and the academic institution (Bringle & Hatcher, 1996; McMenamin et al., 2014).

There are several studies that report on its potential impact on health care students' perception about social inequities in health and their role in addressing these (Crawford et al., 2017; McMenamin et al., 2014; Richard et al., 2016; Salam et al., 2019). These studies found that service learning has potential to develop outcomes related to being socially responsible such as personal and interpersonal development, reflective practice, perspective transformation, and citizenship.

Because students worked collaboratively with different community stakeholders, service learning encouraged relationship-building with people of different sociocultural backgrounds, and allowed the development of their leadership and communication skills and cultural competence (Amerson, 2010; Brondani, 2012; Casey & Murphy, 2008; Crawford et al., 2017; Fullerton et al., 2015; Green et al., 2011; Kearney, 2004; Liang En, Koh, et al., 2011; Liang En, Xin, et al., 2011; Sedlak et al., 2003). Some of the studies particularly showed that service learning enabled students to feel more comfortable working with the vulnerable members of society, e.g., poor patients, older adults, and those with mental health concerns (Beling, 2003, 2004; Bentley & Ellison, 2005; Dorfman et al., 2003; Faria et al., 2010; Jarrell et al., 2014; Kaf et al., 2011; Krout et al., 2010; Leung et al., 2012; Schindler, 2011). For some, it also fostered deeper appreciation for the vulnerabilities of the marginalized segment as they began questioning the reasons for the social inequities in health (Dharamsi et al., 2010; Jarrell et al., 2014; Loewenson & Hunt, 2011).

Some studies also reported about students who developed a renewed understanding of social issues (Brown, 2009; Crawford et al., 2017; Elam et al., 2003; Groh et al., 2011; Liang En, Koh, et al., 2011) and of their civic and social responsibility (Astin & Sax, 1998; Brondani, 2012; Fullerton et al., 2015; McMenamin et al., 2010; Nokes et al., 2005; Rukhsana, 2020; Taylor et al., 2017). Some also reported on students who developed a desire to be agents of social change because of their changed views about the world after going through their service learning experiences (Dharamsi et al., 2010; Elam et al., 2003; Mitschke & Petrovich, 2011; Ngai, 2006).

Most of these findings were from self-reported measures of the impact of service learning. Although such findings limit objective evidence of outcomes, these still provide useful insights as to the potential of service learning in developing outcomes related to social responsibility.

2.3.2. Fostering Critical Consciousness

Strategies for fostering critical consciousness have also been suggested in literature. It was discussed earlier in section 2.2.5 that critical consciousness about social justice in health involves analytical understanding of the social determinants of health that will prompt health professionals to take pragmatic action (Halman et al., 2017; Manca et al., 2020; Sharma et al., 2018). In their literature review, Halman et al. (2017) identified five themes that relate to manifestations of critical consciousness in HPE. These are appreciating personal contexts and those within which learning and practice take place, illuminating power structures, moving

beyond procedural teaching and learning, enacting reflection, and promoting equity and social justice. A more recent scoping review by Manca et al. (2020) found similar results and identified the use of critical pedagogy for fostering critical consciousness among medical students to prevent perpetuating the status quo in medical practice and promote social responsibility in mainstream medical education. Their results show that critical pedagogical approaches were incorporated in medical education to allow students to recognise and challenge the problematic structures not only in health care, but also in medical education itself. Such approach was found to disrupt hegemonic medical discourses and enable critical inquiry among students (Manca et al., 2020).

Education on the social determinants of health is another suggested strategy for fostering critical consciousness in health care (Castillo et al., 2020; Manca et al., 2020; Sharma et al., 2018). It aligns with the critical pedagogical approach because of its focus on critically analysing the social factors and structures that influence health equity. The methods used to incorporate social determinants of health education in the medical curricula ranged from classroom didactics to service-learning experiences (Sharma et al., 2018). However, Sharma and colleagues (2018) argued that these learning experiences were more commonly content-focused, instead of action-driven. For these authors, it is not enough to develop awareness about these social factors to cause desired changes in health inequities. They argued that education on social determinants of health should also be about developing "equity-focused" skill set that will enable future health professionals to take social or political action to eliminate disparities in health. Castillo et al. (2020) and Velardo (2018) similarly proposed equipping students with not just knowledge on structures of health inequities, but also skills (e.g., problem-solving and advocacy) to address these, and humanistic values such as empathy and social responsibility. Martimianakis (2016) also argued for engaging medical students in praxis for them to be good health advocates wherein informed committed action becomes part of their lived experience that will create social change. Cultivating critical consciousness is oriented towards pragmatic action, and thus, should prompt health professionals to embrace their societal roles and to take action (Manca et al., 2020). Despite its potential impact on students' awareness, confidence, and reflexivity, it has not been ascertained whether educating about the social determinants of health has led to socially responsive actions and significant impact on alleviating health inequities (Sharma et al., 2018).

2.3.3. Assessment of Social Responsibility Outcomes

Assessment allows educators and students to evaluate students' learning and the quality of education provided. Without this, it is impossible to ascertain students' learning and whether the academic institution is effective at facilitating this. The nature of an assessment is said to affect students' learning approaches and should be considered when planning for assessment tasks. John Biggs referred to this as the 'backwash effect', which refers to how students adapt how they learn depending on how they perceive the assessment tasks (Biggs & Tang, 2011). For example, if the assessment requires low cognitive tasks, students will adopt surface, instead of deep, learning approaches to perform as required. Biggs proposed that to ensure a positive backwash effect, the assessment tasks should correspond to the goals of learning and should be complemented with adequate feedback (Biggs, 1998; Biggs & Tang, 2011).

Literature related to assessing social responsibility outcomes shows that assessment tasks have mostly been based on pre- and post-learning activity self-reports, attitudinal surveys, and self-reflections of students (McMenamin et al., 2014; Salam et al., 2019; Sharma et al., 2018). In the studies reviewed, self-administered evaluation questionnaires were used to determine students' perceived gains in skills and attributes, e.g., leadership, critical thinking, generic skills, community health competencies, and cultural competence (Amerson, 2010; Groh et al., 2011; Liang En, Koh, et al., 2011; Liang En, Xin, et al., 2011; Schindler, 2011). These were also used to determine students' perceptions of their roles and perceived changes in attitudes, e.g., towards the marginalized and vulnerable, and towards social justice issues (Groh et al., 2011; Jarrell et al., 2014; Loewenson & Hunt, 2011; Rukhsana, 2020; Schindler, 2011). Students were also asked to journal their reflections about their experiences and their own competencies and attitudes. Analyses of these reflections were done to determine the effect of educational strategies on students' attitudes and learning (Brondani, 2012; Dharamsi et al., 2010; Elam et al., 2003; Faria et al., 2010; Furze et al., 2011; Kaf et al., 2011; Kelley et al., 2008; Mitschke & Petrovich, 2011; Reynolds, 2005; Rukhsana, 2020; Sedlak et al., 2003; Taylor et al., 2017). Although these strategies are widely used, these may not be reliable measures of gains or achievement of outcomes because of the subjective nature of self-assessments. A way around this could be to have multiple sources of feedback such as students' peers, educators, and others with whom students may have worked during their learning activities.

These studies also only showed one-time assessment of changes in competencies and attitudes. Manca et al. (2020) suggested the need for educators to develop assessments over time, which aligns with the gradual development of attitudes and perspectives related to social responsibility. Changes in one's critical consciousness, for example, could be monitored through recurrent reflective journaling or discourses (Manca et al., 2020). This could help determine whether values and other affective outcomes related to social responsibility are being internalized. Sharma et al. (2018) also argued that proving changes in behaviour is also important; however, this needs to be observed over time as well. These recommendations suggest the need for assessment strategies to also be threaded across the curriculum to allow for gradual development and monitoring of social responsibility outcomes. With regard to our BSPT program, assessment of social responsibility as a learning outcome was lacking at the start of this study. Because this outcome is meant to be threaded across the curriculum, there was a need for assessments that allow monitoring of gradual development and changes in behaviour.

2.3.4. Curricular Alignment

Other suggestions on educating for social responsibility include clarifying educational objectives necessary to produce socially responsible graduates, aligning learning experiences with those objectives, and evaluating the attainment of the objectives (Faulkner & McCurdy, 2000). A clarified meaning of social responsibility will be beneficial for this. Faulkner and McCurdy (2000) suggested that in educating medical students for social responsibility, it is essential to specify the minimum required objectives, especially for an already crammed medical education curriculum. These objectives will guide the teaching-learning and evaluation approaches to be implemented. This further justifies the need for a shared understanding of what social responsibility specifically means for Filipino physical therapists as it could inform the design of BSPT curricula with social responsibility as a learning outcome.

According to Faulkner and McCurdy (2000), it is crucial for students and faculty to be aware of the connection between the learning objectives and pedagogical approaches employed to achieve those objectives and to better facilitate students' learning. These learning approaches need to be collaborative and participatory (Dharamsi et al., 2011). Students need to be involved in pedagogical experiences that will allow them to learn not just about individual patients, but the needs of the society as well (Faulkner & McCurdy, 2000). There is also a need for learning opportunities wherein students' knowledge about ethics,

professionalism, health advocacy, and social determinants of health are applied in practice to develop the necessary skills (Dharamsi et al., 2011). Cruess and Cruess (2015) argue that in educating for professionalism, there needs to be a combination of acquiring conceptual knowledge and participation in active learning processes to allow students' transformation and holistic development.

In terms of evaluation mechanisms, as earlier discussed, these need to be multi-sourced. Aside from evaluating students' progress and outcomes, it was suggested that feedback should also be obtained from students about the quality of the learning opportunities they experienced. Feedback from the community members about the programs implemented and the students' performances will likewise be helpful (Faulkner & McCurdy, 2000). Coldham et al. (2021) also highlighted the need to make explicit in an assessment brief what processes and output are expected to be demonstrated, and that students will be able to familiarise themselves with the criteria against which they will be assessed.

The aforementioned suggestions by Dharamsi et al. (2011) and Faulkner et al. (2000) reflect a more progressive view on curriculum development. A curriculum can be viewed from various ideological lenses that guide its design, implementation, and evaluation (Schiro, 2013; Verster et al., 2018). It can be viewed from traditional lenses such as perennialism and essentialism, which regard a curriculum as a teaching plan to promote students' acquisition of universal truths or essential competencies for social efficiency (Schiro, 2013; Verster et al., 2018). The problem with such view of the curriculum is its prescriptive, predetermined nature in terms of what and how to learn, with teachers regarded as authorities of the knowledge to be transferred to students and with students as passive recipients. Then there are the more contemporary lenses such as social reconstructionism and critical theory, which view a curriculum as promoting students' more active learning often towards reforming existing societies. Vital in these contemporary curriculum views are students' experiential learning, or learning from reflection and action, rather than rote learning (Schiro, 2013; Verster et al., 2018). These render a curriculum less prescriptive, allowing students to be more responsible for and autonomous in their learning process. Literature also offers curriculum typology based on how it is oriented, i.e., as product, as process, and as praxis, which correspond with the above lenses. Table 4 outlines the differences between these orientations to curricula. Based on these orientations, the curricular elements suggested by Dharamsi et al. (2011) and Faulkner et al. (2000) imply viewing HPE as more than 'curriculum as product' because of the focus on students as active participants in their learning process.

Table 4 Orientations to Curriculum

Curriculum as product	Curriculum as process	Curriculum as praxis
• Technical interest • Emphasis on controlling the environment to achieve predefined learning outcomes • Focus on content • More traditional	• Practical interest • Emphasis on interaction between teachers, students, and knowledge • Focus on processes that enable learning • Framed within parameters of tradition	• Emancipatory interest • Emphasis on active learning and knowledge creation through action and reflection (praxis) • Emphasis on transformation of self and the situation • More progressive and critical

(Grundy, 1989 in Ford & Profetto, 1994; Verster et al., 2018; Warren, 2021)

As discussed in section 1.4.2, CHED sets the guidelines for higher education in the Philippines. It sets the core outcomes expected of graduates for each higher education program, and the minimum requirements to implement these (CHED, 2017). Like the suggestions above, CHED also espouses alignment of program outcomes with learning strategies and evaluation mechanisms. For BSPT, CHED also promotes the threading of program outcomes across courses to guide the longitudinal development of expected behaviours and competencies (CHED, 2017). The CHED PSG provides a sample BSPT curricular mapping of outcomes to guide HEIs with their own curricular design. The sample shows that the program outcome on social and professional responsibility and ethical behaviours (see Table 1) can be incorporated in all courses at increasing level of competency from year to year (CHED, 2017). The teaching-learning and assessment strategies to implement these are left to the discretion and academic freedom of the HEIs (CHED, 2017), which could be their opportunity to adopt a more progressive approach to curriculum development amidst the prescribed minimum outcomes.

2.3.5. Integration in the Academic Journey

Kelley et al. (2008) illustrated how social responsibility was enacted in a school of nursing, which is consistent with some of the suggestions above and also with recommendations from literature about managing not just the formal curriculum, but the implicit curriculum as well. Hafferty (1998) proposed that HPE education has three overlapping components: formal, informal, and hidden curriculum. Formal curriculum is the planned, stated, and endorsed curriculum (Hafferty et al., 2015). Informal and hidden

curriculum are the implicit aspects of education that likewise influence students' learning. Informal curriculum involves unscripted, interpersonal forms of teaching-learning occurring between and among teachers and students (e.g., through role modelling and mentoring) (Hafferty et al., 2015). Hidden curriculum, on the other hand, is "a set of influences that function at the level of organisational structure and culture" (p. 404, Hafferty, 1998), which could include institutional norms, values, rules, etc. (Hafferty et al., 2015; Warren, 2021). For this manuscript, the term implicit curriculum [as used in Balmer & Richards (2015)] is used to refer to both informal and hidden curriculum, or the implicit aspects of education.

Kelley et al. (2008) described engaging students with social responsibility early into their academic journey as soon as their first professional nursing course. They cited learning strategies such as working with the underserved population in a community-based clinical setting, enrolling in a community/public health course, and critically examining personal actions and the larger social issues through journaling, reflection, and debriefing. These reflect strategies that involve the formal curriculum. Aside from these curricular strategies, Kelley et al. (2008) also highlighted institutional approaches to enacting social responsibility. A crucial strategy for them was declaring social responsibility as an institutional core value, which was emphasized in the school's materials for recruiting students and faculty members to attract those who can commit themselves to the institution's values. There were also yearly reviews of the objectives conducted with community partners to ensure that local needs were being met. Other institutional strategies described were the establishment of an Office of Service Learning which facilitated the students' service learning experiences, and opportunities and support for professional and political action and leadership development (Kelley et al., 2008). These concerted institutional efforts illustrate how to enable students to fully engage with social responsibility by also tapping into the implicit curriculum.

2.3.6. Capacity-building for Educators

The demands of educating for social responsibility suggest the need for capable educators who can be dedicated to the task (Faulkner & McCurdy, 2000). Educators, especially their observable behaviours and interactions with students, are also part of the implicit curriculum (Hafferty et al., 2015). Educators becoming critically conscious and reflexive themselves is essential in fostering the same among their students (Manca et al., 2020; Sharma et al., 2018). Adopting a social justice-oriented framework in educating health professions students requires educators to also question their own privileges and biases (Sharma et al., 2018). Educators also need to be able to model the behaviours they intend to

develop among future health professionals (Cruess et al., 2008) and demonstrate in concrete ways how their expertise can be used to manifest social responsibility in practice (Dharamsi et al., 2011). These demands suggest the need for strategic capacity-building plans for the educators to develop the required competencies to implement a curriculum that teaches social responsibility (Faulkner & McCurdy, 2000). For example, the articles reviewed by Manca et al. (2020) highlighted the need to train educators in facilitating reflexive discussions among students as failure to encourage students to question power and privileges in health care could perpetuate already dominating cultural ideologies. Kelley et al. (2008) also suggested that the participation of faculty members in community-based learning activities could increase their own awareness about the vulnerable population and allow them to improve their expertise in such contexts.

Physical therapy educators in the Philippines could benefit from such professional development programs to improve their capacity to educate for social responsibility. Such programs are unusual as current opportunities for continued professional development largely focus on the more technical and clinical aspects of the discipline.

2.3.7. Physical Therapy Education

For PT education, only a few studies investigated educating for social responsibility. The studies cited here all involve some form of service learning to foster outcomes related to social responsibility. Feld et al. (2021), for example, compared domestic and international service-learning experiences as perceived by Doctor of Physical Therapy students. They found different perceived benefits, i.e., benefits from international experiences included "improved relationship building, social responsibility, citizenship skills, cultural competence, gaining trust of others, and expansion of world view". Benefits from domestic experiences on the other hand included "planning and organizing the experience and improved commitment to the community" (Feld et al., 2021). Despite the positive benefits, it could be difficult for many to gain international experiences given the resources these require.

Reynolds' (2005) study explored the educational outcomes and benefits of a service-learning course among graduates of a Master of Physical Therapy program. The author found that the course was successful in developing not only the established course outcomes, which included social responsibility, but also competencies that were less targeted in traditional clinical education such as competencies in administration, consultation, prevention and wellness, and management in various care delivery systems (Reynolds, 2005).

Another is a qualitative study by Furze et al. (2010) which explored PT students' perceptions about their community engagement experience. The study found that those with a one-time experience of the outreach program had increased self-awareness, self-recognition of their capacity to serve, and recognition of the need for creating change. However, those who volunteered beyond the one-time required participation had deeper gains, i.e., transformation in the way they would practice, a sense of a wider community impact, and an increased awareness of one's potential impact on others (Furze et al., 2010). These results suggest that the extent of transformation in perspectives may depend on the frequency of community engagement experience. However, it is also possible that compared to their peers, those who volunteered to participate beyond the requirement may already have a deeper sense of social responsibility to begin with, which could have prompted them to volunteer.

Another study is on the perceptions of PT and occupational therapy students and faculty members about their participation in a structured community-based service project that utilized an interprofessional model (Peck et al., 2010). This study showed that incorporating interprofessional collaboration in community engagement has potential to increase students' and faculty's awareness about societal conditions in need of service and the role of health professionals in meeting these needs. The learning opportunity also increased their awareness about the need for a holistic perspective in health promotion and the desire to take action and be agents of change. It also increased awareness about the value of interprofessional collaboration and that engaging the community as a partner is central to the implementation and sustainability of a project (Peck et al., 2010). These results are consistent with those of the service-learning review article by McMenamin et al. (2014), such that allowing students to learn from interprofessional community engagement experiences can influence students' perspective about their responsibility to society.

All the educational strategies discussed above show potential in fostering social responsibility among HPE students. More specifically, they show promise in facilitating perspective change about the needs of society and their role in addressing these. Examining our current practice of educating for social responsibility was needed to ensure that adequate efforts are in place to produce socially responsible physical therapists.

2.4. Chapter Summary

Social responsibility, an inherently ambiguous concept, has been defined in health professions in various ways. Many health professions perceived it as a duty owed to society

in exchange for the professional status and trust the public has granted these experts. Some health professions also perceived social responsibility as an ethic centred on care and altruism wherein service to society is driven by genuine concern for the well-being of all its members. Many health professions also viewed social responsibility as a moral imperative to uphold social justice in health wherein the focus is on participating in efforts to change the social structures contributing to health inequities.

Some authors suggested that being socially responsible requires more than disciplinary competencies. The demands of the social issues in health require generic, transferable skills to allow individuals to think critically about these social issues, solve unique problems effectively, work with people of different professions and backgrounds, and be culturally competent. Some authors also suggested the need for empathy, critical consciousness, and broader ethical thinking to enable a deeper understanding of social inequities in health and a deeper appreciation of one's role in addressing these.

For PT, the profession's role for the betterment of the wider population has been recognised as evidenced by several professional organizations' policy statements signifying responsibilities to the public. Social responsibility is regarded by some of these organizations as one of their core ethical principles. In the Philippines, social responsibility is also a recognised ethical framework in PT as evidenced by its being a minimum program outcome for PT students as required by CHED. However, this program outcome is lacking clarity as to what social responsibility for Filipino entry-level physical therapists specifically entails.

Social responsibility has been defined in literature and by professional organizations either in broad terms or in more detail as to what responsibilities it involves. Amidst the innate relativeness of social responsibility as a concept, and the need for it to be contextualized to where it is intended to be applied, it is important to have a shared understanding of what social responsibility means for Filipino physical therapists. This is crucial for setting specific expectations and standards that will guide not only its practical uptake, but also the education of future physical therapists.

A couple of pedagogical approaches had been shown to potentially improve perceptions about social responsibility among health professions students. Most notable is service learning because of its underlying ethos around effecting change both on the student and the partner community through organized community engagement experiences. Fostering critical consciousness and educating about social determinants of health through critical pedagogical approaches were also shown to have an impact on outcomes related to social

responsibility. Some authors also alluded to aligning social responsibility objectives and teaching-learning and evaluation strategies, harnessing institutional commitment towards social responsibility, and capacitating educators in fostering social responsibility among health professions students. Assessment of social responsibility outcomes has mostly been based on self-reports and self-reflections; however, these are inadequate in monitoring behaviour change. There is also a need for assessments to be performed over time to allow for the gradual development of social responsibility outcomes.

Chapter 3: Methodology and Research Process

This chapter discusses the methodologies and research process I have undertaken to implement this research and address its research questions. My approach followed a pragmatist point of view, which allows researchers to opt for research methods based on what will best serve the requirements of their line of inquiry. This approach allowed me to utilise different, yet congruent, methodological philosophies to generate the appropriate knowledge required to address each research question. This led me to use a sequential qualitative design for this study wherein the research procedures were divided in two phases. The first phase addressed the first two research questions using methods guided by a constructivist perspective, and the second phase addressed the last two research questions and involved the use of methods guided by a participatory form of inquiry.

The first section of this chapter discusses in detail this study's methodological underpinnings and their compatibility in addressing the study's research questions. These show the justifications for the methodologies chosen to guide the research process. The second section discusses the research process implemented.

3.1. Pragmatist Methodological Underpinning

I realized that my approach with research is to use the methodologies necessary for a particular line of inquiry or research purpose. With this approach, I acknowledge that research inquiries dictate the nature of knowledge to be sought, and therefore require flexibility in ways of knowing. My research approach generally aligns with the principles of pragmatism, and this is the overall framework that guided my decisions on the methodologies of this current research. Pragmatism is broadly understood in research, particularly mixed methods research, as choosing and combining methods that will help better answer one's research questions (Johnson & Onwuegbuzie, 2004). It recognises the centrality of the research purposes and questions in selecting the methods that would be most functionally effective in investigating these, regardless if these methods are underpinned by the same philosophies or not (Bryman, 2009; Greene & Hall, 2010; Teddlie & Tashakkori, 2011).

Pragmatism rejects traditional dualisms in philosophies (e.g., real vs. unreal, objective vs. subjective, positivism vs. constructivism), and instead endorses pluralism and eclecticism in understanding the world (Greene & Hall, 2010; Johnson & Onwuegbuzie, 2004). It views current truths, which are obtained through experience and experimenting, as provisional; and that absolute truths can perhaps be perceived at the end of history (Greene & Hall, 2010;

Johnson & Onwuegbuzie, 2004). Knowledge, on the other hand, is viewed as constructed and real at the same time because it is based on our experience of the realities of the world (Biesta, 2010; Greene & Hall, 2010; Johnson & Onwuegbuzie, 2004). John Dewey terms this as 'transactional conception of knowledge' because for him, knowledge is not a product of the mind alone; rather, it is a function of our interaction with the world (Biesta, 2010). These ontological and epistemological assumptions reflect less of the traditional philosophical dualisms and more of a middle-ground view of the world, which dismantles the hierarchical and either/or view on the various philosophies. This eclectic and non-dualistic world view of pragmatism aligns with my own view of reality and knowledge, which, as pragmatism encourages, widens my options on how to explore and acquire knowledge and to determine solutions to problems.

Pragmatism is also problem-solving-focused and action- and consequence-oriented (Greene & Hall, 2010; Johnson & Onwuegbuzie, 2004; Rescher, 2020). A pragmatist's inquiry is focused on real-world problems, and the inquiry approach is guided by context and practicality. It is important to have a study design that is instrumentally effective in gathering information and multiple perspectives to inform the problem and possible actions, and to ultimately arrive at results that are actionable and with valuable practical consequences (Greene & Hall, 2010; Rescher, 2020). As discussed in section 1.6, actionable results with potentially valuable consequences to PT education practice are the desired outcomes of this research. This study's purpose and intended impact on practice correspond with the focus and orientation of pragmatism, and thus further support the use of pragmatism as an approach to addressing this study's questions and aims.

Rather than being perceived as a philosophical framework in itself, Biesta (2010) argues that pragmatism should instead be understood as "a set of philosophical tools that can be used to address problems". It provides researchers a pragmatic route for choosing methodologies needed by the research questions. The following sub-section explains the methodological tools I utilized for this study as a result of having a pragmatic view on research inquiry.

3.1.1. Sequential Qualitative Study Design

The objectives of this study were to 1) define social responsibility of Filipino physical therapists from a synthesis of PT experts' views, 2) explore perspectives of faculty members of a BSPT program about their practice of educating for social responsibility using the synthesized definition as a framework, and 3) identify what can be done to better foster social

responsibility among PT students. The first objective addresses the research questions on what Filipino physical therapists' social responsibility means and what knowledge, skills, and values or attitudes it entails. The second objective addresses the research question on how our BSPT faculty perceives its current strategies for fostering social responsibility among PT students. The third objective addresses the research question on what strategies can be introduced to improve the BSPT faculty's current approach to engendering social responsibility. To achieve these, a sequential qualitative design was used for this study. The different nature of inquiry and knowledge required by each research objective and their associated research questions led me to divide the study in two phases and use different methodological philosophies for each. These are discussed in the following sub-sections.

3.1.2. Phase 1: Constructivism-based Methodology.

The questions covered by the first research objective, which was to define Filipino physical therapists' social responsibility, are underpinned by a constructivism-based understanding of reality and knowledge, and hence, also required methods that support such underpinning. Reality and knowledge under constructivism are relative and socially constructed. These are in the form of multiple mental constructions specific to individuals or groups based on their local and specific experiences (Guba & Lincoln, 1994). Multiple, sometimes conflicting, 'realities' and 'knowledge' can therefore co-exist, and the aim of a constructivist inquiry is to understand these constructions or ideas of the world from the point of view of those who experience it (Mertens, 2014). Such take on reality and knowledge is what underpins exploring what social responsibility of Filipino physical therapists means. As discussed in section 2.2, specific conceptualizations of social responsibility among professions and individuals vary depending on the contexts where this concept will be used (Dharamsi et al., 2007, 2011; Hadian Jazi et al., 2019) and on their own values system and beliefs (Dharamsi et al., 2007; Gobodo-Madikizela, 2009). Hence, the alignment between constructivism principles and the relativeness in interpreting social responsibility called for the use of constructivism-based methods in this study.

With a constructivism-based methodology, researchers will also be 'constructing' reality and knowledge based on their interpretation of respondents' own constructions or perspectives (Guba & Lincoln, 1994; Mertens, 2014). To elicit such constructions and arrive at an interpretation of a concept or phenomenon would require interactions between the researcher and respondents and interpretive analytical techniques (Guba & Lincoln, 1994; Mertens, 2014; Moses & Knutsen, 2012). Efforts need to be made to capture multiple

perspectives or mental constructions of respondents in depth to arrive at a more informed interpretation of a concept or phenomenon. Below are the methods chosen for this phase of the study based on these methodological principles.

Methods: Interviewing Physical Therapy Leaders and Practitioners

Interviewing was chosen as the data collection method for this phase because it allows for in-depth inquiry on a topic, thus helping better capture participants' perspectives (Cohen et al., 2007). It is a widely performed data collection method especially in naturalistic inquiries (Creswell et al., 2007) as it enables participants "to discuss their interpretations of the world in which they live, and to express how they regard situations from their own point of view" (Cohen et al., 2007, p. 349) through interactions with an interviewer. This method was apt for the first research objective because of the relativeness of how social responsibility is individually perceived or 'constructed'.

For this study, a semi-structured approach was used for the interviews wherein an interview guide (see Appendix 1) was followed to ensure comprehensiveness of topics discussed, yet still allow flexibility for probing and following leads from responses (Cohen et al., 2007). The interviews revolved around what social responsibility meant to the participants and what they thought this should mean for Filipino physical therapists. They were also asked about the competencies and attributes physical therapists should possess to effectively fulfil their social responsibilities as these help clarify the essence of social responsibility. Participants were also asked about their opinions on preparing PT students for socially responsible practice. One way to build credibility of answers was through iterative questioning to see if participants' answers contradict, align, or elaborate on their previous responses (Shenton, 2004). Hence, participants were also asked for specific instances of social responsibility being demonstrated by them or by others. Asking interviewees for examples or narrations was also useful for concretely illustrating participant's thoughts.

For this phase, leaders and practitioners in the Philippine PT profession were chosen to be key informants. Leaders of the profession were thought to be appropriate informants because with their macro view of the profession and the influence they have on it, their voices are often regarded as an authority in matters pertaining to local PT practice and education. Thus, their thoughts were important to consider in describing what social responsibility means for Filipino physical therapists. These leaders included representatives of the PT profession and education in government and policy-making agencies (e.g., CHED and DOH), and past and present officers of the PPTA.

As earlier mentioned, it is important in constructivism-based research to gather multiple perspectives from various participants to help build a more informed and refined interpretation of the topic at hand (Guba & Lincoln, 1994; Mertens, 2014). It is for this purpose that PT practitioners were also invited to participate in the study and share their perspectives. They were the ones who could provide insights about social responsibility of Filipino physical therapists from a more practical viewpoint as they experience first-hand the realities of PT practice. Representatives from different practice areas (e.g., education, geriatric practice, paediatric practice, mental health, etc.) and settings (e.g., community-based, home care, hospital, clinics, public/private settings, etc.), particularly officers of the PPTA special interest groups, were invited to capture variations in perspectives.

Their responses were then analysed and synthesized using thematic analysis, which is an interpretive method of deducing meanings from textual data (Braun & Clarke, 2006; Guest et al., 2011). This method also aligns with the principles of constructivism because it allowed me to 'interact' iteratively with the data and 'construct' the meaning of social responsibility based on my interpretation of the participants' responses. A more detailed description of the procedures for this phase is presented in the Research Process section below.

3.1.3. Phase 2: Participatory-based Methodology.

This phase addressed the second and third research objectives, which were to explore perspectives of a BSPT program's faculty members about 1) their current practices of educating for social responsibility and 2) improvements in these practices. The research questions covered by these objectives, especially the question on the strategies that can be introduced to improve practice, required practical knowledge that would be of direct benefit to the participants and their practice. The participatory paradigm is useful for this type of knowledge as this paradigm emphasizes the co-construction of knowledge that is of meaningful impact on the lives of those involved in the phenomenon because of their democratic participation and collaboration in the inquiry process (Heron & Reason, 1997; Higginbottom & Liamputtong, 2015). As such, this paradigm guided this phase of the study.

The participatory paradigm of inquiry places our interaction with the world at the centre of knowing. It is underpinned by a "subjective-objective" ontological assumption, that is, as John Heron stated, "it is subjective because it is only known through the form the mind gives it; and it is objective because the mind interpenetrates the given cosmos which it shapes" (in Heron & Reason, 1997, p.279). It suggests that reality is a function of our participation or transactional encounter with the cosmos, where, as Henryk Skolimowski put

it, “things become what our consciousness makes of them” (in Heron & Reason, 1997, p.280). With this worldview, Heron and Reason (1997) suggest that individuals acquire knowledge by engaging in four ways of knowing. These ways of knowing are experiential (knowing through direct encounter with an entity), presentational (expressing intuitive grasp of the world through imageries), propositional (making sense of experiential knowing through propositions), and practical knowing (knowing how to do something; leading to purposive actions) (Heron & Reason, 1997; Higginbottom & Liamputtong, 2015). The interaction between these ways of knowing suggests that our active participation is the articulation of our intuitions and propositional knowledge, and that active participation is also the means to validate and cultivate these forms of knowing. Heron and Reason (1997) argued that critical subjectivity is also essential in knowing as it offers a self-reflexive attention that analyses these forms of knowing to avoid limiting our knowing and to continuously refine our understanding of and participation in the world.

Because our knowing and critical subjectivity are set within a wider shared context, our critical subjectivity extends to and is enhanced by critical intersubjectivity, which includes knowledge creation through shared experiences and interactions with other individuals. This justifies the collaborative form of inquiry in the participatory paradigm (Heron & Reason, 1997; Higginbottom & Liamputtong, 2015). It is therefore intrinsic in participatory research that knowledge is co-created through a collaborative process between the researcher/s and participants. This is because, in this paradigm, those who are affected by the issue being studied are regarded as the most knowledgeable of their own realities, and are hence the best people to articulate their experiences and knowledge as research evidence (Higginbottom & Liamputtong, 2015; Vallianatos, 2015). This reflects the bottom-up approach of participatory-based research wherein not all authority and knowledge are controlled and generated by the researcher. These are instead shared with participants as agents of their own experience (Higginbottom & Liamputtong, 2015). To help fully express their experiences and generate knowledge, participants of participatory-based research have the right to participate in the design of the research that is meant to gather knowledge about them (Heron & Reason, 1997). Participants are considered co-researchers because of this right to be actively engaged in the research process. Researchers, on the other hand, become co-subjects as knowledge generated from the research is also grounded on the researchers’ experiential knowledge (Heron & Reason, 1997). There is collectivism in participatory-based

research because of the collaborative co-construction processes that take place between participants and researchers.

There are several approaches to participatory research (e.g. participatory action research, appreciative inquiry, cooperative inquiry, etc.) used in various studies for different purposes and with various population groups (Higginbottom & Liamputtong, 2015). These approaches continue to grow as the participatory research methodological genre continue to be used with diverse populations and situations (Cousins & Whitmore, 1998). This study broadly followed the principles of Heron and Reason's cooperative inquiry, which has also been the basis of the many participatory-based inquiries in literature (Heron & Reason, 1997). This explains the similarities between all these approaches, including the approach taken in this study. For example, this study is similar to the action research methodology such that both are grounded on experiential understanding of practice problems and meaningful collaboration to create practical knowledge (Coghlan & Brannick, 2014; Heron & Reason, 1997; Kemmis, 2009). However, central to action research is its systematic, cyclical process of deliberate action and reflection to investigate a practice issue (Coghlan & Brannick, 2014; Kemmis, 2009). This study's objectives do not include yet the investigation of enacted changes in practice and, thus, do not require the entire cyclical process of action research.

Cooperative inquiry draws on the epistemological assumptions of the participatory paradigm wherein critical subjectivity is enhanced by critical intersubjectivity (Heron & Reason, 1997). In a cooperative research, individuals come together to collaborate on identifying what and how to know, i.e., propositional knowing (Heron & Reason, 1997), which was the basis for this phase of the study. They then apply this propositional knowledge in practice to form practical knowing. This new experience forms new knowledge (experiential knowing), which they will be able to express through various ways (presentational knowing). These feed into a revised propositional knowing and their critical subjectivity. While this study was only focused on propositional knowing, the goal is to still involve the participants in cycling through the other forms of knowing together even beyond this current research as we work towards improving our practice. This study forms the groundwork for the succeeding practical, experiential, presentational, and revised propositional knowing, and further cooperative inquiry.

Methods: Collaborative Discussion with Colleagues

As discussed in section 1.5, my main motivation for this study is to contribute to the improvement of educating PT students for social responsibility starting with my academic

institution. Using the participatory logic, for education practice improvements to occur, it is necessary to engage those who are directly involved with the practice and who have tacit knowledge of the institution to generate strategies that can be supported by the institution and its members (Glass, 2013). Hence, the participants for this phase were some of my faculty colleagues. As discussed in section 1.5, the unique leadership context of our university and the importance it places on social responsibility warrant the exploration of our faculty members' practice of fostering social responsibility. These faculty members are responsible for designing, implementing, and evaluating our BSPT program. With their first-hand experience and knowledge of the issue at hand, it was critical to involve my faculty colleagues in collaboratively understanding our practice and in determining and implementing solutions that are of practical value to us and the institution. The collaborative approach enabled me and the participants to know together and share ownership of the results that can be implemented in practice (Heron & Reason, 1997; Higginbottom & Liamputtong, 2015).

The faculty members invited to participate in this study were purposively chosen based on their key involvements in the institution (e.g., involvement in department administrative roles, curriculum development, service programs, student organizations). Their experiences and insights from these involvements are beneficial in understanding the various aspects of our practices related to fostering social responsibility. In addition, those who were holding administrative roles were also in the position to facilitate the translation of knowledge to practice at the institution. As democratic participation is central to the participatory paradigm, there was also a need for an equal mix of senior (higher ranking, at least 10 years of experience) and junior (lower ranking, less than 10 years of experience) faculty members to be involved to ensure inclusion of diverse voices and perspectives in the collaborative inquiry.

There are various models of participatory-based research with a wide difference in terms of design and implementation (Higginbottom & Liamputtong, 2015). One of the differences is in the degree of participation of the participants in the research process (Vallianatos, 2015). Their participation can be as shallow as 'contractual' (with token participation from the participants), to 'consultative' (participants advise or inform the study design), to 'collaborative' (participants and researchers work together but researcher maintains some control), and finally to 'collegial' (power and control are shared between participants and researchers) (Biggs, 1989; Higginbottom & Liamputtong, 2015; Vallianatos,

2015). This study applied a 'collaborative' degree of participation among the participants to provide my colleagues enough involvement to inspire ownership of ideas and commitment to action. Full collegial participation was not possible as some elements related to this phase of the study were already predetermined by me as the researcher (e.g., research objectives, methods). The participants' collaborative degree of participation was exercised by collaborating with me on identifying the questions to be explored for this phase of the study based on what we thought needed to be understood about our practice. We then collaborated on exploring these questions and understanding the issue at hand and identifying solutions for practice improvement.

Focus group discussion (FGD) was chosen as a method for data collection for this phase of the study because of its usefulness in gathering perspectives about a phenomenon or experience that participants share (Wilkinson, 2004). The group dynamics and social interaction that occur during group discussions help illuminate the shared phenomenon and create space for collaboration. Group work or discussions are frequent methods of data collection in participatory-based research because of the collaborative exchange of knowledge that it allows among participants. They also become a source of support and empowerment for each other towards action (Vallianatos, 2015). As democratic participation is primary in participatory research, it is important to ensure that the composition of the focus group does not marginalize any voice from the members of the community (Vallianatos, 2015), or in the case of this study, our department. It is for this purpose that faculty members of different roles and an equal mix of senior and junior faculty members were invited to participate in this phase of this study.

Vallianatos (2015) suggested that the moderator of FGDs can be the researcher, to provide an etic perspective to the discussion, or a trained community member who could provide an emic perspective. For this study, I decided to serve as the moderator. My etic perspective came from the knowledge I had gathered from the prior phase of the study and from literature about educating for social responsibility, while my emic perspective came from insider knowledge about our practices as a member of our department. It was also my responsibility as moderator to ensure a safe space for democratic participation, which are commonly affected by issues related to power dynamics within the group.

As in Phase 1, the discussions were also analysed and synthesized using thematic analysis to deduce meanings from textual data (Braun & Clarke, 2006; Guest et al., 2011). This method also supports the epistemological assumptions of participatory-based research as

it allowed me to construct knowledge based on my interpretation of the textual data and experience being involved in the FGDs. Some form of collaboration with the participants was still exercised during analysis by returning my interpretations to them for feedback (i.e., member checking).

Addressing issues of power

As earlier discussed, power and control in participatory research is devolved from the researcher and shared with participants. However, there is a common perception, especially among research participants, that researchers hold the authority in research and knowledge generation (Higginbottom & Liamputtong, 2015; Vallianatos, 2015). This meant that I as the researcher needed to be cautious about exuding unnecessary control over this phase of the study and the participants, and to inspire confidence and trust from them to participate freely.

As this is a research involving colleagues, another source of power differential was my dual role in this research, i.e., as a practitioner-researcher. This role posed issues of power and bias because of the potential influence of the professional and friendly relationships I have with the participants and my ideologies about our practice and educating for social responsibility in general. Another power issue is the differences in work roles and status among the participants. Issues with power dynamics are common in participatory and work-based research because members of communities or workplaces who come together to discuss practice issues are inherently of different backgrounds and status (Costley & Gibbs, 2006; Vallianatos, 2015). Communities and workplaces, like ours, have their local power dynamics, and these power differentials threaten participants' democratic participation. Researchers need to be wary of these issues to truly reflect the sharing of control and responsibility in the collaborative process (Higginbottom & Liamputtong, 2015; Vallianatos, 2015).

To address these issues of power and bias in this phase of the study, I needed to be transparent about my dual role, the issues it poses, and my ideologies. I also needed to be reflexive about my actions and thoughts in relation to this research, and to ensure that participants' involvement is uncoerced. To ensure democratic participation, I, along with the participants needed to openly acknowledge the existence and potential influence of our differences in power, and to commit to a respectful and truthful discussion and being open to differing perspectives (see section 3.2.4.2).

3.1.4. Methodology Summary

The section discussed the underpinning methodological frameworks for this study. This study was guided overall by a pragmatist approach to research wherein serving the research purpose and questions is central to deciding its methodology. The pragmatist approach allowed me to adopt two different, yet compatible, methodologies for this study, which were implemented through a sequential qualitative study design involving two phases. Phase 1 was to address the first objective of clarifying what social responsibility of Filipino physical therapists means through constructivism-based methods of interviewing PT leaders and practitioners and an interpretative analysis of data through thematic analysis. Perception of social responsibility is relative to each person and as such required a constructivism-based methodology to gather multiple perspectives about the concept. Phase 2 was to address the second and third objectives of exploring our institution's practice of educating PT students for social responsibility and potential for improvement. These objectives called for the participation of those involved in the said practice to co-understand our practice and co-create actionable knowledge that were to be of direct impact to our practice. This required a participatory-based collaborative form of inquiry implemented through collaborative focus group discussions with my colleagues. Issues related to power dynamics between me as the researcher and the participants and among the participants themselves were important to manage to ensure their true democratic participation. Thematic analysis was also used to analyse Phase 2 data. The next section details the research process implemented based on the aforementioned methodologies.

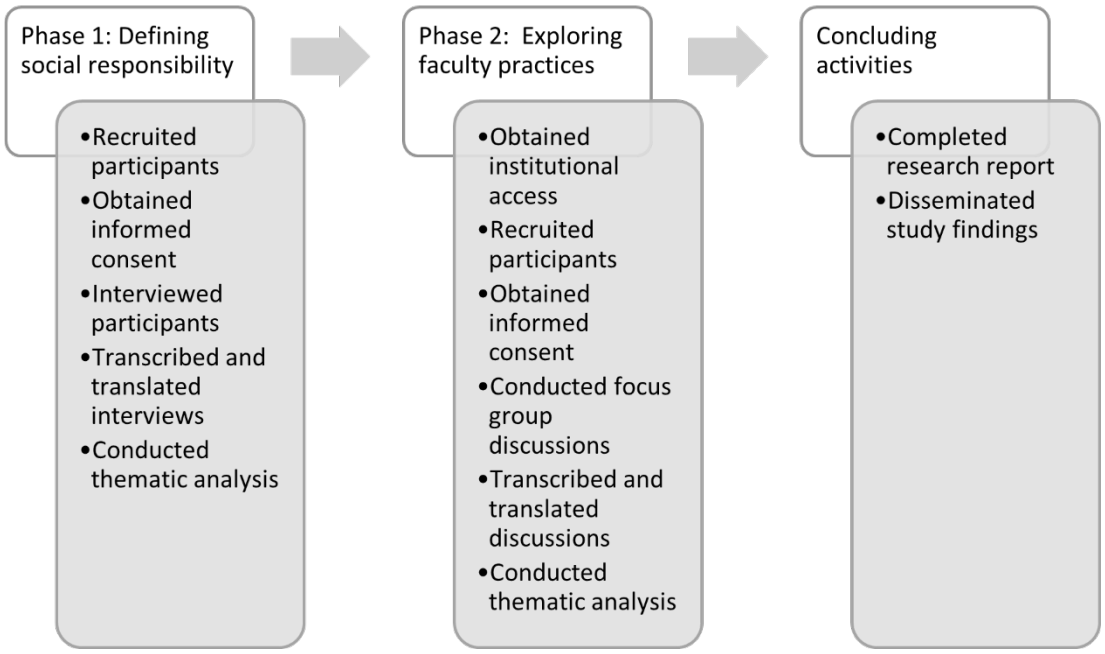
3.2. Research Process

Below are the procedures of each phase of the study. A diagrammatic workflow of the procedures is shown in Figure 1.

3.2.1. Phase 1: Defining Social Responsibility

As discussed in section 3.1.2, in seeking to understand what social responsibility entails, this phase inquired into the interpretation of the concept of social responsibility from various individuals in the Philippine PT profession.

Figure 1 Workflow of Research Process



Participants

As mentioned in section 3.1.2.1, participants for this phase were purposively sampled among leaders in the Philippine PT profession and among PT practitioners. The selection criterion for inviting PT leaders was if they were representing the profession in policy-making and regulating government agencies (i.e., CHED, Department of Health, and Philippine Regulatory Commission) during the time of data collection, or if they were serving as an officer in the PPTA, including special interest group heads and regional chapter coordinators. The selection criterion for inviting PT practitioners was if they were practicing PT in any field or setting, including the academe, regardless of years of practice. They were selected from the PPTA special interest groups (i.e., education, paediatric PT, geriatric PT, orthopaedic and manual PT, neurologic PT, Filipino physical therapists in government settings, community-based rehabilitation, and sports) to cover the more common areas of interest or advocacies in Philippine physical therapy. An initial set of potential participants were identified from known PT leaders and through my professional contacts. Further physical therapists invited were suggested by previously interviewed participants. They were invited via email or through their known social media accounts. Invitations to participate were sent in tranches which started with the PPTA officers and PT representatives in government or national policy-making agencies during the time of data collection. Signed informed consent was obtained via email prior to commencing data collection. A sample

participant information sheet and consent form are shown in Appendix 3 and 4, respectively. Target recruitment was set at minimum 10 participants or until data saturation was reached, wherein no new data arose, suggesting that further data collection was unnecessary (Saunders et al., 2018).

Twenty-three (23) PT leaders and practitioners were invited to participate in this phase of the study. I was not able to invite all PPTA regional chapter Coordinators as I was not able to obtain their contact information. A total of 16 agreed to participate and were interviewed. Nine (56%) were female and seven (44%) were male. This gender proportion is in line with the gender profile of Philippine PT wherein 66% are female (World Physiotherapy, 2021b). As data saturation was apparent from the 13th to 16th interviews and the sample of participants was sufficiently wide, with participants representing a range of roles and areas of practice, no further data collection was done after the last interview. Most of the participants held multiple PT roles or functions, which allowed them to contribute to the interview from multiple perspectives. For example, although most of them were primarily educators, many of those educators were also involved in key leadership, advocacy, policymaking, and/or clinical practice roles. Table 5 shows the different PT roles, fields, and settings the participants practice in and the number of participants involved in each of them. Table 6 shows the main professional involvements of each participant.

Five (5) of the participants held positions as PT experts in Philippine government agencies such as the CHED, DOH, and PRC. Ten (10) of the participants held leadership positions in PPTA, including its Special Interest Groups (SIG) and regional chapters. Some of these participants were also educators and/or practicing clinicians and were from various practice fields and settings. There were 12 participants who were educators, and among them, seven (7) had teaching roles, while five (5) held school administrative roles. Other participants were practitioners, who were also clinic executives and PT department managers in hospitals, and were able to provide further real-world perspectives about the social responsibility of Filipino physical therapists. Overall, the sample is deemed as sufficient in representing the main areas in this phase's selection criteria.

Table 5 Number of Participants According to Practice Roles, Fields, and Settings

Physical therapy practice roles, fields, and settings	Number of participants (%)
Physical therapy roles	

Physical therapists in national government agencies	5 (31)
Leaders in PPTA	
PPTA officers and directors	6 (38)
Special interest group heads	3 (19)
Regional chapter coordinator	1 (6)
Clinical practitioners	8 (50)
Educators	12 (75)
Administrator	5 (31)
Teacher	7 (44)
Physical therapy practice based on area/field	
Community-based rehabilitation	2 (13)
Academe	12 (75)
Geriatrics	1 (6)
Mental health	1 (6)
Neurologic rehabilitation	3 (19)
Special education/paediatrics	1 (6)
Physical therapy practice based on setting	
Colleges and universities	12 (75)
Community-based	2 (13)
Home-based	3 (19)
Private clinic	1 (6)
Public/government clinic	1 (6)
Private hospital	1 (6)
Public/government hospital	2 (13)

Table 6 Main Professional Involvement of Phase 1 Participants

Participant code	Main occupations
Participant 01	PT representative in government agencies; Education administrator
Participant 02	PT representative in government and other agencies; Practitioner
Participant 03	PPTA SIG Head; Education administrator
Participant 04	PPTA officer; Educator; Practitioner
Participant 05	PPTA officer; Education administrator
Participant 06	Department Head, hospital; Practitioner

Participant 07	PT representative in government agencies; Educator
Participant 08	PPTA officer; Educator
Participant 09	PPTA officer; PT representative in government and other agencies
Participant 10	PPTA SIG Head; Education administrator
Participant 11	Clinic manager; Working with non-government agencies
Participant 12	Practitioner; PPTA SIG Head
Participant 13	Department Head, hospital; Practitioner
Participant 14	PPTA officer; Education administrator; Clinic manager
Participant 15	PPTA officer; Practitioner
Participant 16	Educator; PPTA Regional Chapter Coordinator

PT – physical therapy; PPTA – Philippine Physical Therapy Association; SIG – Special Interest Group

Data Collection

Participants were interviewed to gather their perspectives on the social responsibility of Filipino physical therapists and the requisite knowledge, skills, and/or attitudes needed to enact social responsibility. The interview guide questions are shown in Appendix 1. Interviews were scheduled according to the availability of the participants. Each interview lasted for at most 2 hours and was conducted online through a video conferencing program (i.e., Zoom). The COVID-19-related government restrictions then did not allow for the usual face-to-face interviews to occur. Interviews were recorded using the recording feature of the Zoom software and were transcribed for analysis. Interviews were conducted from September to November 2020.

As it is usual in the Philippine PT profession to use a combination of Filipino and English when conversing, participants were allowed to use both languages during the interviews. Main questions from the interview guide were asked in English, then taking cues from how the participants responded, I shifted between English and Filipino or a combination of the two languages as necessary when asking probing questions. All participants have good proficiency in the English language as English is one of the official languages of the Philippines and the primary medium of instruction in Philippine education.

The repetitive nature of data collection for this phase allowed me to reflect on how I conducted the interviews and adopt changes based on these reflections. One of the things I realized was that I was giving too many affirmative responses (e.g., “yes”, “mm-hm”) that

often spoke over interviewees' words rendering these inaudible. I also noted that I sometimes gave these affirmative responses too early into the interviewees' responses that they no longer completed their thoughts, assuming perhaps that I already understood what they meant. I corrected this for the subsequent interviews. I also requested for clarification for the responses I inadvertently spoke over or cut because of my affirmative utterances when I returned their transcripts for checking. Another realization early on was that I was sharing my own opinion during the interview. This was corrected in the next interviews by consciously avoiding sharing my opinions to ensure that the data gathered were from interviewees' own thoughts.

Data Analysis

All participants used both Filipino and English, which required me to translate all interview transcriptions to entirely English to improve its accessibility in the said language. Many words did not require translation as they were consistently uttered in their English form, including 'social responsibility' (other examples: physical therapy, community-based rehabilitation, curriculum, etc.). There was no Filipino translation for social responsibility introduced during the discussions. However, there was a Filipino word (i.e., *'pakikipagkapwa',* an approach argued by CBR practitioners to be important for community engagement, loosely translates to fellowship or relating with other people,) and an expression (i.e., *'naku!',* which is an interjection that was used to express frustration or dismay on the current situation) that were not translated and were coded as is because of the lack of a direct English translation for these.

As translating already involves interpretation of participant responses, there is a need to reduce the risk of losing the original meaning of responses during translation (van Nes et al., 2010). For this study, translated interview transcriptions and their coding were returned to participants to confirm their accuracy. They were requested to check whether the translated versions reflect their original thoughts and to comment on whether the codes accurately represent their responses. Out of the 16 translated and coded transcriptions sent to participants for checking, eight (8) were returned with confirmation from participants of their accuracy and equivalence with their own thoughts. Two (2) of them also provided additional input through e-mail, which were then added to their transcribed responses.

Translated transcriptions of the interviews were analysed through thematic analysis to explore the meanings and ideas within the textual data (Braun & Clarke, 2006; Guest et al., 2011). Thematic analysis is an analytical procedure that entails identifying, interpreting, and

describing patterns (themes) of meaning across a data set that are key to the research questions (Braun & Clarke, 2006; Guest et al., 2011). Braun and Clarke (2019) conceptualized themes as "patterns of shared meaning" underpinned by a "central organizing concept" (p. 593). For this study, thematic analysis involved coding interesting features within the data. Examples of interesting features within the data included those that suggest and/or illustrate participants' notion of social responsibility, stories that relate to ways of manifesting social responsibility, and local PT practice and health care system factors that influence social responsibility. Particularly interesting are the features that highlight the uniqueness of the Philippine PT context as these contribute to the shaping of a more contextualized understanding of social responsibility of Filipino physical therapists. Similar codes were then collated into sub-themes, which were then further collated to form wider encompassing themes.

Data analysis was done iteratively as new interview transcriptions became available. This allowed me to engage more with the textual data, review previously formed codes and sub-themes, and refine these based on newly acquired data. New transcripts were first coded without reference to previously analysed transcripts to avoid being influenced by previous results. Codes from previously analysed transcripts were then reviewed for similarities or deviations with the new codes, and similar codes were then collated into clusters (sub-themes). These steps were done for all the transcripts. This iterative process also allowed me to check for emerging trends in responses and for data saturation. After reviewing and refining the codes and clusters, themes were given labels that reflect their overall essence. These procedures were done using the software NVivo 12 (QSR International, 2018). Examples of coding and collation of codes into sub-themes and themes are shown in Appendix 5. Themes formed have one to two tiers of sub-themes (as illustrated in Table 8 and Appendix 7) depending on their essence and the range of codes that these encompass. Records of my earlier iterations of analysis as well as reflections throughout data collection and analysis were kept allowing me to retrace and evaluate my steps and to adjust as needed (see data collection reflections above as examples) (Braun & Clarke, 2006).

3.2.2. Phase 2: Exploring Faculty Practices

As discussed in section 3.1.3, this phase used a collaborative form of inquiry to understand our faculty's current practice and to co-create actionable knowledge that were to have direct benefit to our practice of educating PT students for social responsibility.

Participants

Six (6) out of the 13 on-duty full-time faculty colleagues were invited and agreed to participate in this phase of the study. This number of participants has been suggested to be optimal for generating and managing responses in an FGD without overwhelming or undermining any of the members (Wilkinson, 2004). The selection criteria for purposively selecting potential participants were their involvements in key roles in the college (i.e., department administration, curriculum development, leadership and implementation of service programs, and advising student organizations) and their years of experience in the academe. The key roles identified were deemed to have a stake in the issue particularly in terms of ensuring translation of knowledge to improve our practice in the institution. Years of experience was also considered to ensure diversity in this aspect. The intent was to have equal number of senior and junior faculty members in the group of participants. The invited participants' years of experience teaching PT students at the university ranged from 3 to 30. Three of the participants have at least 10 years of teaching experience with the institution, while the rest have less than 10 years of teaching experience at the university. Table 7 shows the roles and rank of each participant. All participants were coincidentally female as my male faculty colleagues were either already interviewed for Phase 1, were on study leave, or were about to leave the institution. Overall, the participants sufficiently covered the selection criteria. Potential participants were invited via email and were requested for their signed informed consent forms prior to starting data collection (see sample participant information sheet and informed consent form in Appendix 3 and 4).

Table 7 Phase 2 Participants' Institutional Involvement

Participants	Characteristics
FGD Member 01	Senior member; Involved in curriculum development, administrative roles, and college service program
FGD Member 02	Senior member; Involved in administrative roles and college service program
FGD Member 03	Senior member; Involved in curriculum development, administrative roles, and college service program
FGD Member 04	Junior member; Involved in a college service program
FGD Member 05	Junior member; Involved in a college service program
FGD Member 06	Junior member; Involved in a college service program and student organization

Data Collection

Focus group discussions (FGDs) were conducted to gather data for this phase. Two FGDs were initially set; however, after noting that a couple of questions were still left unexplored, I invited the participants for another discussion. The participants all agreed to do a third FGD to continue the discussion and to share their final thoughts. Scheduling the FGDs was according to the availability of all participants. Each FGD lasted for two hours. The discussions were also conducted online through a video conferencing program (i.e., Zoom) due to then COVID-19-related circumstances restricting in-person meetings. The FGDs occurred over three days in January 2021. The discussions were recorded and then transcribed for analysis.

Collaboration Process

As earlier discussed, the plan was to involve the participants in generating the questions that the group wanted to explore to learn more about our practice and to determine strategies to improve our practice. It was also the plan to involve the participants in the transfer and translation of the resulting knowledge to practice. I was responsible for moderating the discussions and ensuring free and full participation among all members. Our collaboration resulted in rich discussions and commitment to action. Below are the key points from this collaborative process.

Group dynamics. An essential aspect of a focus group discussion is how the interaction among the group members contributes to the enrichment of the discussion (Higginbottom, 2015). As the moderator, I facilitated the flow of the discussion, making sure that each question was adequately discussed (i.e., no other input was being given after following up on further responses) before moving on to the next topic. To ensure democratic participation, each participant was asked about their opinion on each question. Facilitating this group was unproblematic because of the evident collegial relationship between the members during the discussions. Although there were no apparent disagreements, the members freely and respectfully shared their own thoughts and their reactions or responses to the contributions of other members. While there were some new realizations because of insights from other members, there were mostly agreements and additions to others' contributions as evidenced by expressions of confirmation and affirmation throughout the conversations. The group likewise did not restrict itself from discussing limitations in our practices, which ultimately helped the members suggest ways to improve. As the moderator, I

also probed some responses and contributed ideas based on my knowledge of the topic and my own experience. I also shared some of my own reflections about the topic. This was done not only to introduce another viewpoint to the discussion as part of the collaborative process, but to also remain transparent to the participants about my own views, which was my way of managing the potential bias from my dual researcher-colleague role. In sharing my reflections, I was opening myself up to their critique and alternative views.

The group's dynamics enriched the discussions and brought out views about our current practice and how it can be improved. Sample quotes to illustrate the group dynamics are available in **Appendix 6**.

Generated questions. The participants and I collaborated on determining the questions to be discussed. The objectives of this research served as a guide in generating the questions that framed the discussion. Results from Phase 1 were also used to inform the discussions.

I first presented the codes and themes generated from Phase 1 interviews. The participants gave their reactions to these and were generally in agreement with how social responsibility of Filipino physical therapists was perceived by the interview participants. The group took particular interest in Phase 1 interviewees' perception of how social responsibility can be cultivated in PT education and noted some similarities and differences with the current practices of the department. This served as a springboard to generating the questions to be explored by the group. The questions raised and agreed on to be explored by the group are outlined below. Questions 1 to 5 were suggested during the first FGD and were discussed over the three FGDs. Questions 6 and 7 were raised as offshoots of the discussions and were discussed during the last FGD.

1. *How do we get the people that we really want for this discipline? What is our role in attracting these people?* In reference to a result from Phase 1 that PT is viewed as an innately socially responsible profession, a participant raised an issue that if we are able to attract enrolees who are truly aware of and interested in the caring and service orientation of the profession, it will not be as difficult to explain the concept of social responsibility and RSA to them.
2. *How do the faculty feel about being socially responsible and how do they show it to students?* As Phase 1 results suggested that faculty members need to serve as role models to students, a participant raised questions about what being socially

responsible is for the faculty members and how they demonstrate it in their actions or teachings so that students can see them as role models.

3. *What extracurricular activities are we encouraging our students to do?* The participants agreed with the Phase 1 result that service-oriented extracurricular activities are helpful in fostering social responsibility among our students. From this, a participant asked about the role student organizations and faculty advisers can play in creating opportunities for students to engage in service-oriented extracurricular activities.
4. *What specifically are we doing to foster social responsibility among our students?* This question arose from the collective desire to know whether our current practices are effective in fostering social responsibility among our students. However, the group realized that we first needed to know what comprises these current practices that we need to evaluate later for their effectiveness.
5. *How do we assess the development of a sense of social responsibility among our students?* A participant raised a concern about the difficulty of assessing social responsibility among our students.
6. *How are institutional level programs and strategies utilized to foster social responsibility?* The group agreed with Phase 1 results suggesting that students need opportunities to experience and appreciate serving others to help foster social responsibility. Given the several institutional service programs that can be maximized to help foster social responsibility among our students, the group wondered if and how this is being done.
7. *To what extent are our strategies transformative, critical, and experiential?* Based on the Phase 1 result that social responsibility can be cultivated in higher education through transformative, critical, and experiential learning, the group reflected on and discussed the extent to which the education we provide are transformative, critical, and experiential enough to foster social responsibility among our students.

Supplemental data collection. The collaborative process also resulted in the implementation of a supplemental data collection procedure to help address one of the generated questions regarding specific strategies being done to foster social responsibility among our students. For this, the group discussed and agreed on reviewing the mapping of course outcomes that the department created when it was revising its BSPT curriculum in 2016. They also suggested looking at some course syllabi and the BSPT curriculum to inform

the discussion. In anticipation that such procedures might occur, permission from the College Dean to access such documents was obtained prior to the implementation of this phase of the study.

Reviewing these documents allowed the group to review the courses in which students should be given the opportunity to be introduced to concepts related to being socially responsible and to demonstrate their sense of social responsibility. It also allowed the group to identify what is currently being done in these courses and what changes need to be made to improve how social responsibility is purposefully taught. It also gave the group the opportunity to roughly assess the extent to which the planned threading of social responsibility as a core value and outcome of the BSPT program is implemented.

Commitment to knowledge transfer and translation. Some of the aspects of participatory research wherein participants and researchers can collaborate are knowledge transfer and translation (Higginbottom et al., 2015). Collaborating on this aspect is central to this phase of this study as one of the reasons for adopting a collaborative approach was to co-create knowledge that will have practical value to our practice. Collaborating will allow participants to have a sense of ownership of the knowledge generated, and to consequently commit to its application in practice. The commitment of this group to knowledge transfer and translation was made apparent early on as shown by the actions that had taken place immediately after data collection and analysis.

One of the concrete plans generated from the discussion was to implement the use of a learning portfolio that will help both faculty and students monitor students' progress in achieving the BSPT program outcomes including social responsibility. Immediately after the FGDs, the group, under my lead, collaborated on putting together the guidelines for this portfolio.

Further, as the FGDs coincided with the end-of-semester activities, it was timely for the group to share its reflections and plans with the rest of the department for consideration during their course planning for the succeeding semester. As the results were based on the FGD participants' perspectives, which do not represent the entire department's views, sharing the results with the rest of the department to consult them and to gather their feedback was warranted. I shared with the department during two separate department meetings my preliminary analysis of the results and our plans regarding the use of the portfolio. This sharing elicited from the rest of the department agreements with the results and support for the plans. It also elicited questions particularly about the demands of the use of the portfolio.

This prompted further brainstorming and planning by the group. The group's commitment to continued action is evidenced by the group's submission of an application for institutional support for the pilot implementation of the portfolio and evaluation of faculty resources needed to fully implement it.

In summary, the collaborative process allowed the participants and I to work together in generating the questions that we deemed necessary to learn about our practice, in exploring these questions, and in immediately applying the results of the discussions. The collaborative process resulted in rich and grounded data and facilitated the participants' commitment to knowledge translation. The collaborative nature of the FGDs also aligned with the collegial relationship between the members, contributing to the richness of the discussions.

Data Analysis

As in Phase 1, all participants of Phase 2 used a combination of English and Filipino during the discussions as this was a common way of conversing for us in our department. To improve the accessibility of the results in the English language, all discussion transcripts were translated to entirely English. Similar to Phase 1, no Filipino translation of social responsibility was used during this Phase. Translated discussion transcripts and my coding of these discussions were also returned to my colleagues to confirm their accuracy. This was to reduce the risk of losing the original meaning of responses during the translation process. Participants were requested to check whether the translated versions correctly reflected our discussion proceedings and to comment on whether my codes were accurate interpretations of the group's thoughts. All six (6) participants responded and confirmed the accuracy of the translations and codes.

As in Phase 1, transcriptions of the FGDs were subjected to thematic analysis (Braun & Clarke, 2006), wherein the relevant features of the data were coded and then sorted into themes that capture shared meanings within the collated codes. For this phase of the study, relevant features of the data included stories and reflections that contribute to characterizing our practices for fostering social responsibility (e.g., strengths, limitations, specific strategies), and those that inform about strategies for improvement. As the highlight of group discussions and the collaborative approach is the social interaction that allows knowledge to be co-created (Higginbottom, 2015), group dynamics (e.g., consensus, dissention) during the discussion were also considered in the analysis. The same procedures of sorting codes into sub-themes and wider encompassing themes as in Phase 1 were applied here. Data analysis was also done iteratively as new discussion transcriptions became available. This allowed me

to review previously formed codes and sub-themes and refine these based on newly acquired data. This also allowed me to present my preliminary analysis to the group for their comments prior to the start of a new FGD. Sharing with them the preliminary results also helped us build on what was previously discussed.

After the end of data collection, all codes and sub-themes from all three discussions were reviewed and refined and sorted into themes. These themes were given labels that reflect their overall essence. As in Phase 1, themes formed here also have one to two levels of sub-themes (as illustrated in Table 9 and Appendix 8) depending on their essence and the range of codes that these encompass. An example of the thematic analysis process is shown in Appendix 6, which also illustrates the group's dynamics. These procedures were performed using the NVivo 12 software (QSR International, 2018). Records of my earlier interpretations as well as reflections throughout data collection and analysis were also kept for this phase to enable me to evaluate my steps and to make adjustments as appropriate (Braun & Clarke, 2006).

3.2.3. Trustworthiness of the research

The conventional criteria used to evaluate the rigor of quantitative research, i.e., validity, reliability, and generalisability, are not directly applicable to qualitative research because of their differences in underpinning methodological frameworks (Guba, 1981; Kitto et al., 2008; Lincoln, 1995; Shenton, 2004). It is because of this that a different set of criteria, which correspond to similar issues of validity and reliability in quantitative research, is being used to judge whether a qualitative research is worthy of the readers' trust. Trustworthiness pertains to the rigour and quality of a study, which puts into question the truth value, applicability, consistency, and neutrality of the study (Guba, 1981). The criteria for trustworthiness that have been suggested in literature are credibility, transferability, dependability, and confirmability (Guba, 1981; Lincoln, 1995; Shenton, 2004). For participatory research, on the other hand, Heron and Reason (1997) suggested that its quality lies in the congruence between the different forms of knowing that ultimately leads to practical knowing. The nature of each criterion and how these were ensured in this study are discussed below.

Credibility

Credibility deals with the congruence of the research findings to the reality of the phenomena under investigation (Guba, 1981; Shenton, 2004). Guba (1981) and Lincoln

(1995) suggested this to be one of the most important criteria to establish for trustworthiness. The task of researchers to ensure credibility of their study is to promote confidence that the findings are accurate records of the phenomena through their research processes. It is equivalent to addressing issues of internal validity in quantitative research wherein researchers ensure that the study uses methods that accurately investigate what is intended to be investigated (Shenton, 2004).

For this study, one of the ways credibility was ensured was by employing methods that are appropriate for the study's line of inquiry and have been seen to be successfully utilised in similar studies. As earlier discussed, interviews and FGDs are widely used methods of data collection for constructivism-based and participatory-based studies, respectively, because of their utility and alignment with the principles of these methodological paradigms. Thematic analysis is also a widely used analytic method for qualitative research as it aids researchers to engage in and highlight the essence of rich textual data.

Triangulation was also used for both phases of the study. For Phase 1, there was triangulation through the involvement of different informants. Shenton (2004) considers this triangulation via data sources because of how individual viewpoints can be verified against others' viewpoints and how these different views form a detailed picture of the topic being investigated. Collecting insights not just from PT leaders, but also from PT practitioners ensured that multiple and wide range of perspectives are considered in this study. For Phase 2, reviewing curricular documents contributed to adding credibility to how we perceived our practice to be.

Member checking, or response validation, was also used to ensure that the results accurately reflect the insights and experiences of the participants (Higginbottom, 2015; Mertens, 2014; Shenton, 2004). For this study, participants were requested to review our interview and discussion transcripts and my coding of their responses, and to affirm my accounts and interpretation of the data. Those who responded to my requests for member checking all confirmed the accuracy of my accounts and agreed with my interpretation of their responses. For Phase 2, this procedure also reinforced the co-creation of knowledge as they affirmed that how the discussions were analysed and synthesized reflected the main points of our discussions and what we learned about our practice.

Transferability

As qualitative studies are often specific to a particular context and are smaller in scale, empirical generalisability that is usually sought from larger quantitative studies is not possible (Shenton, 2004). Especially with work-based, participatory studies like this current study, research is bound within the context of the participants, and findings are only directly applicable to their context. However, it is still possible for readers to relate and transfer these results to their own contexts if they find enough similarities between their situation and the context described in the research (Guba, 1981; Shenton, 2004). To encourage transferability of findings, there is a need for researchers to provide sufficient information about the context wherein the study was situated to enable readers to infer about the applicability of the findings to their own context (Guba, 1981; Shenton, 2004). For this study, contextual information is provided in Chapter 1 about the local health care situation, PT practice, PT education, and our academic institution and BSPT program. Information is also provided in this chapter about the characteristics of the participants and the research processes implemented. These contextual and procedural information could guide readers in relating the study findings to their own situation.

Dependability

Dependability is established in a qualitative research when readers can thoroughly understand the methods employed and assess whether proper practices were followed by the researcher (Guba, 1981; Shenton, 2004). This criterion corresponds to reliability in quantitative research wherein readers will be able to repeat the study and arrive at similar results. Although this is not possible in qualitative studies, which are often highly contextualized and wherein the phenomena investigated is ever-changing, it is still important for readers to be able to depend on the methods of the study. Dependability can be established through transparency in the description of the research processes to demonstrate procedural rigour (Kitto et al., 2008; Shenton, 2004). Such description of the research design and processes implemented in this study and the rationalizations behind these are discussed in detail in this chapter.

Confirmability

To establish confirmability is to ensure that the study's findings reflect the ideas and experiences of the participants, rather than that of the researcher (Guba, 1981; Shenton, 2004). For this study, member checking helped ensure the study's confirmability as participants affirmed that the transcriptions and coding of data correspond to their own

perceptions. I also kept a memo of my interpretations and reflective comments, and decisions, which allowed me to retrace and appraise my steps throughout the study (Braun & Clarke, 2006; Higginbottom, 2015). Preliminary iterations of the results of my analysis were also shared with my thesis supervisor for review and advice regarding my interpretation of the data.

In Phase 1, data collection and data analysis were also done in an iterative process. This allowed me to find some ambiguities in participants' responses, which were left unnoticed during data collection, and to request for participants' clarification. These clarifications were also transcribed and included in the analysis. Iterative data collection-analyses were also done for Phase 2 which allowed for the group to clarify and build on the results of the previous discussions.

Quality in Participatory-based Research

According to Heron and Reason (1997), quality of participatory-based research lies in the "congruence of experiential, presentational, propositional, and practical knowing", and in research that "leads to action to transform the world in the service of human flourishing" (p. 290). Primary in participatory research is practical knowing, i.e., "knowing how to choose and act…to enhance personal and social fulfilment and that of the eco-networks of which we are part" (Heron & Reason, 1997, p. 287). Although the purpose of Phase 2 of this study was exploratory resulting mainly in propositional knowing about our practices, as earlier discussed, the collaborative process in Phase 2 also led to concrete actions by the participants and their commitment to change. Participants' congruence in knowing was, therefore, demonstrated by the knowledge they shared about our practices based on experience and prior propositions (experiential and propositional knowing), expressed through words during discussions (presentational knowing), which ultimately re-shaped our shared propositional knowledge about our practices and inspired concrete actions to improve our practice (practical knowing).

3.2.4. Ethical Considerations

Costley and Gibbs (2006) argued that participants, who are in a vulnerable state of being subjects of a research, trust that researchers do not exploit them and abuse their authority. Because of this trust, it is the moral obligation of practitioner-researchers to actively care for their participants through their chosen research processes and decisions (Costley & Gibbs, 2006). Ensuring ethical practices in research is also one way of ensuring

the study's trustworthiness (Lincoln, 1995; Lincoln et al., 2011; Rossman & Rallis, 2010). According to Rossman and Rallis (2010), trustworthiness should also be judged based on proper dealings with relational matters. They defined trustworthiness as "composed of both *competent practice* and *ethical considerations for the participants*" (Rossman & Rallis, 2010, p. 383, emphasis in original). Hence, ensuring ethical research practices contributes to the dependability and overall credibility of the research.

I value the trust that the participants and the institution placed on me when they agreed to participate in my study. My efforts to manage ethical considerations in this study are reflections of my care for my participants and the value I place on their trust. This section outlines the strategies taken for this purpose.

Ethics Approval

This study received ethics approval from the research ethics review boards of the University of the Philippines Manila (UPMREB 2020-411-01) and University of Liverpool (through the Doctor of Education Virtual Programme Research Ethics Committee). The study was designed and implemented in concurrence with the ethical norms of both committees and data protection legislations of both the Philippines and UK (see Appendix 2 for ethics approval letters, and Appendix 3 and 4 for a sample participant information sheet and informed consent form).

Power Differentials and Researcher's Dual Role

In Phase 2, my practitioner-researcher role posed issues of bias, but it was managed by remaining transparent about my dual role, being reflexive, revealing to the participants my ideas for transparency and for critique, and ensuring that the findings accurately reflect our collective insights.

My dual role also posed a power differential issue between me and the participants. My role as the researcher could have been perceived as a position of authority. I recognised their potential perception of vulnerability because of this as they were asked to participate in the discussions and disclose their thoughts about themselves and about our collective practice to me and the rest of the group. My role as their colleague, especially being an Assistant Professor, my years of work experience, and being a former Chair of the PT Department, was also a source of power issues. I was of higher seniority than three of the focus group members and lower seniority than the other three. This professional power differential was also existing among the participating faculty members because of the differences in their ranks

and positions in the institution. These power differentials posed further vulnerabilities and were threats to the participants' full participation in the group discussions. However, having participants of different seniority was intentional to explore the issue from different roles and perspectives. Aside from ensuring voluntary participation, these were managed by discussing these issues with them so that it was openly acknowledged by all participants, and by asking all participants to verbally guarantee their commitment to respectful, democratic, and truthful discussions, as well as being open to differing perspectives. This guarantee was recorded as part of the discussion. As the discussion moderator, I also ensured that all participants were given opportunities to express their ideas.

Access

Permission to conduct Phase 2 among my colleagues and to access its resources and relevant documents, e.g., curricula, course syllabi, and instructional designs, as necessary, was obtained from proper institutional authorities through a written informed authorization. They were assured that all information gathered from the institution are only to be used for the purpose of this study and will always be kept confidential and private.

Autonomy and Respect for Persons

Informed consent from all invited participants were obtained prior to the implementation of the research to assure voluntary participation. Through a participant information sheet, they were informed of the purpose of this research, the nature of their participation, measures to be taken for keeping the confidentiality and privacy of all their information, their right to withdraw at any time during the study without any form of repercussion to them, the benefits and risks of participating in this research, potential expenses, and any conflict of interest on my part.

Participants were also provided contact information of my thesis supervisor and the ethics review boards whom they can reach for queries about the ethical considerations of this research and in case of breach of research integrity. They were also provided my contact information for questions about the research. They were given adequate time to read the informed consent forms and all included information, as well as an opportunity to ask for clarification.

Confidentiality, Privacy, and Data Management

Participants' identification and responses are kept confidential. However, full confidentiality cannot be guaranteed among participants of the FGDs because of its interactive nature. Focus group members were requested to keep each other's identification and responses private and confidential. In interview and discussion transcriptions, participants were assigned code names to anonymize them. Participants were assured that readers of the resulting report will not be able to attribute responses to any participant. All records of data and responses are in electronic form and are kept in password-protected computer-based storages, which are owned and can only be accessed by me as the researcher. Participants were informed that only anonymized data may be shared to and used by other researchers to support future research. All records of data will be disposed at least 10 years after the conclusion of the research. Data protection is in accordance with the Philippine Data Privacy Act of 2012 and UK Data Protection Act 2018.

Benefits and Risks

Participants were also informed of the potential benefits of the study—that the resulting definition of social responsibility can be used as a framework to inform PT practice and in designing strategies for fostering it among PT students, and that the practical knowledge from Phase 2 has a direct benefit to the participants as these can be used to improve their practice. Participants were also informed that there were no significant risks involved in this study, and that if they felt unhappy or uncomfortable due to their participation in the study, they were encouraged to contact me or my supervisor, or the ethics review committees.

3.2.5. Research Process Summary

This section detailed the procedures implemented for this research. Phase 1 involved interviewing invited PT leaders and practitioners to address the research questions covered by the first research objective, while Phase 2 involved collaborative focus group discussions among some of my faculty colleagues to address the research questions covered by the second and third research objectives. Textual data from both phases were subjected to thematic analysis.

Aside from collaborating on the questions to be discussed, the collaborative process employed in Phase 2 also allowed the focus group to agree on a supplemental data collection procedure, and inspired commitment to action from the participants. The existing collegial dynamics of the participants facilitated the collaborative discussions. The participants'

commitment to action was an anticipated consequence of the collaborative form of inquiry adopted for this phase of the study as it was presumed to facilitate participants' sense of ownership of the co-generated knowledge.

To ensure the rigor of the study, elements of trustworthiness, i.e., credibility, transferability, dependability, and confirmability, were established through various methods. For Phase 2, the congruence of the participants' forms of knowing also reflects the quality of the participatory-based elements of the study. Ethical considerations were also managed to protect the welfare of the participants and to enhance the study's trustworthiness.

Chapter 4. Results

This chapter presents the results of the study. Phase 1 interviews and Phase 2 collaborative FGDs yielded rich textual data which were helpful in addressing the objectives of this study. Six themes were generated from the Phase 1 interviews, which define what social responsibility of Filipino physical therapists means based on the perspectives of PT leaders and practitioners. Three themes emerged from the Phase 2 FGDs that explain the current efforts and changes needed in fostering social responsibility among future physical therapists in our academic institution. The following sections detail the resulting themes of each phase.

4.1. Phase 1: Defining Social Responsibility

This phase of the study was focused on addressing the first two research questions through the first study objective, which was to define social responsibility of Filipino physical therapists from a synthesis of experts' views. Thematic analysis of the participants' interview responses resulted in six (6) themes that describe what social responsibility of Filipino physical therapists means and what it entails. For the participants, social responsibility of Filipino physical therapists is both 1) an altruistic service and 2) a professional duty to society; more specifically, it is 3) being responsive towards the Philippine society's pressing health issues. Another theme that arose from the interviews is one that outlines the 4) influences on the fulfilment of social responsibility. The last two themes explain how social responsibility can be fostered during and beyond PT education. These are 5) cultivation through transformative education, and 6) lifelong nurturing of social responsibility. The themes and the sub-themes that define them are shown in Table 8, and sample codes and quotes illustrating these themes are available in Appendix 7. Each theme is described in the following sub-sections. The order by which the themes are presented and discussed are only for presentation purposes and do not denote levels of importance of the themes. Based on my analysis, all themes are equally important and contribute unique aspects to the essence of social responsibility of Filipino physical therapists.

4.1.1. Altruistic Service to Society

This theme shows how participants viewed social responsibility in general terms as contributing to the improvement of society, an endeavour which for them is usually altruistically motivated. Two sub-themes define this theme. The first depicts participants'

views that social responsibility is contributing or giving back to society by helping improve its conditions. As a participant noted, this includes our responsibility to humanity as human beings, i.e., "making sure that human rights are not curtailed, that every voice is heard" (Participant 07).

The second sub-theme includes participants' views that this social responsibility of contributing to the improvement of society is internally and selflessly motivated as it is usually taken upon oneself, influenced by personal values, goes beyond one's own interest, and is shown through selfless service, particularly to those in need. Sample quotes illustrating this theme are shown in Appendix 5.

Table 8 Phase 1 Themes and Sub-themes

Themes	Sub-themes	
	Tier 1 sub-themes	**Tier 2 sub-themes**
Altruistic service to society	Contributing to the improvement of society	
	Internally motivated endeavour	
A professional duty to society	SR as innate to PT	
	Part of the profession's social contract	
	Contributing based on expertise	
Responsiveness towards societal health issues	Appropriate to context	
	Societal health issues needing solutions	Unequal access to healthcare
		Prevalent conditions and risk factors managed by PT
		Inadequate number of PTs in the country
	Population-based responses	CBR
		Promoting better quality of life for all
		Supporting health-related policies
		Improving accessibility of services
		Participating in disaster responses
	Holistic and compassionate patient care	
	Advocating for the profession	
Influences on the fulfilment of SR	Necessary competencies	PT competencies
		CBR competencies

		Interpersonal skills
		Problem-solving skills
	Facilitative attributes	Critical consciousness
		Broad-mindedness and being reflective
		Flexibility and creativity
		Being outward-looking
		Mental and emotional fortitude
	Hindrances to fulfilling SR	Personal limitations
		Socio-political barriers
		Health care system challenges
Cultivation through transformative PT education	Facilitating perspective and attitudinal transformation	Reflection activities/discourses
		Building critical awareness about self, PT, and the society
		Balancing technical and humanistic aspects in PT education
		Inculcating essential values
		Purposeful teaching
	Learning from experience	Opportunities to practice competencies and serving others
		Longitudinal integration in real-world situations
		Encouraging service-oriented extracurricular activities
	Crucial roles of educators	
	Institutional commitment to social responsibility	
	Challenges in educating for SR	Pedagogical challenges
		Students' economic goals and lack of interest
Lifelong nurturing of SR	Continued experiences of service	
	Continued discourses about SR	

CBR – community-based rehabilitation; PT – physical therapy; SR – social responsibility

4.1.2. A Professional Duty to Society

Participants also perceived that being a professional adds another layer to physical therapists' social responsibility. This quote from Participant 10 encapsulates this theme:

> …there is another layer [to your obligation as a human being] which comes from your being part of a profession because…your contribution to improving the society where you belong will depend on what you know and the skills that you have.

This theme includes participants' views that social responsibility is also physical therapists' professional duty. This theme is defined by three sub-themes. First, social responsibility was viewed by participants as innate to PT because the profession is characteristically oriented towards caring and serving others. Some participants also suggested that it would be easier for persons who choose PT as a profession to demonstrate social responsibility because of its orientation towards service.

The second sub-theme is about participants' views that social responsibility is part of PT's social contract as a profession. A participant who represents PT in some government agencies argued that with the country's PT legislation, Filipinos automatically place upon members of the profession an expectation that they will contribute to the country:

> No matter how dated this [PT law] seems to some people, the bottom line remains that the State recognises that we have a role that we need to take on as we partake in the development efforts of the country. (Participant 02)

Four other PT leaders interviewed similarly commented that responsibilities to the public are part of the profession's standard of practice and code of ethics, and that these responsibilities apply across all roles of physical therapists (e.g., educator, clinician, researcher, policymaker, etc.).

The third sub-theme suggests that the profession's expertise is the basis for what the public expects the profession to contribute to society. Most participants implied that physical therapists are expected to contribute to society by responding to health needs particularly through their current capabilities and resources as movements experts.

4.1.3. Responsiveness Towards Societal Health Issues

This theme includes what participants viewed as important manifestations of Filipino physical therapists' social responsibility. In general, these views reflect that Filipino physical therapists' social responsibility means being responsive towards the pressing health issues experienced by the Philippine society. This theme is defined by five sub-themes.

The first sub-theme is about the need for expressions of social responsibility to be appropriate to context, particularly to what the prevailing societal issues are, the

circumstances that surround these, and one's available resources and expertise. Most participants suggested that the society's context will determine the priorities to be addressed and how to address these.

The second sub-theme is about what participants viewed as pressing societal health issues that need solutions from Filipino physical therapists. There are three main issues noted by the participants. First is unequal access to healthcare. As Participant 02 put it, "not everyone has the same access to health care, and even to the same quality of health care." Examples of inequality mentioned by the participants include healthcare being inaccessible to the poor, lack of access to PT in remote areas, and the need for alternative healthcare approaches especially for contexts wherein traditional approaches are not feasible and affordable, e.g., in resource-limited settings. The second health issue noted is the prevalence of conditions and risk factors managed by physical therapists, such as lifestyle diseases and living with a disability. The third health issue is the inadequate number of physical therapists working in the country, particularly in specialized fields and in the community setting. Two participants attributed this to physical therapists' migration to wealthier countries for work, which corresponds with issues discussed in section 1.1. A participant even expressed feeling moved by news of graduates who choose to work in their communities, which suggests that serving in communities is perceived by this participant to be an unusual career path for graduates to pursue:

> You can't really fault them for wanting to earn and save more. That's why it's really heart-warming when we learn that there are some who stay and work in their communities. (Participant 16)

The third to fifth sub-themes are about potential responses to these societal health issues, which are considered ways for Filipino physical therapists to manifest their social responsibility. The third sub-theme is about population-based responses, which include five (5) main strategies that emerged from participants' responses. One is community-based rehabilitation (CBR), which is a community-set, multisectoral approach to ensuring that persons with disabilities (PWDs) benefit from the same rights and opportunities as those of other members of society (Cook et al., 2020; WHO, 2010). Participants identified specific CBR activities, such as partnering with local government units and organized groups, training community health workers to empower PWDs, and establishing PT services especially in low resourced communities. Another population-based strategy noted is promoting better quality

of life for all by advocating for health, wellness, and the inclusion and participation of all people in society. The third strategy is supporting health-related policies, such as advocating for the inclusion of rehabilitation in the country's Universal Health Care Law and lobbying for health-related policies. The fourth population-based response is improving accessibility of services, such as by serving disadvantaged members of society and underserved communities and ensuring cost-effective services. Lastly, physical therapists could also participate in disaster responses through volunteerism and focusing on the needs of the vulnerable during these disaster responses.

The fourth sub-theme is about holistic and compassionate patient care as another potential response to societal health issues and manifestation of social responsibility. This involves holistic and collaborative care for patients and providing this care out of genuine concern. While the target of social responsibility is the wider society, individual patient care was still suggested as a potential manifestation of social responsibility because of the possible cascading impact of patients' recovery to the wider society. As Participant 02 explained:

> … you're already contributing to society when you help patients become less reliant on the constant care of family members or caregivers. This will reduce the burden on them and allow them to be more productive themselves.

The last sub-theme is about advocating for the profession as another potential manifestation of social responsibility. Participants noted this to be important to extend the profession's reach and consequently, its societal impact. This includes promoting PT to the public, advocating for improved practices and professional development, and volunteering for the professional organization.

While the first two themes described what social responsibility is for physical therapists in broader terms, this third theme, 'responsiveness to societal health issues', describes participants' views on the various specific areas to which Filipino physical therapists should contribute as a manifestation of their social responsibility. These areas are focused on prevailing societal health and professional issues, which call for Filipino physical therapists' critical and relevant actions.

4.1.4. Influences on the Fulfilment of Social Responsibility

This theme is a synthesis of participants' views about the different factors that influence one's fulfilment of social responsibility. It is defined by three sub-themes that focus

on 1) the competencies and 2) attributes that facilitate social responsibility, and 3) factors that hinder it.

For the participants, it is necessary to have a set of competencies that will allow one to contribute to society and effectively enact one's social responsibility. This includes PT competencies, which two PT leaders argued as fundamental to effectively take on any professional responsibilities. For example, Participant 01 said,

> if you're truly socially responsible, mediocrity in PT will not be acceptable; you can no longer say "ok, I've already got my license, I'm okay that" …you have to make sure you're effective, that what you're doing works.

Another set of competencies noted was CBR competencies as CBR is one of the identified population-oriented means to fulfil one's social responsibility. Interpersonal skills, such as communication, networking, collaboration, and relating with others, were also identified because as a PT leader explained, "PT is not a practice in isolation; you cannot do away with not [sic] communicating with anyone..." (Participant 07). Finally, problem-solving skills were also suggested as responding to societal health issues requires not just recognising problems, but also identifying creative solutions.

Aside from competencies, participants also suggested that it would be facilitative to possess certain attributes. One of these is having critical consciousness, which involves critical understanding of societal issues that could prompt one to respond. Two PT leaders even argued that lacking this critical understanding also magnifies the problem or prompts ill-founded solutions. One of them said, "for me, social injustice becomes so magnified if people are not aware that there's already a divide between the fortunate and the less fortunate" (Participant 14). Another suggested attribute, which relates to critical consciousness, is being reflective about one's effectiveness as a physical therapist. Participants also noted that to recognise societal issues, particularly social injustices, and to respond to these, one ought to be outward-looking such as by showing empathy, compassion, and being able to balance personal interests and altruism. In relation to problem-solving, participants also viewed being flexible and creative as helpful in adapting and responding to varied situations. Lastly, mental and emotional fortitude were also mentioned as some participants recognised the difficulty of responding to social issues and dealing with other people.

Some hindrances to fulfilling one's social responsibilities were also noted from the participants. One of these is personal limitations that hinder one from looking beyond oneself and caring for others. An example of these is prioritizing one's own necessities, limiting

resources to respond to others' needs. Another is being dependent on doctors' orders that limit one's critical thinking and response to health issues. Another set of hindrances noted is socio-political barriers such as society's lack of awareness about PT, lack of resources to implement programs, and communities' political agenda that do not correspond with proposed health programs. Lastly, participants also cited some health care system factors that challenge some physical therapists in rendering selfless service and contribute effectively to society. These include discouraging PT practice situations, restrictive medical model of health care, and the lack of recognition of the role of PT in primary care and prevention. For example, Participant 16 said

> another thing that I'm concerned about is that we're only considered for tertiary care— it's only when people acquire some form of illness or disability will physical therapy enter the picture. For me, we have a role from the start of [health care] even among the well-population.

The theme 'influences on the fulfilment of social responsibility' depicts participants' views about the different factors that facilitate and hinder one's expression of his/her social responsibility. For the participants, it would take professional, interpersonal, and problem-solving skills, as well as certain attributes (i.e., critical consciousness, being reflective, flexible, creative, outward-looking, and having mental and emotional fortitude) to effectively contribute to society. However, contributing to society can also be hindered by personal, socio-political, and health care system barriers.

4.1.5. Cultivation through Transformative PT Education

This theme is about participants' views on how social responsibility can be fostered among future physical therapists. Based on participants' responses, transformative learning opportunities may be necessary to facilitate the development of skills and nurture attributes needed to demonstrate social responsibility.

There are five sub-themes that define this theme. The first sub-theme is facilitating perspective and attitudinal transformation of students to develop one's awareness about the world and acceptance of one's role in society. Participants shared that some PT academic programs lacked emphasis on inculcating responsibility to serve and on building awareness about societal problems due to the greater focus on the technical aspects of PT. As an educator among the participants expressed, "because PT is heavy on skills, usually most of our [learning] objectives fall under the cognitive and the psychomotor domain" (Participant

05). One of the suggested ways to facilitate transformation is widening students' perspectives about oneself, about PT, and about the society, such as by facilitating self-reflections and reflective discourses, building critical awareness about societal issues, developing appreciation for future societal roles, advocating for a holistic and collaborative framework of practice, and ensuring balanced learning of the technical and humanistic aspects of PT. Participant 02 suggested:

> they should be given the opportunity to process [social issues] for themselves and build the skill of reflecting, and then, later on, help them come to the realization that those issues should be looked at from a selfless perspective.

Inculcating essential values related to social responsibility is another strategy noted from participants that relate to perspective and attitudinal transformation. This includes building empathy and service-related values and instilling the need to serve one's own community.

Most educators among the participants also expressed the need for purposeful teaching about concepts and issues related to social responsibility to help better impress this upon students and to transform perspectives. Some ideas related to this were to be deliberate about teaching values related to social responsibility, to have clear social responsibility learning outcomes, and to integrate social responsibility across the curriculum to facilitate consistency and longitudinal development. For example, Participant 07 remarked:

> maybe that's why we really need to talk about it and identify how we actually want it to be expressed—it will be more concrete for us if we know the manifestations of social responsibility we are looking for...I think if we have specific indicators, it will be easier for us to teach.

The second sub-theme is about participants' views on the need for more experiential learning to better appreciate real-world situations and to develop the necessary competencies for socially responsible actions. Participants expressed the need for opportunities to practice competencies such as the various PT roles, problem-solving, community organizing, and serving others. Participants suggested maximizing practice education or internships for these. They also expressed the need for early, frequent, and progressive exposures of students in real-world situations for a more gradual development of competencies and attitudes. Encouraging service-oriented extracurricular activities was also noted from the participants. Extracurricular activities, according to the participants aid in sharpening competencies and provide a glimpse into the profession. Participant 11's suggestion captures this sub-theme:

> …we should make sure that [the current generation's] ideals are not detached from reality and that these meanings and purpose do not remain as mere ideas. So, we provide them with opportunities to experience being able to help or provide service.

The third sub-theme is about participants' views on the important roles of educators in fostering social responsibility among students within and beyond the curricular program. Most participants mentioned that educators serve as students' knowledge source, role models, mentors, guide, evaluators, and the profession's gatekeepers, making them crucial in students' development of social responsibility. For example, Participant 07 remarked "… if teachers themselves lack consciousness of what's happening outside, then that's a big problem; it will not be modelled to students."

The fourth sub-theme is about participants' views on the role of institutional values to students' development of social responsibility. For the participants, having a strong institutional focus on social responsibility and commitment to service can be an advantage as these values cascade to its constituents, including its students.

The fifth sub-theme is about the challenges that participants conveyed in educating for social responsibility. Participants identified pedagogical challenges such as difficulty teaching the affective domain and pursuing non-traditional teaching strategies, which were considered by some participants as more apt for developing affective outcomes. Participant 01 commented, "[non-traditional teaching strategies are] not very easy to do, at least that's the way I see it... We are more used to giving lectures, covering the entire syllabus, and assessing [students] against it." Students' lack of interest in the program and strong economic motivations were also identified as hindrances to fostering social responsibility among them. Their main goal of working abroad upon graduation hinders their appreciation of their potential contribution to the Philippine society. Participant 10's remark illustrates this: "students and graduates tend to forget [their responsibility to the Philippine society], especially when from the onset [their] reason for getting into the profession is really to work abroad."

In summary, the theme 'cultivation through transformative PT education' is about participants' views on the nature of education needed to foster social responsibility among future physical therapists. Their views highlighted the need for education that is facilitative of students' perspective and attitudinal transformation, provides opportunities for students to learn from practice and real-world experience, involves educators in multiple capacities, and involves an institutional commitment to social responsibility. This theme also covers

participants' views that educating for social responsibility is not without its challenges, particularly in terms of designing ways to teach an affective outcome such as social responsibility and working around students' self-regarding motivations.

4.1.6. Lifelong Nurturing of Social Responsibility

According to some participants, aside from being cultivated through PT education, social responsibility should also be nurtured continuously beyond formal education. This theme illustrates participants' views about what they hope could be done to facilitate the lifelong nurturing of social responsibility. One suggestion was to ensure continued experiences of altruistic service such as by its continued nurturing at workplaces, creating opportunities for physical therapists to participate in organized service programs, and facilitating state university graduates' fulfilment of their RSA. Having continued discourses about social responsibility in forums and conferences was also suggested.

4.1.7. Summary

In essence, the six themes suggest that social responsibility of Filipino physical therapists is viewed as an endeavour that is both altruistically motivated and professionally obligated and should be manifested through relevant responses to pressing societal health issues of the country potentially through population-based interventions, holistic patient care, and professional advocacy. Social responsibility can be fulfilled by utilizing one's competencies as movement experts and key life skills and attributes while overcoming personal, socio-political, and health care system barriers. Participants suggested that social responsibility of Filipino physical therapists can be cultivated through an education that is transformative, and that it requires lifelong nurturing through continued experiences and discourses on social responsibility.

4.2. Phase 2: Exploring Faculty Practices

This phase of the study was focused on addressing the second and third study objectives, which were 1) to explore perspectives of faculty members of a BSPT program about their practice of educating for social responsibility, and 2) to explore potential improvements to this practice. The thematic analysis of the FGD transcripts resulted in three themes that highlight the main areas of change perceived by the group to be important for improving our institution's practice of fostering social responsibility among our students. The three themes are: 1) strengthening curricular integration of social responsibility, 2)

maximizing institutional programs, and 3) building educators' capacity. These themes and the sub-themes that define them are shown in Table 9, and sample codes and quotes illustrating these themes are available in Appendixes 6 and 8. Each theme is explained below. As with Phase 1 results, the order by which the themes are presented and discussed here are only for presentation purposes and do not imply levels of importance of each theme. All themes are equally important and describe participants' perspectives on unique aspects of their practice of educating for social responsibility.

4.2.1. Strengthening Curricular Integration of Social Responsibility

This theme outlines the group's views about how they were doing in terms of implementing the current curriculum for developing social responsibility. Two sub-themes define this theme: the first is about a partially fulfilled integration of social responsibility in the curriculum, and the second is about improvements needed.

The first sub-theme covers participants' views about how the faculty's current efforts in integrating social responsibility in the curriculum, which correspond to some of the strategies mentioned in section 1.5. Aside from having a program outcome on social responsibility, other strategies discussed were providing opportunities to reflect on one's roles in society; community engagement activities; focusing on prevalent health conditions in PT courses; cultivating critical thinking; teaching about the health care system, social determinants of health, health promotion, and the need to provide cost-effective treatments; and ensuring social relevance of faculty-led student research projects.

This sub-theme also covers some areas of concern, which suggest that the integration of social responsibility in our BSPT curriculum is yet to be fully realized. As one of the participants said and was agreed on by the rest of the group: "I think this [educating for social responsibility] is something that I think until now we're still in the process of making more tangible or felt by the students or even by the teachers" (FGD Member 03). Some of the concerns noted were the lack of deliberateness in relating the abovementioned strategies to social responsibility, lack of strategy for assessment of social responsibility as a program outcome, lack of exposure to societal PT roles, inadequate opportunities for extra-institutional participation, and that teaching social responsibility is not specific to the Philippine society. This last concern was important to the group because of the mandate of the university to contribute to national development.

Table 9 Phase 2 Themes and Sub-themes

Themes	Sub-themes	
	Tier 1 sub-themes	**Tier 2 sub-themes**
Stronger curricular integration of SR	Partially fulfilled integration of SR in the curriculum	Current strategies for teaching SR
		Lacking deliberateness in teaching of SR
		Lacking strategy for assessment
		Lacking exposure to societal roles
		Inadequate opportunities for extra-institutional participation
		Teaching SR not specific to the Philippine society
	Curricular improvements needed	Being more explicit in teaching SR
		Developing students' awareness about larger societal roles
		Focus on Philippine society
		Use of a learning portfolio for assessment
Maximizing institutional programs	Missed opportunities for SR experiences	Unmaximized potential of college service programs to foster SR
		Unmaximized opportunities for service-oriented activities from student organizations
	Providing opportunities to serve	
Ensuring faculty role fit	Faculty's mixed perception about being socially responsible	
	Crucial roles of faculty members in fostering SR	
	Faculty barriers and challenges	
	Need for capacity-building	

SR – social responsibility

The second sub-theme is about improvements needed in relation to the limitations cited. The group talked about being more deliberate in teaching social responsibility through methods such as purposeful inclusion of social responsibility in our course syllabi, using reflection activities to learn about social responsibility, relating learning experiences to social responsibility, and revisiting the curriculum with a social responsibility perspective. Another

strategy for improvement discussed was developing students' awareness about larger-scale, socially responsible PT endeavours through discussing societal issues with students, exposing them to a variety of opportunities for manifesting social responsibility, and providing opportunities to learn from individuals more experienced in large-scale, socially responsible activities. As earlier mentioned, the group also noted the need to focus more on the Philippine society when teaching about societal health issues. Finally, the group also discussed and agreed on implementing the use of a learning portfolio to provide students the opportunity to document and reflect on their social responsibility learning experiences and monitor their progress. This is also to provide the faculty a way to assess students' achievement of outcomes:

> What I imagine with the portfolio is we have a checklist of outcomes that they need to show evidence of achievement or development. They are the ones who will choose what those evidence should be… That will give them an opportunity to think about what social responsibility is. (FGD Member 01)

In summary, the theme 'strengthening curricular integration of social responsibility' highlights the group's views about current faculty efforts and limitations in fostering social responsibility among students, as well as some strategies that the group perceived as necessary in improving the curriculum. These strategies include being more deliberate in teaching social responsibility across the curriculum, developing students' awareness about societal roles of physical therapists, the use of a learning portfolio for assessment of social responsibility as a program outcome, and improving the curriculum's focus on the Philippine society.

4.2.2. Maximizing Institutional Programs

This theme involves the group's ideas about the potential role of institutional programs in reinforcing opportunities for students to experience and develop social responsibility. It is defined by two sub-themes. The first sub-theme is on the concerns raised by the group about not being able to maximize the institution's existing programs for encouraging students' extracurricular development of social responsibility. The potential of the college's service programs to help develop students' social responsibility was perceived to be left unmaximized because they believed that these were used more for teaching and training purposes than for service: "maybe the service essence of the programs is lost in the

way we package [the orientations to the service programs] as training orientations" (FGD Member 05).

Another missed opportunity identified was in terms of student organization activities. The group perceived these as having huge potential to engender social responsibility. However, the group also perceived that recent student organization activities lacked opportunities for such development. As FGD Member 01 remarked, "the influence of extracurricular activities through their student organization is so big in terms of social responsibility, so big! ... When I was a student, we had free clinics, we went to orphanages. Why don't we have those now?"

The second sub-theme is on the group's views about how these institutional programs can be tapped to complement the curriculum in educating for social responsibility. Strategies discussed include guiding student organizations towards implementing more socially relevant activities, re-emphasizing the social responsibility focus of the college service programs to students, opening these programs up to students for volunteering and not only utilizing these for practice training, and ensuring reasonable student load to allow time for extracurricular activities. For example, FGD Member 03 suggested:

> …orientation about [the service programs] can be done at the college level where these can be related to the institutional values, and then letting [students] know that these programs are the college's way of fulfilling our mandate to contribute to the development of society...

In summary, the theme 'maximizing institutional programs' outlines the group's views about the potential role of institutional programs in facilitating social responsibility among students. It highlights suggestions about taking advantage of college service programs and student organization activities for their extracurricular opportunities to be of service to others and to further develop students' social responsibility.

4.2.3. Ensuring Faculty Role Fit

This final theme is about the group's views on their roles and the demands of educating for social responsibility. It has four sub-themes which outline participants' perceptions about 1) being socially responsible, 2) our crucial and expanding roles in fostering social responsibility, 3) the barriers and challenges we experience, and 4) our perceived need for capacity-building to fulfil our expanding roles.

The first sub-theme shows the group's mixed views about their being socially responsible. Some participants considered their core functions as educators, i.e., staying in the Philippines to teach, producing capable graduates, and producing relevant research, as their main manifestations of social responsibility. However, there were three who also expressed feelings of guilt about lacking engagement in social issues or in the national professional organization, like FGD Member 01 who shared the following: "I really believe that everyone should be active in PPTA, but I really just don't have the time to do it more often and I'm so sad that I can't be more overt about it."

While discussing these views about being socially responsible and other concerns about fostering social responsibility, the group realized that the role of educators for this endeavour is crucial and expanding. This is the second sub-theme. The group identified several functions and changes in behaviour that we need to demonstrate in order to be better at being socially responsible and at fostering social responsibility. These include increasing engagement in social issues, expanding current functions as students' program advisers to mentoring roles, stepping up as role models, and supporting other faculty members through these functions: "us coming together as a faculty is a way to help each other identify ways to help the students. If we find ourselves lost, that's a good avenue for us to really brainstorm on how to help them" (FGD Member 02).

However, the group also admitted to facing some challenges and barriers in performing these roles and fostering social responsibility, which form the third sub-theme. Some participants cited balancing teaching of technical concepts and social responsibility as a challenge, especially with the attention given to ensuring that students get high grades. For example, FGD Member 01 said, "the moment they enter our school, we just bombard them with 'you have to get that 1.00', and that means they have to know the technical stuff." The group also cited the following as barriers: how the educators themselves are undergoing self-transformation while helping students transform, the fact that they are wearing several hats as faculty members of the institution, and lack of resources to fulfil expanding educator roles.

The fourth sub-theme is about the group's realized need for faculty capacity-building to help us through our expanded roles and identified challenges. For example, FGD Member 04 expressed:

> Having this discussion made me realize more that I'm lacking a lot in that aspect (educating for social responsibility) also. But I also don't know what to do. How will

I move towards being more socially responsible both as a practitioner and a teacher and teach that to my students?

In summary, the theme ‘ensuring faculty role fit’ outlines the group’s views that our role in relation to fostering social responsibility among students is crucial, expanding, and would require capacity-building to fulfil them. This arose from the group’s thoughts about what being socially responsible had been for us, the functions we need to perform to better foster social responsibility among students, and the barriers and challenges in performing such functions.

4.2.4. Summary

Three themes emerged from the FGDs. These outline the group’s views about the need to strengthen the integration of social responsibility into the BSPT curriculum based on the perceived limitations in current practices for developing students’ social responsibility, the need to maximize institutional programs to complement the curriculum in fostering social responsibility, and the need to build their capacity to better engender it among students given their expanding roles and challenges faced.

4.3. Chapter Summary

This chapter presented the results of the study. The six (6) Phase 1 themes address the research questions on the meaning of social responsibility of Filipino physical therapists and what it entails, while the three (3) Phase 2 themes address the research questions on what BSPT faculty members perceive of their current practice for fostering social responsibility among PT students and what can be done to improve their strategies.

Phase 2 results were able to build on the fifth theme of Phase 1, which is about the cultivation of social responsibility through transformative PT education. Many of the issues and suggestions discussed in the fifth theme of Phase 1 are apparent in Phase 2’s results in the form of issues and plans for improvement that are more contextualized to our institutional and practical contexts. The focus group’s specific concerns and plans for a stronger curricular integration of social responsibility align with suggestions from Phase 1 about facilitating perspective and attitudinal transformation and learning from experience. Phase 2’s results on harnessing institutional programs for further social responsibility experiences likewise correspond with results from Phase 1 on providing opportunities to learn from experience and maximizing institutional commitment to social responsibility. Both sets of results highlight

the multiple roles of educators in fostering social responsibility, with Phase 2 results being more specific and contextualized to our practices.

Chapter 5: Discussion and Conclusions

My motivation for this study was to improve our practices for educating our PT students for social responsibility. Aside from being described as an expected professional behaviour among physical therapists, social responsibility is also a core value at our university and an outcome expected of graduates of our BSPT program. As a groundwork to achieving better practices of educating for social responsibility, I endeavoured through this study to clarify what social responsibility means for Filipino physical therapists and to explore our current pedagogical practices. This chapter discusses the results and their implications to our practice and to the wider PT practice and education. The first section touches upon the first four resulting themes from Phase 1, which in general underlines Filipino physical therapists' social responsibility as a professional duty and altruistic endeavour targeted towards responding to prevailing health issues in the country. The second section discusses the fifth theme of Phase 1 and results from Phase 2 about educating for social responsibility through the PT curriculum, with further discussions on Phase 2 results that illustrate the integration of social responsibility in our BSPT program. The third section discusses the implications of the results to the wider PT practice and education, and touches upon the last theme of Phase 1, which is the need for lifelong nurturing of social responsibility. The last section includes concluding thoughts and steps following this research.

5.1. Filipino Physical Therapists' Social Responsibility

Overall, Phase 1 participants' views agree that social responsibility is both a Filipino physical therapist's professional duty to society as well as a service endeavour that is altruistically motivated. This description aligns with perceptions of other health professions that social responsibility is part of their social contract for being recognised as a profession (Dharamsi et al., 2007; Kelley et al., 2008; Tyer-Viola et al., 2009; Weed & McKeown, 2003; Welie, 2012). It also aligns with other authors' suggestion that this fulfilment of duties will need to be morally motivated to not be devoid of meaning and humanistic intentions (Dharamsi et al., 2007, 2011; Gobodo-Madikizela, 2009; Semplici, 2011). Although social responsibility is not explicitly mentioned in the Code of Ethics of the PPTA, there are responsibilities to the public declared in this document, as also mentioned in section 1.3.3, that signify social responsibility as a professional duty. For example, Filipino physical therapists have the responsibility to "render services unselfishly to the indigent in accordance

with correct standards of practice" (PPTA, 2000a). This responsibility aligns with Phase 1 participants' view that social responsibility is a selfless endeavour especially targeted towards those in need. Further, the attention given to serving the indigent also corresponds to suggestions from Phase 1 results and the literature that social responsibility in health care is a moral imperative to address social injustices in health such as unequal access to health care (Dharamsi et al., 2007, 2011; Gobodo-Madikizela, 2009; Wise, 2005). Such provision in the PPTA Code of Ethics support views that social responsibility is Filipino physical therapists' professional duty to be fulfilled with altruism and social justice in mind.

The interviewees discussed varied ways to manifest social responsibility. However, collectively, their views suggest that social responsibility of Filipino physical therapists need to be manifested through relevant responses to the pressing health issues of the country. This description of social responsibility agrees with arguments from Dharamsi, et al. (2007) and Hadian Jazi, et al. (2019) that social responsibility is defined in specific terms by the context wherein it is to be applied. Although the scope of PT practice is similar across countries, the unique circumstances of health and health care in the Philippines differentiate the nature and priorities of the profession in the country. For the interviewees, there are various health issues in the country that require the attention of Filipino physical therapists, some of which are similar to the health issues discussed in section 1.1. For example, the interviewees noted unequal access to PT services, continuing prevalence of conditions and risk factors that can be managed by physical therapists (e.g., lifestyle risk factors and diseases, injuries, sequelae of infectious diseases, etc.), and an inadequate number of physical therapists in the country. As discussed in section 1.1, these health issues and the extent to which they burden Filipinos and the Philippine society as a whole are significantly influenced by the Philippines' contexts such as its socio-economic and geographic conditions (Dayrit et al., 2018; WHO-WPRO, 2013). Physical therapy and other health care services are physically inaccessible to some due to the geographic challenges of reaching remote and isolated communities. Widespread poverty on the other hand makes these services economically inaccessible to many, especially with the absence of effective health financing.

Interviewees also noted socio-political and health care system barriers in the country that hinder them and other Filipino physical therapists from fulfilling their responsibilities. For example, they noted lack of cooperation from communities and local officials and lack of awareness about the benefits of PT. These conditions limit the ability of physical therapists to extend PT services to individuals who may be needing them within those communities. The

interviewees also mentioned as a barrier the discouraging working conditions for PT in the country (e.g., low wages, limited resources for health care) that push physical therapists to migrate and work in higher-resourced countries. This trend was also reported for other health care workers in the country (Castro-Palaganas et al., 2017; IHPDS, 2012). Being under a medical model of health care, wherein clinical practice is physiatrist-directed, was also identified by the interviewees as a barrier that restricts physical therapists' autonomous practice. This barrier was also reported in other Philippine PT studies, which argued the medical model to be stifling to one's independent decision-making and actions (Gorgon et al., 2013; Rotor et al., 2020; Rotor & Capio, 2018).

These Philippine-specific contexts influence the nature of the social responsibilities of Filipino physical therapists, which warrant from them their moral agency to contribute in a manner required by these contexts. The responses suggested by the interviewees, i.e., population-based responses and advocating for the profession, suggest that there is more to Filipino physical therapists' role aside from being a clinical practitioner. However, even with clinical practice, the interviewees remarked the need to reform physical therapists' routinised procedural approach into one that ensures holistic and compassionate care. Ensuring positive patient outcomes and better quality of life does not only benefit the patient, but also the wider society. This requires physical therapists to recognise patients as members of society who can contribute to its development once they (re)gain movement and function through PT services. With health being influenced by several social determinants (UNESCO International Bioethics Committee, 2010; WHO, 2008), a truly holistic approach to PT needs to therefore extend to considering and helping address such determinants. As discussed in section 1.3.2, Purtilo (2000) argued this would require physical therapists to transition to a societal identity, i.e., working with the larger community to address the issues that affect one's experience of health and illness such as health care costs and access. The goal is to ensure that amidst social and other barriers, PT and health needs of individuals are still met (Purtilo, 2000). Working towards this purpose benefits not only an individual client, but also others who might be suffering from the same barriers. This illustrates the connection between physical therapists' duties to individual clients and the wider society.

As also discussed in sections 1.3.2 and 2.2.6, Edwards et al. (2011), in agreement with Purtilo, also argued for a more societal framework of practice for PT. They suggested that physical therapists will need to expand their ethical and practice framework beyond that of individualized care to addressing the wider social injustices and other barriers that impair

universal access to PT (Edwards et al., 2011). Edwards et al. (2011) suggested the importance of population-based strategies, which were also recommended by the interviewees. As expected, most of the interviewees mentioned Community-based Rehabilitation (CBR) as the more common population-based approach to make PT more accessible to the underserved in the country. This may be due to it being endorsed by the State to be implemented in every community where it is needed (National Council on Disability Affairs, 2005), making it a distinct career track for Filipino physical therapists. As mentioned in section 4.1.3, CBR is "a multi-sectoral approach aimed at equalization of opportunities and social inclusion of people with disabilities" and addressing the cycle of disability and poverty at the community level (Cook et al., 2020). CBR is included in Philippine BSPT curricula to prepare students for a potential CBR career track. However, as some interviewees commented, CBR is usually a career route not preferred by Filipino physical therapists primarily because of less appealing working conditions (e.g., lack of funds and other resources). This is evidenced by a 2013 report from WHO Western Pacific Regional Office (WHO-WPRO) showing the concentration of physical therapists in more urban regions in the Philippines, and 65% of them being in the private sector (WHO-WPRO, 2013).

Although CBR might be perceived to be the most concrete approach to addressing the health needs of the underserved communities, there are other approaches that Filipino physical therapists can pursue to address health issues as results show. Phase 1 results suggest that, aside from client care, Filipino physical therapists have the option to engage in population health, advocacy, policymaking, and volunteerism to contribute to addressing the various health issues Filipinos are facing, and to attaining social justice in health. These activities reflect the expansion of ethical and practice frameworks endorsed by Edwards et al. (2011) that broadens physical therapists' attention to issues beyond those within the practitioner-client encounter.

Results propose that advocating for the PT profession, for example by volunteering for the PPTA, promoting PT to communities, and promoting continuing professional development, is another approach for Filipino physical therapists to manifest their social responsibility. Although this more directly benefits the profession, the society could ultimately benefit from the potential expansion of the profession's reach when the public gains better knowledge and recognition of what physical therapists can do for them. Participating in the PPTA for a stronger collective action may facilitate the expansion of the profession's reach and impact to health care and the public. Ensuring one's continuing

professional development was also suggested to ensure that Filipino physical therapists' knowledge and skills match the demands of current times.

Phase 1 results also recommend some competencies and attributes that are facilitative of the fulfilment of one's social responsibility. These competencies and attributes, which are similar to those discussed in section 2.2.6, were suggested as necessary to be able to work through the socio-political, economic, and environmental barriers that often hinder the delivery of PT services in the country. As also proposed in literature (Higgs et al., 1999; Ramklass, 2009; Sullivan, 2005), results imply that Filipino physical therapists need to develop not only PT-specific competencies, but also other transferable skills (e.g., problem-solving, interpersonal skills, etc.) that will help them respond effectively in various situations. Results also suggest that to be socially responsible, Filipino physical therapists will need to develop attributes, such as being reflective, critical about issues, and creative and steadfast in responding to these, to enable them to understand the plight of others and to act upon these. These mirror the attributes and values (e.g., empathy, critical consciousness, self-reflection) suggested in literature (Dharamsi et al., 2007; Gobodo-Madikizela, 2009; Halman et al., 2017; Manca et al., 2020) that drive one's broadening of consciousness, including one's will to respond to social injustices. These are also supported by Higgs et al. (1999) and Frenk et al. (2010) arguing that 21st century society and health care require transferable skills, knowledge, and leadership attributes that will enable one to effect positive impact on health, especially of the underserved members of society.

In summary, Filipino physical therapists' social responsibility could be defined as responsibility borne out of duty and moral agency to respond to the pressing social issues affecting access to PT and experience of health of all Filipinos, especially the underserved, through various means within the PT scope of practice and with critical and broader consideration of the contextual factors contributing to these issues (this draft definition is also shown in Appendix 9). Although the broad conceptualization of social responsibility here aligns with how other professions describe social responsibility, the local context (as discussed in section 1.1) that influences what Filipino physical therapists' social responsibility specifically entails differentiates it from the social responsibility of other professions in other contexts. Filipino physical therapists will need to focus on prevailing health issues in the country and work through the barriers that the Philippine context and local PT practice present to effectively respond to these issues and ensure access to PT services for all who need it. The results call for Filipino physical therapists to expand their

repertoire of knowledge, skills, and attributes as their potential contribution to society is extended from individualized patient care to also working with the larger community to ensure PT access for all. For example, Filipino physical therapists will need to learn how to lobby for resources and local support to establish sustainable PT services in underserved areas, or to work with policy-makers to push for better health financing for PT services. As demonstrating social responsibility is one of the professional behaviours expected of physical therapists, explicitly including social responsibility, along with other expected professional values and principles and their descriptions, in professional documents could help establish these as important elements of PT practice.

Results support BSPT education being the ideal place to begin encouraging its development among physical therapists. As a minimum learning outcome to be demonstrated by a BSPT graduate here in the Philippines, these descriptions of Filipino physical therapists' social responsibility are valuable not only for practical uptake, but also for guiding education for social responsibility. The following section discusses results on fostering social responsibility through the PT curriculum.

5.2. Transformative Physical Therapy Curriculum for Social Responsibility

The resulting description of social responsibility and the range of desired competencies and attributes to help demonstrate social responsibility imply a need to revisit how PT students are prepared for socially responsible practice. Overall, the results suggest the need for education that engenders students' reflective awareness, participation, and ultimately transformation of perspectives, attitudes, and behaviours that will enable them to appreciate and demonstrate social responsibility as Filipino physical therapists. Such education requires a curriculum that targets far beyond students' acquisition of technical competence and towards developing as a 'critical being' (Barnett, 2009; Ford & Profetto, 1994).

As discussed in section 2.3.4, curriculum can be viewed from traditional and more contemporary lenses (Schiro, 2013; Verster et al., 2018), or as product, process, or praxis (Ford & Profetto, 1994; Verster et al., 2018; Warren, 2021). The fifth theme from Phase 1 and results from Phase 2 imply the need to view the PT curriculum with a more contemporary lens. In particular, the results propose that educating for social responsibility may benefit from viewing curriculum as praxis (see Table 4). The goal of curriculum as praxis is the "development of a critical consciousness that manifests itself in a transformation of self and the situation" (p. 344, Ford & Profetto, 1994). Praxis involves recursive engagement in

critical reflection and action that is situated in the real-world and is geared towards societal change (Ford & Profetto, 1994; Freire & Ramos, 2009; Verster et al., 2018; Warren, 2021). The curriculum therefore becomes a means for promoting emancipation, raising students' awareness about social issues, and developing democratic views of society through autonomous, critical meaning-making (Warren, 2021). This is similar to Barnett's notion of 'curriculum for critical being' wherein educating towards critical being requires development of critical reason (knowledge), critical reflection (self), and critical action (engagement in the world) (Barnett, 1997).

These perspectives of curriculum as praxis correspond to the resulting conceptualization of Filipino physical therapists' social responsibility, especially its imperative on social justice in health, as well as the attributes proposed to facilitate one's demonstration of social responsibility. Conceptualising curriculum as product, or as content prescription, tends to attend less to students' agency and professional identity formation and curb their ownership of their learning as it is mainly being directed by predefined learning outcomes and teaching strategies (Annala et al., 2015). Therefore, more than the traditional views on curriculum, the emancipatory goals and approach of curriculum as praxis offer greater potential in engendering social responsibility to PT students.

Phase 1 and 2 results suggest that to foster social responsibility among students, BSPT education should help students become more critically aware about social issues and be accepting of their role and potential contribution to society as Filipino physical therapists. These education goals allude to fostering students' professional identity and agency transformation. Transformation among individuals is often related to changes in their psyche (McWhinney & Markos, 2003). In transformative learning, transformation involves a new way of thinking and being as one takes control of his/her understanding of oneself and the world (Mezirow, 2012; Taylor, 2017). For our PT students, this transformation in their psyche or being could mean transitioning from being a student to a professional embracing one's professional and moral responsibilities to their clients and the larger society. The study results imply that fostering social responsibility among students could therefore be facilitated by a curriculum that supports the passage of students through such transformation. This is especially of concern for Phase 1 participants who noted the need to re-orient PT curriculum towards giving equal attention to the technical aspects of PT and developing students' moral agency (see section 4.1.5). A BSPT curriculum in the Philippines inclines towards educating for the clinical competencies of PT practice. This is anticipated as entry-level physical

therapists in the country are expected to be general clinical practitioners (CHED, 2017) with foundational knowledge and skills in various practice areas and settings. However, the BSPT curriculum endorsed by CHED also includes social responsibility as one of its outcomes, and as such, warrants as much attention to be achieved.

With education, including HPE, being increasingly focused on training for market-required competencies, a curriculum that also allows students' identity and agency to form could help with engendering a more holistic transformation (Giroux, 2010; Halman et al., 2017). The results mainly recommend developing students' critical consciousness, experiential and service learning, and managing the implicit curriculum to foster social responsibility and student transformation. These are discussed in the following sub-sections.

5.2.1. Developing Critical Consciousness

Results denoting ways to facilitate students' transformation towards social responsibility, e.g., facilitating reflection, helping students build awareness about social issues, and aiding values formation, correspond to the development of critical consciousness espoused by Paulo Freire in his critical approach to education. Critical consciousness, as also discussed in sections 2.2.6 and 2.3.2, relates to one's reflective awareness of the world and of themselves, which in turn informs one's action towards transforming the world (Freire & Ramos, 2009; Halman et al., 2017). As earlier mentioned, this recursive engagement in thought and action forms one's praxis towards becoming a true agent of social change (Freire & Ramos, 2009). Critical consciousness is developed through praxis and enabling students to explore the meaning of being critical citizens and having the responsibility of intervening in the larger social order, especially acting upon socially oppressive structures (Freire & Ramos, 2009; Giroux, 2010; Halman et al., 2017; Kirylo et al., 2010; Martimianakis, 2016). Facilitating the development of our students' critical consciousness therefore has the potential to foster social responsibility as it promises to broaden and be more critical with their understanding of social issues, particularly inequities in health, and the need to act upon them. As Ford and Profetto (1994) posited, being able to question dominant ideologies strengthens one's agency to challenge the status quo. As mentioned in section 2.3.2, several articles in HPE, particularly in medicine, had similarly proposed including developing students' critical consciousness in HPE curricula to develop attributes related to social responsibility (Halman et al., 2017; Manca et al., 2020; Sharma et al., 2018). As mentioned during the FGDs, our BSPT curriculum already includes learning activities on some topics related to health issues and the health care system in the country. Although these could build

our students' awareness, fostering critical consciousness implies the need to do these more from a social justice perspective and through praxis to inspire them to embrace their societal role and to take action (Freire & Ramos, 2009; Manca et al., 2020).

Aside from self-reflection, some participants also mentioned reflective discourses (see Table 8) as potentially helpful in developing the necessary attributes to be socially responsible. This agrees with Freire's position on dialogues being as essential as praxis in developing critical consciousness and facilitating student transformation (Deans, 1999; Freire & Ramos, 2009). Dialogues are safe spaces for multiple perspectives to be shared and discussed (Kirylo et al., 2010). Crucial to these dialogues is the democratic relations between teacher and student and among students to allow such space to flourish (Ford & Profetto, 1994; Freire & Ramos, 2009). For this to occur, teachers need to be open to learning from students (i.e., to become a teacher-student), and students need to be empowered to share their views from which others can potentially learn (i.e., to be become student-teachers) (Freire & Ramos, 2009).

The results and the literature both suggest that there is potential in integrating critical consciousness in the curriculum to foster social responsibility. However, such curriculum must be oriented towards allowing space for students' agency to thrive. A curriculum that is largely content- or competence-driven, or bound within educational, disciplinary, or social traditions may be less effective for this purpose as it does not readily allow students to be an active participant in their learning process (Annala et al., 2015), which is required to develop critical consciousness. More so, such curriculum goes against the emancipatory interests of critical consciousness as it tends to impose on students knowledge and skills more often determined by dominating ideologies and social systems to the detriment of pursuing autonomous and critical meaning-making (Freire & Ramos, 2009; Giroux, 2010). As developing critical consciousness is the intent of curriculum as praxis (Ford & Profetto, 1994), such curriculum orientation could be worth exploring for this purpose.

5.2.2. Experiential and Service Learning

Results also imply that providing opportunities for students' exposure to varied real-world situations and their potential societal roles can help with students' social responsibility and transformation. Results suggest that such opportunities could help build students' awareness and develop the necessary skills and attributes to effectively respond to the needs of society. These results allude to the potential of experiential learning in fostering social

responsibility among PT students. With experiential learning, concrete life experiences, such as those suggested from the results, are grasped and become the basis for reflections. These are then assimilated into abstract concepts that inform new actions. After being actively experimented on, these new actions then serve as new sources for learning (A. Y. Kolb & Kolb, 2005). Much like praxis, experiential learning enriches one's learning as it promotes active thought, reflection, and action based on authentic experiences in constructing knowledge (Kolb, 2014). Experiential learning has been shown to be beneficial in facilitating learners' cognitive and psychomotor development, personal insight, and social awareness through various pedagogical strategies that promote active participation within and outside the classroom (Burch et al., 2019).

Both the results of this study and the literature (Dharamsi et al., 2007; Gobodo-Madikizela, 2009; Martimianakis, 2016; Reason, 2013; Van Schalkwyk et al., 2019) suggest the need for experiences that situate learners in real-world settings to gain deeper awareness of social issues surrounding health and to develop humanistic values. Service learning as an experiential education approach provides such learning opportunity as it is inherently community-based and service-oriented (Bringle & Hatcher, 1996). It has been a highly endorsed pedagogical strategy for building future health professionals' awareness of the inequities in health care and the plight of the vulnerable population (Dharamsi et al., 2010; Salam et al., 2019; Taylor et al., 2017). Results mirror recommendations from the literature as interviewees also endorsed providing students more opportunities to experience serving others and community organizing. As shown in section 2.3.1, literature on service learning supports its potential in fostering social responsibility as evidenced by several HPE articles that had shown positive skills and attitudinal outcomes and perspective change among students following service learning activities (Crawford et al., 2017; Furze et al., 2011; McMenamin et al., 2014; Peck et al., 2010; Reynolds, 2005; Salam et al., 2019).

The results also recommend other experiential learning activities that are not necessarily service learning (e.g., training in various PT roles, participating in extracurricular activities). Service learning is only one experiential way of educating for social responsibility. Students can also participate in other real-world experiences and still learn about being socially responsible. Results pertaining to reflective discourses suggest that this can be made possible by providing them the space to reflect and have a dialogue on these experiences in relation to social responsibility. This suggestion echoes arguments from Kolb and Kolb (2005) that humans make meaning through conversation. They further argued that

providing this space for reflective conversations as part of the students' academic experience improves the effectiveness of the experience as a source of learning (Kolb & Kolb, 2005). This likewise agrees with Freire's idea about the crucial role of dialogues in developing critical consciousness. However, Freire further highlights the importance of ensuring democratic participation during these dialogues (Ford & Profetto, 1994; Freire & Ramos, 2009).

The foregoing discussions imply that experiential learning, particularly service learning, for social responsibility would also better thrive in a curriculum that allows students to be involved in their learning process. As earlier discussed, there needs to be space in a curriculum for students' active experiences, self-reflection, reflective conversations, and experimentation to learn from their experiences. The interests of service learning in enhancing social awareness and its orientation towards change (Bringle & Hatcher, 1996; Kahne & Westheimer, 1996) could particularly be better realized in a curriculum as praxis because of its focus on emancipatory transformation, which may not be attainable in a rigidly content- or competence-driven curriculum (Annala et al., 2015). A change-oriented service learning would require from a curriculum opportunities to create and deepen relationships that can change perspectives, space for critical reflection on social policies and conditions to enable socio-political participation, and experiences that will transform disciplinary perspectives about social issues (Kahne & Westheimer, 1996).

5.2.3. Educators and the Institution in the Implicit Curriculum

"Ignoring the hidden curriculum as we try to revise curriculum will continue to risk reform without change" (p.15; O'Donnell, 2015). Study results agree with this as some interviewees also alluded to the potential contribution of the implicit curriculum, particularly the educators and academic institution, to fostering social responsibility. Implicit curriculum, as pointed out in section 2.3.5, include the informal and hidden aspects of the curriculum. Results mirror suggestions from literature discussed in section 2.3.6 that educators have multiple important roles and functions to play to foster social responsibility within and beyond the formal curriculum. Educators will serve as students' guide, facilitators, or mentors as they go through the process of critical reflection, reflective dialogues, doing/acting in given situations, and other active learning processes (Freire & Ramos, 2009; Manca et al., 2020; Mezirow, 2012). As results also imply, educators will likewise be role models to students, and this often informal aspect of student-teacher relations is a powerful influence on students' learning (Cruess & Cruess, 2015; Cruess et al., 2008; Wright &

Carrese, 2002). Much of what will be imbibed by students during their interactions with or observations of their educators will be influenced by educators' often-taken-for-granted values, beliefs, and unconscious patterns of behaviour (Cruess & Cruess, 2015). Results also echo the literature discussed in section 2.3.5 which propose that institutional values can contribute to students' development of a sense of social responsibility. These values espoused by institutions, often manifested through their culture, policies, and customs, influence students as part of their socialization into their learning institutions (Hafferty et al., 2015; Warren, 2021).

As such, managing as much as possible the contribution of educators' way of being and the institution's culture to the implicit curriculum is worth exploring. For example, the foregoing discussion implies the need to integrate social responsibility in educators' own frame of mind and professional practice to be able to emanate it not just inside the classroom, but also beyond their academic duties. Institutions could also explore establishing or strengthening a culture that supports social responsibility. O'Donnell (2015) advises that although implicit curriculum is difficult to change given its complex, systemic, often stable nature, it is still worth addressing to close the gap between what is learned from formal curriculum and what is experienced beyond it. More of the implicit curriculum in the context of our BSPT program is discussed in the next sub-section.

In summary, this sub-section discussed how educating for social responsibility can be integrated into the PT curriculum. Overall, the results of the study, as supported by literature, indicate the need for learning spaces for developing critical consciousness and experiential and service learning to help students embrace the social responsibility of their future profession and ultimately, to facilitate student transformation. Results and the literature imply that such learning spaces will thrive in a curriculum that allows students to be active in their own learning and meaning-making and enables them to critically reflect on self and social issues and act upon them. Results also agree with literature that designing/reforming a curriculum should also address the implicit curriculum. The results particularly suggest addressing the potential contribution of educators' way of being and institutional culture on students' social responsibility.

Especially for a curriculum with predefined learning outcomes, such as the BSPT curriculum endorsed by CHED, Annala et al. (2015) emphasised ensuring spaces for both cognitive and constructivist approaches to learning to provide room for both outcomes achievement and learning through praxis. Personal meaning-making through constructivist

and experiential learning approaches could help one effectively internalise learned concepts and theories (Coldham et al., 2021). Designing a curriculum with such orientation could balance out the focus of the BSPT curriculum on discipline-specific competence, as noted by some of the Phase 1 participants, with equal attention to students' moral agency and professional identity formation. Such curriculum could render educating for social responsibility more deliberate and explicit, which some of the Phase 1 participants found to be lacking in their PT education practice (see section 4.1.5). It is worth noting though that enabling student transformation is arguably more difficult than educating for professional competencies. However, as developing social responsibility requires not only professional competencies, but also moral agency formation, the educational strategies discussed here are still worth exploring and putting into practice.

The next sub-section builds on the preceding discussions and illustrates how our institution plans to strengthen our BSPT curriculum for educating for social responsibility.

5.3. Social Responsibility in our BSPT Curriculum

The study results on the need to facilitate students' transformation to help them embrace their social responsibility as future physical therapists aligns with the mission of our university to provide such transformative education to its students. For our university, transformative education should enable and inspire our students to take actions that will contribute to the improvement of society (University of the Philippines Manila, 2020). This mission makes it all the more crucial for me and my colleagues to explore ways to facilitate our students' transformation.

We already take a more progressive view on curriculum development as evidenced by the educational strategies already implemented that encourage our students' active learning processes (see section 1.5). This could be an advantage as previous discussions recommend a curriculum that allows for such when educating for social responsibility. Based on the FGD participants' perspectives, our curriculum could still be further progressed by ensuring that the learning processes are directed at assuring students' transformation towards not only becoming a competent physical therapist, but also a socially responsible one. My colleagues' reflection and analysis of our current practices through the FGDs revealed strategies for practice changes that substantiate previous discussions on educating for social responsibility and facilitating student transformation. These are discussed below.

5.3.1. Stronger Curricular Integration of Social Responsibility

The FGD results pertaining to plans for improvement illustrate suggestions discussed in section 5.2 about combining cognitive foundations of social responsibility and constructivist approaches, such as experiential learning and developing critical consciousness, to allow space in the curriculum for both competence development and agency formation (Annala et al., 2015). These results are discussed in the following sub-sections.

Explicit Teaching of Social Responsibility. As with Phase 1 participants, FGD participants noted the need to explicitly teach our students about social responsibility and related issues and concepts, and intentionally discuss how learnings from courses can relate to their social responsibility as Filipino physical therapists. These strategies cover the cognitive foundations of social responsibility. Cruess and Cruess (2015) support this, suggesting that acquiring knowledge about concepts related to professionalism—in this case, about social responsibility of Filipino physical therapists—is an essential component of becoming a professional. Literature further recommends that optimally, explicit teaching of information about social responsibility should be integrated pervasively across the curriculum (Cruess & Cruess, 2015; Glass, 2013). FGD results that allude to curriculum mapping of social responsibility agree with such suggestion. As mentioned in section 1.5, our department prepared a curriculum map to ensure learning spaces for social responsibility by plotting how it progresses across the BSPT curriculum. However, FGD results imply a need to review this and to fill these learning spaces with specific strategies to explicitly teach social responsibility. Another FGD suggestion related to this was to clearly state in relevant course syllabi how social responsibility is expected to be learned based on the curriculum map. As mentioned in section 2.3.4, it is crucial for students and faculty to be aware of the connection between the learning objectives and pedagogical approaches employed to achieve those objectives and to better facilitate students' learning (Biggs & Tang, 2011; Faulkner & McCurdy, 2000). A well-designed syllabus could help with this as it can facilitate shared understanding between teachers and students as to what can be expected in class (Slattery & Carlson, 2005). Syllabi with included social responsibility elements can inform both teachers and students that social responsibility is a part of these courses, whether as a concept to be learned or a guiding principle of these courses.

Students' Exposure to Societal Roles. As part of being deliberate in teaching social responsibility, FGD results convey the need for us to provide our students more opportunities

to learn about their potential roles beyond individual client care. These opportunities range from learning about the wider societal and health care context to learning through observing and interacting with experts working at the societal level, collaborating with other disciplines, and dedicating time for reflective discourses on social issues affecting Filipinos' health. These results correspond with principles of developing critical consciousness and experiential learning discussed earlier in section 5.2.1 and 5.2.2. These results also mirror suggestions from literature about combining cognitive and constructive learning processes for holistic development (Annala et al., 2015; Cruess & Cruess, 2015). As Cruess and Cruess (2015) posit, acquiring knowledge is only a first step to becoming a professional, and that this should be complemented with participation in active learning processes that allow students' transformation. Integrating the suggested learning opportunities in the curriculum could therefore help enrich their understanding of the needs of Filipinos and their appreciation of their future roles and potential contribution to the wider society.

Focus on the Philippine Society. As discussed in section 1.5, social responsibility is a commitment of our university, especially given its mandates to contribute to the development of the Philippine society. Because of the Filipino-centric core values and commitments of our university, it is important for our curriculum to give emphasis on the context of the Philippine society more than that of other societies. According to the FGD participants, this is the curricular feature that should differentiate our BSPT program from peer institutions, and it therefore needs to be strengthened. Such strategy is supported by Glass (2013) suggesting that there is opportunity to highlight the distinctiveness of the educational experience in an institution by integrating its mission, brand, and core principles while working on integrating social responsibility in the curriculum. In relation to the earlier discussed need for explicit teaching and pervasive integration of social responsibility in the curriculum, the focus on the Philippine society also needs to pervade throughout the curriculum, and its association to Filipino physical therapists' social responsibility will also need to be made apparent and intentional. Our students' RSA also reinforces arguments to strengthen the curriculum's focus on the Philippines society. A curriculum that tangibly gives emphasis on the needs of the Philippine society could help our students appreciate how and to whom they need to be of service and identify ways to meaningfully fulfil their RSA. Such learning experiences could be transformative for our students, especially if guided through the process of transformation (McWhinney & Markos, 2003).

Assessment of Social Responsibility. In agreement with previous discussions on assessment in section 2.3.3, the FGD participants discussed assessment of social responsibility as being an integral aspect of our BSPT curriculum, especially since demonstrating social responsibility is one of the program outcomes expected of our BSPT graduates. During the time of the FGDs, there was no formal assessment of our students' social responsibility. FGD results pertaining to potential strategies for assessing social responsibility align with suggestions from Biggs and Tang (2011) discussed in section 2.3.3 about ensuring positive 'backwash effect' with our assessment tasks. As our BSPT learning outcome on social responsibility requires students to demonstrate it, the assessment task should allow observation of our students' demonstration of being socially responsible. Aside from assessing the cognitive bases of social responsibility in select courses, results also point to the use of a learning portfolio, which requires students to document work that evidence their progress in developing and demonstrating social responsibility. This would allow our educators to assess students' progress based on the evidence they provide.

For the BSPT outcome on social responsibility, it was suggested during the FGDs that aside from academic requirement outputs and assessment, students may also opt to include in their portfolio evidence of their participation in socially responsible extracurricular activities. As social responsibility is described in Phase 1 to be motivated by altruism, volunteering in such activities may be a pertinent behavioural and attitudinal manifestation of social responsibility as these are more often driven by personal choice rather than academic pressure. Social responsibility may be a difficult value to demonstrate in a classroom and might be better shown through their free and candid interactions with the real-world, especially in non-graded activities. These could be through becoming an active member of student, advocacy, community-, or church-based organizations, or volunteering in socially beneficial events or activities organized by these groups, or volunteering in the service programs of the college or the university, beyond what is required of them in their courses. As discussed by the focus group, critical to implement within the curriculum are mentoring strategies to help students realise the benefits of extracurricular activities and ensuring a reasonable study load to encourage students' participation in such activities. A number of our students are already involved in similar endeavours, but potentially for different reasons. Our role as educators then is to help them develop their learning from these experiences during our regular mentoring meetings with them so that they could recognise the importance and benefits of social responsibility in PT practice.

Aside from using it to assess students' progress, the learning portfolio is also intended to guide students through the processes of self-evaluation, goal setting, and action planning based on an end-of-semester curation of work that best evidence their achievement of the learning outcomes. Students will also have the opportunity to discuss their reflections with their faculty mentors and work together to further learn and develop. As discussed in section 5.2, principles of praxis and critical consciousness support such processes as these allow students to critically learn from their experiences and act upon things that need changing (Ford & Profetto, 1994; Freire & Ramos). In relation to the suggestion by Annala et al. (2015) about combining cognitive and constructive learning for holistic student development, this opportunity for students to self-reflect can be considered one of our constructive approaches to educating for social responsibility as it provides them space for their own meaning-making.

Including students' self-reports and reflections in the assessment of their learning progress also encourages a participatory means of assessing (Howells et al., 2016). This empowers students to influence their own development of the learning outcomes and realize their potential (Howells et al., 2016). Such assessment practice also shifts the focus more on 'becoming' (i.e., learner experience at the centre of assessment), than 'doing' (i.e., assessing performance or behaviour in a particular time) (Bain, 2010; Howells et al., 2016), and thus encourages transformation, rather than simply performing to standards. Wear et al. (2015) warns though of coerciveness that may occur when evaluating portfolios or reflections against assessment rubrics, which is agreed on by some of the Phase 1 and 2 participants. This is because students may just take the easier path of performing to standards rather than being critical and honest with their thinking and actions (Wear et al., 2015), or what Biggs refers to as adopting surface, instead of deep, learning approaches (Biggs & Tang, 2011). As Bain (2010) argued, essential to including students' voice in their assessment is the democratic dialogic relations between students and teachers as they work together. This could help address the coerciveness Wear et al. (2015) warned about as the interest of dialogic relations is the empowerment of students. It is worth noting though that this may be difficult to do especially among educators bound by traditional views and practices.

It was also discussed during the FGDs that the learning portfolio should be designed to monitor students' transformation throughout their enrolment in the BSPT program. This agrees with previous discussions on assessment in section 2.3.3 about the importance of longitudinal assessments of changes in behaviour. It is anticipated that as students advance

from year to year, students will show progressing levels of learning and 'becoming'. For the 2018 revised BSPT curriculum, *valuing*, based on Krathwohl, Bloom, and Masia's affective domain of learning taxonomy (Myers & Goodboy, 2015), is set as the affective learning level that students need to achieve by the end of the program. Valuing, in the case of social responsibility as an outcome, can be shown through one's acceptance of the value of being socially responsible and commitment to act on it (Myers & Goodboy, 2015). As earlier discussed, this could be evidenced by academic requirement outputs (e.g., written reflections, service-oriented project plans, community-based programs implemented, PT plan of care, etc.) or participation in extracurricular socially responsible activities. The learning portfolio guidelines are currently in the process of development and will be pilot tested during the current academic year 2021-2022.

5.3.2. Maximizing Institutional Programs

This sub-section builds on earlier discussions in section 5.2.3 about managing implicit curriculum, particularly the contribution of institutional structures and cultures on students' learning. The resulting Filipino-centric description of our physical therapists' social responsibility aligns with our institutional values and commitments to the Philippine society. To have an institutional culture that is in harmony with the PT profession's ideals is an advantage for both the preparation of our students for professional practice and further flourishing of our institutional culture. Having institutional commitment to service and social responsibility, manifested through its culture, programs, and policies could, for example, inspire students to adopt such way of life during and beyond their studies (Dalton & Crosby, 2011; Hafferty et al., 2015). At the same time, facilitating our students' appreciation of their roles in helping address current and emerging health issues in the country could also help build their affective commitment towards the institution's values (Lawrence & Lawrence, 2009) and incite action consistent with these values.

In our academic unit, we have service programs that provide charity rehabilitation services to indigent patients and community engagement programs focused on working with rural or underserved communities for health promotion, rehabilitation, and PWD empowerment. Aside from their service aims, these programs are also being utilized as fieldwork and internship settings for students' academic and clinical training. Student organization activities are also expected to reflect the same social responsibility commitments of the university as these organizations are affiliated with the institution, and therefore share the same values. The FGD results concur with hidden curriculum literature (Hafferty et al.,

2015) that these institutional and student organization programs have rich potential to complement the curriculum in engendering social responsibility among our students. With their social responsibility focus, these programs are readily available resource that we can tap for this purpose.

The FGD results agree with literature (Keser et al., 2011) that our student organization activities can be a source of extracurricular experiences that could help foster attributes related to social responsibility. As earlier discussed in the assessment sub-section, socially responsible extracurricular activities are deemed beneficial for providing students real-world learning experiences without the academic pressure. Student organizations could then be maximized by guiding our students in designing and implementing activities that are socially relevant and by encouraging students' participation.

In terms of our college service programs, the FGD members expressed the need to re-orient students' perception about these programs by highlighting their service aims to maximize their potential to engender social responsibility. The FGDs revealed perceptions that our students might be likely associating their participation in these programs with academic preparation rather than with being of service to others because of implicit factors that point more towards training than service. Some of the potential factors mentioned during the FGDs were training-focused program orientations, the predominant teaching mode of clinical supervisors within these programs, and the pressure of fulfilling academic requirements during their participation in these programs, thus taking away the essence of social responsibility from the experience. The FGD results pertaining to strategies to improve on this align with suggestions to make visible and manage as possible the implicit factors that influence students' development (Hafferty et al., 2015). For example, suggestions from the FGDs include re-emphasizing to students the social responsibility focus of the service programs of the institution by allowing them to volunteer in these programs outside of their academic requirements. Taking part in these programs without the pressure of being graded could allow them to appreciate more their experience of being of service to others. Another suggestion was highlighting during orientations the service and social responsibility purposes of these programs, not just their training purposes, to help them better understand how their participation, even during training, is contributing to the overall service purpose of the programs.

These student organization activities and college service programs can be sources of learning as they can prompt reflection about oneself and about one's experience participating

in these activities/programs. However, as earlier mentioned, critical to ensuring transformation or 'becoming' are the dialogues with peers and educators (Bain, 2010; Freire & Ramos, 2009) that will help students process their experiences in relation to social responsibility. Students could still fail to recognise the social responsibility aspect of these experiences because of lack of awareness and guidance. It is strongly encouraged then that faculty advisers of these student organizations or students' faculty mentors provide opportunities for democratic dialogues following students' participation in the activities to facilitate learning about social responsibility from these experiences. In relation to the BSPT learning portfolio, students will also have the opportunity to have these dialogues with their faculty mentors should they use their participation in such activities to evidence their learning and development.

5.3.3. Building Educators' Capacity

This sub-section builds on earlier discussions in sections 2.3.6 and 5.2.3 about the influence of educators' contribution not only to the formal curriculum, but also to the implicit curriculum. The FGD results echo arguments from literature (Freire & Ramos, 2009; Hafferty et a., 2015; Manca et al., 2020; Sharma et al., 2018) about the significant responsibilities and tasks of educators for educating for social responsibility within and beyond the formal curriculum. For instance, the FGD results concur with recommendations from Manca et al. (2020) and Sharma et al. (2018) discussed in section 2.3.6 about the need for educators to be critically conscious and reflexive themselves to be able to engender the same to their students. The FGD results also agree with earlier discussions that educators ought to be role models to students and will need to demonstrate the behaviours and attributes intended for them to imbibe (e.g., being critically conscious, service-oriented, etc.) (Cruess & Cruess, 2015; Dharamsi et al., 2011; Ford & Profetto, 1994; Shannon, 2017).

FGD participants proposed adopting a mentoring relationship with students to support them through their transformation towards demonstrating social responsibility and the other BSPT outcomes. This envisioned mentoring relationships with our students can serve as safe spaces for dialogues to help them process their experiences and reflections and to also learn from students' views. This relates to earlier discussions about the importance of having dialogic relations with students to facilitate students' moral agency and professional identity formation. Especially during this time of COVID-19, mentoring can provide the necessary support for deeper engagement in experiential and collaborative learning (Grenier et al., 2020).

Mentoring has been defined variedly in higher education literature; however, for undergraduate mentorship, it broadly involves directly or indirectly improving students' academic outcomes (Lunsford et al., 2017). As discussed during the FGDs, mentoring our students could be a part of the learning portfolio system for assessing and guiding students as they work towards achieving the BSPT outcomes, including demonstrating social responsibility. In this system, the student-mentor pair will come together at the end of every semester to discuss the student's portfolio, reflections, and plan for changes. It is anticipated though that these mentoring relationships could flourish beyond the purpose of the learning portfolio. However, subsequent discussions with the rest of the faculty about these plans raised the issue of work credit allotment to make sure that mentoring functions are factored into their workload. Plans to pilot test the learning portfolio and mentoring schemes to determine its feasibility and the resources needed to sustainably implement it could help address this issue.

In agreement with literature discussed in section 2.3.6 (Ardaiolo et al., 2011; Faulkner & McCurdy, 2000; Glass, 2013), FGD results propose the need for strategic capacity-building efforts for educators to help them perform the abovementioned roles and meet the demands of educating for social responsibility. Some of the strategies to build capacity suggested during the FGDs were holding more discussions about social issues and PT societal roles to encourage educators' engagement in these issues and roles, and participating in socially relevant activities to gain experience of the realities of these issues. Our educators could maximize the opportunities within our university and/or network beyond our institution to expand our opportunities to participate in socially relevant activities. Such experiences will not only increase educators' awareness, but also improve their expertise in these contexts (Kelley et al., 2008). Participants also cited the need for upskilling for responsibilities related to mentoring and developing critical consciousness and praxis.

Another potential strategy that could help manage the influence of educators on students' development of social responsibility within and beyond the curriculum is ensuring that the values of educators align with the those of the institution and the BSPT program. This could start from faculty recruitment by checking how their values, beliefs, and goals correspond with the mission and purpose of the university and the profession. This alignment of values can be further strengthened through employed educators' participation in various university activities as part of their socialization into the institution, thereby supporting roles to foster the same values to students.

In summary, this sub-section discussed the FGD results pertaining to the planned integration of social responsibility in our institution's BSPT curriculum. The results substantiate discussions from the previous sub-sections about making space for both cognitive and constructive learning approaches, particularly integrating praxis in the curriculum, for students' holistic development. The discussed curricular improvement strategies (i.e., explicit teaching of social responsibility, providing more opportunities to learn about their societal roles, having a stronger focus on the Philippine society, and including students' voice in assessing their development of social responsibility) illustrate the combining of the cognitive foundations of social responsibility and constructive learning approaches into our BSPT curriculum. The results pertaining to stronger curricular integration of social responsibility in our BSPT curriculum further illustrates a way to balance out the greater attention on helping students achieve clinical competencies with equal focus on developing their social responsibility and overall moral agency and professional identity.

This sub-section also built on previous discussions about the implicit curriculum, particularly the potential influence of institutional programs and educators' beliefs and values, especially their being socially responsible themselves, on students' social responsibility. Overall, the results suggest the need to manage as much as possible such influences to maximize their contribution in developing students' social responsibility. Our students can be encouraged to participate in socially responsible institutional programs to enable such development, and educators can build their competencies and adopt a more socially responsible practice to better foster social responsibility within and outside the curriculum. Appendix 9 outlines these suggestions.

5.4. Insights for the Wider Physical Therapy Practice and Education

The results offer some insights that may be of benefit to the wider physical therapy profession and education. First, the results of this study support arguments that physical therapists should engage with society to ensure that all those who need PT services are able to access them (Edwards et al., 2011; Purtilo, 2000). This ethical transformation of PT to a societal identity urges physical therapists to "accept responsibility for the well-being of all members who can benefit from our services" (p. 1119; Purtilo, 2000). The study results imply the need to push for this transformation continually and more widely to the PT profession in general. As the sixth theme of Phase 1 suggests, having discourses on the societal role of physical therapists, for example through PT curricula, research, in conferences, or continuing

professional development activities, could prompt wider recognition of this evolving role and upskilling among present and future physical therapists. The professional organisations could also have a policy-making and leadership role in pushing this agenda forward. Overall, the study results propose that physical therapists continue to work towards an expanded framework of practice that includes the wider issues that affect individual and societal health.

Second, with social responsibility being one of the expected professional behaviours of the PT profession globally (World Physiotherapy, 2011), clarifying what it means for specific practice context/settings could help set practice expectations that will guide physical therapists' actions. The results of this study agree with earlier discussed literature (Dharamsi et al., 2007; Gobodo-Madikizela, 2009; Hadian Jazi et al., 2019) (see section 2.2) that the distinct practice and local contexts determine the specific nature of a profession's social responsibility, and that individuals' values and beliefs affect how one will respond to calls for socially responsible actions. As illustrated in an earlier discussed study among South African physical therapists (see section 2.2.4), although respondents accept the profession's societal identity, there were mixed views of what social responsibility means (Mostert-Wentzel et al., 2012). Clarifying the specific nature of the profession's social responsibility, with thoughtful consideration of its social contexts, could foster a shared understanding of these responsibilities. The resulting conceptualization of Filipino physical therapists' social responsibility suggests clarifying the societal issues that need physical therapists' attention and potential ways to respond or act upon them. These could then guide physical therapists' actions and ensure that such actions contribute to the collective effort of the profession towards improving societal conditions.

Third, as the context where social responsibility is to be applied influences the nature of a profession's social responsibility (Dharamsi et al., 2007), continuing discourses at the local and global levels on what it entails should be held to ensure that the profession remains relevant to the evolving needs of its society. For our PT profession here in the Philippines, this would clearly be beneficial as we are currently in the midst of professional and health care changes. The PT profession in our country is pushing for new PT legislation that will inevitably influence the practice, including its potential role in the health system and wider society. Reforms in the country's health care system are also expected with the signing of the Universal Health Care bill into law (Congress of the Philippines, 2019). All over the world, demographic, environmental, and resulting epidemiologic changes brought by globalization

warrant continuing discussions on the role of PT in improving societal conditions through its contributions to health care.

In relation to educating for social responsibility, the results of this study, as supported by literature (Cruess & Cruess, 2015; Faulkner & McCurdy, 2000; Glass, 2013; Hafferty et al., 2015; Kelley et al., 2008), propose the integration of social responsibility into students' entire academic experience to ensure their holistic development. This is particularly helpful for those that do not have a social responsibility agenda in their curriculum or those PT curricula that tend to be largely competency-driven at the expense of developing other outcomes pertinent to individual agency. Results encourage PT educators globally to reflect on the orientation of their curriculum and ensure adequate learning spaces for student transformation. This study proposes the need to integrate social responsibility more pervasively and explicitly into the curriculum to ensure that not only professional competencies are developed, but also social responsibility and other humanistic attributes. Covering both the cognitive bases of social responsibility as well as providing spaces for more constructive learning could ensure the holistic development of social responsibility (Cruess & Cruess, 2015). The results propose constructive learning approaches such as early, frequent, and gradual real-world experiential learning opportunities, developing critical consciousness about social injustices in health through recursive action and reflection, democratic dialogues to process learnings, and employing participatory means of assessment such as self-reflection. Results and the literature imply that such learning spaces will thrive more in a curriculum that allows students to be active in their own meaning-making and enables them to critically reflect on self and social issues and act upon them (e.g., curriculum as praxis) than in rigidly content- or competency-driven curricula (Annala et al., 2015).

The results, as supported by literature (Hafferty et al., 2015), also suggest that a holistic integration of social responsibility in PT education involves not only explicit teaching of social responsibility through a formal curriculum, but also embodying social responsibility in other equally important aspects of their education (i.e., implicit curriculum). The results only focused on managing the influence of institutional programs and core values and of educators' way of being on students' development. However, literature on hidden curriculum propose, with a warning that it may not be possible to control all, that other implicit curriculum factors (e.g., organizational structure, classroom dynamics, professional norms, etc.) are also worth looking into as these can also have an effect on students' overall learning (Hafferty et al., 2015). Appendix 9 outlines the insights that this study offers to the wider PT

profession and PT education. Readers are also encouraged to make inferences about the applicability of the findings to their own context based on the contextual information provided here. Results of this study may serve as stimulus for reflection for readers as they explore their own practice.

5.5. Limitations of the Study

The design and scale of this study, which is specific to Philippine physical therapy and our institution's context, limits the generalizability of its results to other contexts. The results and conclusions drawn from this research are based on the perceptions of a small number of physical therapists and some of my colleagues. The need for further studies to gather insights from a larger sample about the topic is acknowledged. However, there is still potential for transferability of the findings to other contexts. To facilitate this, detailed information about the context wherein the study was situated (i.e., the local health care situation, PT practice, PT education, and our academic institution and BSPT program), the characteristics of the participants, and the research processes implemented were provided. This information could guide readers in reflecting on how the study's contexts compare to their own and the extent to which the study's findings could be applied to their own situation. Despite this limitation, this study could still offer insights that would benefit the wider PT profession and the education of PT students as explained in the previous section and as outlined in Appendix 9.

Another possible limitation is the lack of gender diversity among the Phase 2 participants. As mentioned in section 3.2.2, this was more coincidental than intentional as the circumstances during the time of data collection led to the most appropriate participants being all female. There may be a lack in 'male perspectives' during the focus group discussions. However, during my presentation of the results to the rest of the PT Department and the subsequent discussions among its members, all, including our male members, were in agreement with the results and were supportive of the planned actions to better integrate social responsibility into our curriculum. This shows that our male colleagues are likely to share the same insights as those of the focus group members. Subsequent planning and actions already involve the rest of the PT Department.

5.6. Conclusions and Future Developments

This study aimed to define social responsibility of Filipino physical therapists and to explore our institutional practices of educating for social responsibility. The results put forth

that, similar to other professions, Filipino physical therapists' social responsibility is a professional duty that needs to be fulfilled to stay true to our social contract. However, despite being obligated, the profession expects from its members that their social responsibility is still fulfilled with humanistic motivations that reflect genuine desire for social change. Filipino physical therapists' fulfilment of their social responsibility was recommended to be through responding to the pressing social issues of the country, particularly those that contribute to inequities in health. This recommendation agrees with the expansion of ethical and practice frameworks that involves true partnership with the larger community to ensure universal access to PT services. These conceptualizations of Filipino physical therapists' social responsibility imply the need to be mindful and critical of the prevailing issues that affect everyone's ability to access PT and to act on these issues, which will require working with others beyond the bounds of rehabilitation. These suggest that Filipino physical therapists indeed have a role not only in individualized client care, but also in addressing wider issues that affect experiences of health and illness. These descriptions of social responsibility propose the need for Filipino physical therapists to change the way we see and act on our roles in the health care system.

Discussions as to what is necessary to educate students for social responsibility highlighted the need for curricular—formal and implicit—improvement, particularly by adopting a curriculum based on praxis, or one that combines cognitive and constructive learning processes for holistic student development. Results emphasize developing students' critical consciousness, facilitating experiential and service learning, and reflective dialogues. Strategies recommended to improve how we at our university educate our students substantiate these recommendations. These strategies include stronger integration of social responsibility into the curriculum to foster gradual, Filipino-focused, and participatory development of social responsibility; maximizing institutional programs to complement the formal curriculum in fostering social responsibility; and pursuing faculty development to support the implementation of such curriculum and to be a positive influence on students' development. Providing such transformative education is a must for me and my colleagues as it is one of the missions of our university. Producing not just competent graduates but also empathic, critically conscious agents of change is an opportunity to not just influence the profession but also to further the contribution of our institution particularly to health care delivery and the health workforce of the country.

To my knowledge, this study is the first to engage in the topic of social responsibility of Filipino physical therapists. Despite the study's limitations, the results still provide useful preliminary, yet in-depth information about what social responsibility could mean for our profession and what it entails to prepare students for a socially responsible practice (see Appendix 9). The findings could serve as basis for reflection, action, and continuing discourses about our profession's social responsibility and how we prepare physical therapists for such responsibility.

As Freire argued, the process of becoming is never complete (Freire & Ramos, 2009). Thus, learning about physical therapists' social responsibility should also occur beyond BSPT education. Because social responsibility and ensuring social justice are also important professional behaviours for other disciplines (e.g., medicine, nursing, public health), an interdisciplinary approach to learning social responsibility could also be significantly beneficial to PT students. It could widen one's perspective about the concept because of their exposure to how it is perceived, learned, and practiced in other disciplines. This could consequently lead to learning how these disciplines could work together to further their impact on society. Interdisciplinary interactions could likewise deepen one's understanding of issues because of the different perspectives that come into play, which could also broaden one's understanding on how to address these issues. Learning and character development is also lifelong and there is only so much that can be done during undergraduate education to develop desired professional attributes. As Phase 1 participants also proposed, nurturing social responsibility should continue beyond BSPT through continuing professional development activities (e.g., conferences, seminars, research) and post-graduate programs. With COVID-19 continuing to threaten not only the health but also the overall way of living of every society, and with the continuously evolving society, the profession's concept of social responsibility could also be changing. It is imperative to continue discourses on this topic to remain relevant and responsive to the times. As part of my plans to continue with my collaborative inquiry on this topic, it would be helpful to follow up on my colleagues on whether their ideas on what social responsibility means and how we should educate students for it have changed.

This study has deepened my understanding of social responsibility and strengthened my motivation to better educate our students for social responsibility and to advocate for it among my PT colleagues within and outside my academic institution. Because of my role as an insider researcher in this study, I was able to confront my limitations as an educator and

realise how I can improve my practice and how I can contribute to the improvement of our collective institutional practice and our curriculum in educating for social responsibility. I was also able to appreciate the benefits of insider research in understanding and addressing problems in our practice, and also of doing it collaboratively with those who are affected by these issues to generate practical knowledge that is of value to all those involved. Because of these, it is my intent to continue the inquiry on this topic through further collaboration with my colleagues. This has started with our work on pilot-testing the learning portfolio for assessing student outcomes, including social responsibility, and organizing a mentoring workshop for our department as we saw that mentoring will be a significant component of educating our students for social responsibility. My colleagues and I plan to evaluate our effectiveness in fostering social responsibility by assessing student outcomes and evaluating their learning experience following the application of the study results in our BSPT curriculum. Such empirical research could further guide the stronger integration of social responsibility into our education and professional practices.

It is also my intent to contribute to scholarly discourse in the wider PT profession and higher education fields about PT social responsibility and educating for it. For this, I have presented this study's results at our profession's annual convention last year. The positive response and expressions of shared interest from some of the attendees furthered my intent to work with PPTA in strengthening social responsibility in PT education and practice. I also hope to be able to present to a global audience of educators to get their thoughts on this study and the topic in general. I also submitted two articles for publication in peer-reviewed journals: one is on how Filipino physical therapists' perceive their social responsibility, and another on developing a transformative PT curriculum for educating for social responsibility. I am committed to seeing these endeavours through, to continuously improving myself as an educator-researcher, and to contributing to the knowledge base on PT education.

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Appendices

Appendix 1. Phase 1 Interview Guide Questions

1. What does social responsibility mean to you?
2. From your perspective as [role], what do you think should be the social responsibilities of Filipino physical therapists? Why do you say so?
3. Would these social responsibilities of Filipino physical therapists differ from those of physical therapists in other countries? Why or why not?
4. What do you think should physical therapists possess, learn, or develop so that they could perform these responsibilities?
5. Do you know of any instance wherein social responsibility was/is being demonstrated? It can be a personal experience or something you have witnessed from others. In what way was social responsibility demonstrated? In your opinion, what knowledge/skills/attitudes or values did he/she/they possess to be able to demonstrate such social responsibility?
6. What do physical therapy schools need to do to help physical students learn and develop these knowledge/skills/attitudes or values?

Appendix 2. Ethics Approvals

Dear Yves Palad,		
I am pleased to inform you that the EdD. Virtual Programme Research Ethics Committee (VPREC) has approved your application for ethical approval for your study. Details and conditions of the approval can be found below.		
Sub-Committee:	EdD. Virtual Programme Research Ethics Committee (VPREC)	
Review type:	Expedited	
PI:	Pauline Armsby	
School:	HLC	
Title:	Defining social responsibility and exploring strategies for educating physical therapy students for socially responsible practice	
First Reviewer:	Kathleen M Kelm	
Second Reviewer:	Carolina Guzman	
Other members of the Committee	Jose Manuel Reis Jorge, Martin Gough, Lucilla Crosta	
Date of Approval:	3 September 2020	
The application was APPROVED subject to the following conditions:		
Conditions		
1	Mandatory	M: All serious adverse events must be reported to the VPREC within 24 hours of their occurrence, via the EdD Thesis Primary Supervisor.
This approval applies for the duration of the research. If it is proposed to extend the duration of the study as specified in the application form, the Sub-Committee should be notified. If it is proposed to make an amendment to the research, you should notify the Sub-Committee by following the Notice of Amendment procedure outlined at http://www.liv.ac.uk/media/livacuk/researchethics/notice%20of%20amendment.doc.		
Where your research includes elements that are not conducted in the UK, approval to proceed is further conditional upon a thorough risk assessment of the site and local permission to carry out the research, including, where such a body exists, local research ethics committee approval. No documentation of local permission is required (a) if the researcher will simply be asking organizations to distribute research invitations on the researcher's behalf, or (b) if the researcher is using only public means to identify/contact participants. When medical, educational, or business records are analysed or used to identify potential research participants, the site needs to explicitly approve access to data for research purposes (even if the researcher normally has access to that data to perform his or her job).		
Please note that the approval to proceed depends also on research proposal approval.		

Kind regards,

Lucilla Crosta

Chair, EdD. VPREC

CERTIFICATION OF APPROVAL

This certifies that the **University of the Philippines Manila Research Ethics Board (UPMREB) Review Panel 1** which is constituted and established, and functions in accordance with the requirements set by the University of the Philippines Manila, the Philippine Health Research Ethics Board (PHREB); and in compliance with the WHO Standards and Operational Guidance for Ethics Review of Health-related Research with Human Participants (2011), the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use (2016), and the National Ethical Guidelines for Health and Health-related Research (2017), has approved the following study protocol and related documents:

TYPE OF SUBMISSION: Resubmission	
UPMREB CODE: UPMREB 2020-411-01	
STUDY PROTOCOL TITLE: Defining social responsibility and exploring strategies for educating physical therapy students for socially responsible practice	
PRINCIPAL INVESTIGATOR: Prof. Yves Palad	
TYPE OF REVIEW: Expedited Review	
SPONSOR/FUNDING AGENCY: Investigator	
APPROVAL DATE: 20 July 2020	**EXPIRY OF ETHICAL CLEARANCE*:** 31 July 2021 Study protocols are reclassified as *Inactive* after expiry of ethical clearance.
DUE DATE OF APPLICATION FOR RENEWAL OF ETHICAL CLEARANCE (30 days before expiry): 29 June 2021 Submit application using the UPMREB FORM 3(B): Continuing Review Application Form.	**FREQUENCY OF CONTINUING REVIEW:** Yearly
APPROVED SITE/S: University of the Philippines Manila	
DOCUMENTS APPROVED BY UPMREB: 1. Study protocol version 2 dated 09 July 2020; 2. Interview Guide Questions version 2 dated 09 July 2020; 3. Participant Information Sheet (Phase 1) English version 2 dated 09 July 2020; 4. Participant Consent Form (Phase 1) English version 2 dated 09 July 2020; 5. Participant Information Sheet (Phase 1) Filipino version 2 dated 09 July 2020; 6. Participant Consent Form (Phase 1) Filipino version 2 dated 09 July 2020; 7. Participant Information Sheet (Phase 2) English version 2 dated 09 July 2020; 8. Participant Consent Form (Phase 2) English version 2 dated 09 July 2020;	

9. Participant Information Sheet (Phase 2) Filipino version 2 dated 09 July 2020; and
10. Participant Consent Form (Phase 2) Filipino version 2 dated 09 July 2020.

TECHNICAL DOCUMENTS INCLUDED IN THE REVIEW:

- Curriculum Vitae and GCP training certificate (5-6 December 2019) of Prof. Yves Palad as principal investigator

RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR WHILE STUDY IS IN PROGRESS (*Please note that forms may be downloaded from the UPMREB website:* ***reb.upm.edu.ph***):

1. Register research study in the Philippine Health Research Registry upon approval (http://registry.healthresearch.ph)
2. Progress report using the attached UPMREB FORM3(B)2012: Continuing Review Application Form, as indicated above, which includes the following: *(NOTE: In view of active ethical clearance, this report is mandatory even if the study has not started or is still awaiting release of funds.)*
    a. Date covered by the report
    b. Protocol summary and status report on the progress of the research
    c. Philippine Health Research Registry ID
    d. Number of participants accrued
    e. Withdrawal or termination of participants
    f. Complaints on the research since the last UPMREB review
    g. Summary of relevant recent research literature, interim findings and amendments since the last UPMREB review
    h. Any relevant multi-center research reports
    i. Any relevant information especially about risks associated with the research
    j. A copy of the informed consent document
3. Any amendment/s in the protocol, especially those that may adversely affect the safety of the participants during the conduct of the trial including changes in personnel, and revisions in the informed consent, must be submitted or reported using UPMREB FORM3(A)2012: Study Protocol Amendment Submission Form.
4. Report of non-compliance (deviation/violation), whether minor or major, at the soonest possible time up to six (6) months after the event, using UPMREB FORM 3(D)2012: Study Protocol Non-Compliance (Deviation/Violation) Report.
5. Reports of adverse events including from other study sites (national, international) using the UPMREB FORM 3(G)2012: Suspected, unexpected serious adverse event/reaction/s report, with timelines for submission guided by the GL 02 Version

2.0: Guideline on Reporting Serious Adverse Events; or list of reportable negative events using the UPMREB FORM 3(I)2012: Queries, Notification, and Complaints.

6. Notice of early termination of the study and reasons for such using UPMREB FORM 3(E)2012, or notice of time of completion of the study using UPMREB FORM 3(C)2012: Final Report Form.
7. Any event which may have ethical significance, and/or any information which is needed by the UPMREB to do ongoing review.

CECILIA A. JIMENO, MD
Chair, UPMREB Review Panel 1

Appendix 3. Sample Participant Information Sheet

Participant Information Sheet

Version number & date:	Version 2, 09 July 2020
Research ethics approval number:	
Title of the research project:	Defining social responsibility and exploring strategies for educating physical therapy students for socially responsible practice (Short title: Social responsibility in physical therapy education)
Name of researcher:	Yves Y. Palad

Dear colleague,

I am humbly inviting you to participate in a study involving a research, which I am doing as a student at the University of Liverpool, UK, about educating physical therapy students for social responsibility. Specifically, I am inviting you for an interview to discuss your perspectives about the social responsibility of Filipino physical therapists and what it should entail. Your unique perspectives will surely be helpful in developing a shared understanding of what social responsibility is for our profession here in the country. The resulting conceptualization of social responsibility from all interviews will be of direct benefit to the succeeding part of this study as it will also be used to inform the analysis of current pedagogical strategies in fostering social responsibility among physical therapy students.

In brief, the interview will be for one to two hours to be held online. We will schedule the interview at your convenience. We can use Filipino, English or both for the interview. With your permission, the interview will be recorded so that I can transcribe and translate it for thematic data analysis. Please be assured that all data will be handled and processed in accordance to Philippine and UK data privacy/protection legislations. Measures will be implemented to protect your privacy and the confidentiality of your data. The research proposal was approved for implementation by both the University of the Philippines Manila Research Ethics Board and Liverpool Online Research Ethics Committee.

I prepared for you this information sheet to help you understand the research study more and decide whether to participate. This document contains more details about the research, its purposes, and procedures. Please take time to read the following information carefully and feel free to ask me if you would like more information or if there is anything that you do not understand. I would like to emphasize that you are not obliged to accept this invitation and should only agree to participate if you are willing to.

Thank you for reading this.

Respectfully,

Yves

What is the purpose of the study?

Physical therapists are crucial human resource for health, especially since rehabilitation and illness and disability prevention are increasingly becoming a central health care response to 21st century health challenges (e.g. impact of an increasingly ageing population, rising prevalence of lifestyle and non-communicable diseases and injuries, etc.). Having a sense of social responsibility and translating this into action that could contribute to societal health needs, especially among the most vulnerable, are needed among physical therapists. This is especially warranted given the World Health Organization's Rehabilitation 2030 call for action wherein efforts to scale-up rehabilitation services are being demanded (WHO, 2017).

My aim with this research study, therefore, is to contribute to the promotion of social responsibility among undergraduate physical therapy (PT) students. However, to be able to do this, it is important to identify what social responsibility specifically entails among Filipino physical therapists to inform the strategies appropriate for fostering social responsibility among PT students. Thus, the objectives of this research are to:

1. Define social responsibility of Filipino physical therapists from a synthesis of multiple perspectives by identifying specific behaviors and actions leading to the development and demonstration of social responsibility;
2. Explore perspectives of faculty members of a BSPT program about their practice of educating for social responsibility using the developed definition as framework; and
3. Explore potential improvements in the faculty members' practice to better foster social responsibility among PT students.

Why have I been chosen to take part?

This research study has two phases: 1) the first phase (Phase 1) will be to address the first research objective through interviews with physical therapists; and 2) the second phase (Phase 2) will be to explore perspectives about practices in educating for social responsibility through a collaborative discussion with PT educators. The developed definition from Phase 1 will be used as a framework to guide the inquiry and analysis in Phase 2.

You are being invited to participate in **Phase 1** of the study because your insights and perspectives will be useful in defining what social responsibility is for Filipino physical therapists and what their social responsibilities entail.

Do I have to take part?

Please understand that you are not obliged to take part in this study. You should only agree to participate if you are fully willing after reading through this information sheet. Your participation should be completely voluntary. If you agree, you consent to participating for the duration of this study which

may last until March 2022, and consent to the use and storage of your study-related personally identifiable and anonymized information and responses subject to University of Liverpool and UP Manila policies for at least 10 years after the conclusion of this study, after which all records of your data will be deleted. You are also free to withdraw your participation at any time during the study, without any explanation and without any form of repercussions or disadvantage on your part.

What will happen if I take part?

You will take part in an interview with me about the social responsibilities of Filipino physical therapists, and what these responsibilities entail in terms of knowledge, skills, and attitude or values.

Data collection for Phase 1 will be conducted through interviews with PT practitioners and leaders in the PT profession. There will be at least 9 others who will be interviewed for this phase, or until no new data can be gathered signalling that further data collection is unnecessary. Each participant will be interviewed only once, and the interview will last for one to two hours. Interviews will be done via an online video conferencing program, particularly Zoom or Skype. You may use Filipino, English or a combination of both during the interview. With your permission, your interview will be recorded, transcribed, and Filipino responses will be translated to English for thematic data analysis. Scheduling the interview will be based on your availability. All procedures will be carried out by me as the researcher.

How will my data be used?

As the researcher, I will be the person responsible for handling and processing your data. While the study is to be implemented here in the Philippines, I am conducting this study as a student of the University of Liverpool (UK). As such, be assured that data security and privacy will be in line with provisions from both the Philippines' Republic Act No. 10173 (Data Privacy Act of 2012) and the UK Data Protection Act 2018. All records of your identification will be kept confidential and not be made publicly available to the extent permitted by Philippine and UK laws.

Under the Philippine Data Privacy Act of 2012, you have the right to be informed that some of your personal data (i.e., name, age, years in practice, nature of practice) will be collected from you and processed for this study. You also have the right to object or withhold consent to the processing of your data in case of any changes or amendment to them. You also have the right to access records of your data in this study should you wish to. You have similar rights under the UK Data Protection Act 2018. For any queries relating to the handling of your personal data, feel free to send them to me via any of my contact information which are provided at the end of this document.

Further information on how your data will be used can be found in the table below.

How will my data be collected?	Your data and responses will be collected through an interview, which will be recorded and transcribed and translated to English for data analysis.
How will my data be stored?	Electronic records of your data, including recordings and transcriptions, will be stored in my password-protected electronic storage, and physical records of

	your data will be kept in one of my locked cabinets. Both storages will only be accessible to me as the researcher.
How long will my data be stored for?	Your data will be stored for at least 10 years after the conclusion of the study.
What measures are in place to protect the security and confidentiality of my data?	The physical storage space and the electronic storage where your data will be stored will be locked and password-protected, respectively. Only I as the researcher will be able to access them.
Will my data be anonymised?	Transcriptions of our interview recordings will be anonymised by replacing your identifying information with a proxy name. This proxy name will also be used in resulting research reports and publications to protect your identity.
How will my data be used?	Your demographic characteristics, i.e., years in practice and nature of practice, will be used in aggregate with other participants' data to describe the overall characteristics of the study's participants. Your interview responses will be transcribed and translated to English for thematic analysis. Only anonymized data will be used in research reports.
Who will have access to my data?	Only I as the researcher will have access to the interview recordings. De-identified transcriptions and resulting codes and themes from all transcriptions will be accessible to me and my thesis supervisor. You may also request for access to your information; however, this is only possible before your information is anonymized.
Will my data be archived for use in other research projects in the future?	Yes, anonymized data, de-identified transcriptions, and results will be archived in my personal computer for potential sharing and use by other researchers to support other researches in the future.
How will my data be destroyed?	After at least 10 years of storage, your data will be permanently deleted from the electronic storage, and all physical records of data (e.g. transcripts and memos) will be shredded and disposed.

Transferring data outside the EU

Your data will not be transferred outside the European Union since this research is under the University of Liverpool (UK). However, data collected will be within the Philippine jurisdiction as the study will be conducted in the country. As earlier mentioned, all records of data, paper and electronic, will be kept in secure storages under my possession, and these will only be accessible to me.

Will I get paid or incur any expenses if I participate?

There will be no payments to you when you participate in this study. However, I will reimburse your expenses of up to PhP250.00 should you need to spend for internet access or transportation.

Are there conflicts of interest involved?

There are no conflicts of interest involved in this part of the study (i.e. Phase 1).

Are there any risks in taking part?

There are no significant risks involved in this study. As complete elimination of risks is not possible for any research, risks will be kept minimized throughout the study by strictly following the research proposal. Should experience of discomfort or disadvantage arise from participating in this research, kindly let me know immediately so that this may be addressed.

Are there any benefits in taking part?

There will be no immediate and direct benefits to the participants of Phase 1 at the time of the research. However, benefits that could arise after this research include the potential of the resulting definition of social responsibility to be used as a framework for PT policy-making and in designing strategies for fostering social responsibility among PT students. Practical knowledge resulting from the second phase of the study will likewise have potential benefits to PT education practice.

What will happen to the results of the study?

Please be assured that you will not be identifiable from the results of the study and in reports or publications of these results as your responses will be anonymized. Results of the study in the form of a research report can be made available to you upon your request. The results will also be disseminated through presentations in conferences and be shared to relevant bodies such as the Philippine Physical Therapy Association and/or Commission on Higher Education. The results will likewise be submitted for publication in a peer-reviewed journal. If the results are published, you can be given a copy or a link to an online version upon your request.

What will happen if I want to stop taking part?

You can withdraw your participation at any time, without explanation necessary. Upon withdrawal, you may request for your data and responses to be dropped from data collected and be destroyed so that it cannot be used further. However, if you withdraw your participation after transcriptions of your interview have been anonymised, your responses may no longer be dropped from the collected data. Please inform me of your request to drop your data through my contact information provided at the end of this document.

What if I am unhappy or if there is a problem?

If you are unhappy or you have encountered a problem related to this study, please feel free to let us know by contacting me through any of the contact details provided below or my supervisor, Pauline Armsby, through email at pauline.armsby@online.liverpool.ac.uk, and we will try to help. If you remain unhappy or have a complaint which you feel you cannot come to us with, then you should contact the bodies that approved this study: Liverpool Online Research Ethics Committee (LOREC) at liverpoolethics@liverpool-online.com and/or the University of the Philippines Research Ethics Board (UPMREB) through its contact details found below.

Cecilia A. Jimeno, MD

Chair, UPMREB Review Panel 1
Address: Room 126, Ground Floor
National Institutes of Health, UP Manila
623 Pedro Gil St
Ermita 1000 Manila
Email: upmreb@post.upm.edu.ph

Tel: +63 2 8526-4346

When contacting LOREC or UPMREB, please provide details of the name or description of the study (so that it can be identified), the researcher involved, and the details of the complaint you wish to make.

The University strives to maintain the highest standards of rigour in the processing of your data. However, if you have any concerns about the way in which I process your personal data, it is important that you are aware of your right to lodge a complaint with the Information Commissioner's Office by calling 0303 123 1113.

What is funding this research and what are the researcher's affiliations?

This research is self-funded and has not been applied for funding from any funding agency. I am currently employed as an Assistant Professor at the University of the Philippines Manila where I teach physical therapy to undergraduate and graduate students.

Who can I contact if I have further questions?

Should you have further questions, please feel free to contact me through any of the contact details below.

Contact details

Student Investigator: Yves Y. Palad
Email: yves.palad2@online.liverpool.ac.uk
Mobile: +639176300407
Thesis Supervisor: Pauline Armsby
Email: pauline.armsby@online.liverpool.ac.uk

Appendix 4. Sample Participant Consent Form

Participant consent form

Version number & date:	Version 2, 09 July 2020
Research ethics approval number:	UPMREB 2020-411-01
Title of the research project:	Defining social responsibility and exploring strategies for educating physical therapy students for socially responsible practice [Short title: Social responsibility in physical therapy education]
Name of researcher(s):	Yves Y. Palad

Please initial box

1. I confirm that I have read and have understood the information sheet dated 09 July 2020 for the above study, or it has been read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that taking part in the study involves participating in a 1- to 2-hour interview through an online video conferencing program and having my responses recorded, transcribed, and translated for data analysis. ☐
3. I understand that my participation is voluntary and is bound only within the duration of the study. I understand that I am free to stop taking part and can withdraw from the study at any time without giving any reason and without my rights being affected. ☐
4. I understand that I can ask for access to the information I provide, and I can request the destruction of that information if I wish at any time prior to the anonymization of the transcription of my responses. I understand that after this point I will no longer be able to request access to or withdrawal of the information I provide. ☐
5. I understand that the information I provide will be held securely and in line with data protection requirements at the University of Liverpool and the University of the Philippines Manila and UK and Philippine data privacy/protection legislations until it is fully anonymized and then deposited in an electronic storage for sharing and use by other authorised researchers to support other research in the future. ☐
6. I understand that personal information collected about me that can identify me, such as my name or where I work, will not be shared to others. ☐
7. I understand that my responses will be kept strictly confidential. I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. ☐

8. I understand that my information, signed consent forms, original recordings, and transcriptions will be used and stored in storages only accessible by the researcher until at least 10 years after the conclusion of the study when these will be destroyed and disposed. ☐
9. I understand that there are no significant risks in participating in this study. I understand that although there are no immediate benefits to me during the research, the results of the study can have wider implications to the PT profession and education. ☐
10. I understand that I will not be paid for my participation, but my expenses for transportation or internet access for this study of up to PhP250.00 will be reimbursed. ☐
11. I agree to being contacted at a later date and invited to take part in future studies. I understand that I am only agreeing to receive information and I am under no obligation to take part in any future studies. If you decide not to consent to being contacted in the future it will not have any influence on your involvement in this particular research study. ☐
12. I agree to take part in the above study considering all information provided to me about the study in the information sheet. ☐

_____	_____	_____
Participant name	Date	Signature
Yves Y. Palad	_____	_____
Name of person taking consent	Date	Signature

Student Investigator

Yves Y. Palad
Doctor of Education student | University of Liverpool
Assistant Professor | University of the Philippines Manila
+639176300407
yves.palad2@online.liverpool.ac.uk

Thesis Supervisor

Pauline Armsby
pauline.armsby@online.liverpool.ac.uk

Appendix 5. Illustration of the thematic analysis process using Phase 1 Theme 1

Textual data	Coding	Collating similar codes into sub-themes	Grouping similar sub-themes into themes and labelling
Participant 07: I guess we all have a common, core responsibility to human life, right? For example, making sure that the rights of others are not being curtailed, that every voice is heard, those things.	Common responsibility to humanity	Contributing to the improvement of society	Altruistic service to society
Participant 14: Whenever we go out [to serve], when go to far-flung areas, [we] think of it as our way of paying it forward.	Giving back to society		
Participant 10: It's like doing everything in your power to help alleviate whatever problem that needs to be answered to improve the conditions of the society.	Improving the conditions of society		
Participant 06: I think social responsibility is something that is not being obliged of you; it's something that is in you that guides how you live.	Taken upon oneself	Internally motivated behaviour	
Participant 05: …with or without regulation, with or without laws, with or without anyone looking at you, the ethical values that you have will guide you in performing your social responsibilities.	Influenced by personal values		
Participant 15: It's going the extra mile beyond the scope of your work and [doing it] not because you are duty bound or because you're paid to do so.	Beyond own interests		
Participant 04: It is a selfless act... To be of service means being available/accessible to those in need, and I guess that is one aspect of social responsibility.	Selfless service to those in need		

Appendix 6. Illustration of the thematic analysis process using Phase 2 Theme 2

Textual data	Coding	Collating similar codes into sub-themes		Grouping similar sub-themes into themes and labelling
		Tier 2	Tier 1	
FGD06: I think they perceive [the service programs] more as just for clinical training. (FGD03: Mm-hm. FGD04 nods in agreement). Like '…I need to have a grade, I need to pass…' (FGD01: Yeah) ... So perhaps they are not bringing with them the attitude that 'I'm here to serve my patients, that this has a ripple effect to a certain bigger picture for the society'.	Mainly used and perceived for clinical training	Unmaximized potential of college service programs to foster SR	Missed opportunities for SR experiences	Maximizing institutional programs
FGD03: …Especially for us, it's training that has units in our workload. We don't have units for [extension work]. So, maybe because of that, the efforts are focused more on fulfilling that teaching load.	More predominant teaching perspective of clinical supervisors			
FGD01: When I was a student, we had free clinics, we went to orphanages. Why don't we have those now? FGD05: You're right that service to others is part of the organization's objectives…but lately, activities have been mostly targeted to students.	Service to others less prioritized	Unmaximized opportunities for service-oriented activities from student organizations		
Moderator: Isn't it partly the students' responsibility also to choose the activities that won't be too disruptive to their academic life? FGD04: Maybe we also have a responsibility as a faculty; we just need to ensure that their workload is reasonable because that's the usual reason being raised.	Balancing academics and extracurricular activities		Providing opportunities to serve	

Moderator: What do you think of opening these service programs to students for volunteer work? (FGD01: Good idea! That's such a good idea. FGD06: Right, right. FGD03: Mm-hm.) Right? So that they won't just see it as part of their training. FGD01: Even just to volunteer to fix paperwork, or doing clerical work, or to help triage. (FGD03 and FGD06 nod in agreement.) Even just those little things. It's such a great idea. (FGD06, FGD04 and FGD02 nod)	Re-emphasizing SR focus of service programs			

Appendix 7. Phase 1 Thematic Analysis Results

Themes	Sub-themes		Sample codes and quotes	
	Tier 1	Tier 2		
Altruistic service to society	*See **Appendix 5***			
A professional duty to society	Social responsibility (SR) as innate to PT		Profession is innately service-oriented	Participant 02: [Social responsibility] is really a part of the profession. They cannot be taken separately…with being a physical therapist, somehow as you earn a living, you also address a social problem and that is health!
	Part of the profession's social contract		Profession expected to contribute to society	Participant 10: [Social responsibility] goes with being a professional…Being a professional means that you are actually professing something…for the betterment of society.
	Contributing based on expertise		Contributing to society as movement experts	Participant 10: As movement experts, we see movement as within a person, but also movement of a person in society. So, I think that's what determines our social responsibility.
Responsiveness towards societal health issues	Appropriate to context		Based on the context of a particular society	Participant 09: The nature of the concerns and the priorities of each healthcare system will differ across countries. This means that what needs to be responded to will also differ.
	Societal health issues needing solutions	Unequal access to healthcare	Healthcare inaccessible to the poor	Participant 06: One [physical therapy] session here is 50 pesos. That may not be much for some, but for many who have less, 50 pesos is still 50 pesos… If they cannot raise that amount of money, they won't be able to come back to the clinic.
		Prevalent conditions and risk factors managed by PT	Prevalent conditions and risk factors managed by PT	Participant 02: … all communities have PWDs, all communities have problems with non-communicable diseases, all of us are exposed to adverse health risk factors.

		Inadequate number of PTs in the country	Inadequate number of PTs in the country	Participant 16: Admittedly, we lack the training for many of these specializations, but we are lacking as well in numbers. So, who are we going to designate to those specialized areas?
	Population-based responses	Community-based rehabilitation	CBR as a specific manifestation of PT social responsibility	Participant 03: Our social responsibility, at least from the perspective of CBR…is to empower the community and PWDs so that they can be more productive and for them to maximize their abilities however different these abilities may be.
		Promoting better quality of life for all	Health promotion and disability prevention	Participant 06: … we advocate for wellness and physical activity to the public with the hope that this will lead to the improvement of their overall health and well-being.
		Supporting health-related policies	Advocating for rehabilitation in the Universal Health Care Law	Participant 15: One of our advocacies is the mandatory coverage of PWDs' needs in the Universal Health Care Law. I'm hoping physical therapists can support this…
		Improving accessibility of services	Bringing services to underserved areas	Participant 14: …it's also my obligation as a clinical practitioner to reach out to the more disadvantaged communities…so that they may also benefit from physical therapy.
		Participating in disaster responses	Attending to the vulnerable during disasters responses	Participant 02: During disasters…as a physical therapist, what you can do is attend to the needs of the vulnerable population.
	Holistic and compassionate patient care		Holistic patient management	Participant 07: Our patients can also have other issues…which may not be within the scope of our profession for us to effectively address…and so, you'll have to work with other professionals to address these.
	Advocating for the profession		Promoting PT to the public	Participant 04: It's a matter of teaching those who are not aware about what we can do for them so that they can accept us because it is only when they accept us that we will be able to do something for them.
Influences on the fulfilment of SR	Necessary competencies	PT competencies	Competency in PT	Participant 07: you can't think out of the box if you don't have a box to begin with? (laughs) That box is your competence. You have

				to have that first before you can start thinking beyond what you usually do.
		CBR competencies	Distinct CBR competencies	Participant 01: [CBR therapists] are really immersed in the realities of the health care structure. They do community organization, look for funding support for their programs, things like that. I think with these, we can really say that CBR therapists have a different set of competencies.
		Interpersonal skills	Relating with others	Participant 10: …engagement, like being out there, being part of society and relating with other people, offering help without being patronizing--I feel those are skills that we need to develop.
		Problem-solving skills	Thinking of solutions	Participant 11: Especially in a developing country like ours, if you're not solution-focused, you'll just drown in all the problems and issues that we have if you just think about them.
	Facilitative attributes	Critical consciousness	Critical understanding about societal issues	Participant 07: I guess it really comes from being critical about why things happen because then you'll see how each issue relate to each other and the extent of the problems, which will in turn make you think about how you can contribute.
		Broad-mindedness and being reflective	Being reflective	Participant 07: When you're not reflective about what you do and your environment, you might be missing out on the opportunity to widen the impact of what you do.
		Being outward-looking	Empathy and compassion	Participant 12: If you don't have that empathy towards others and awareness that there are people you need to be socially responsible to, it won't happen.
		Flexibility and creativity	Willingness to fulfil various PT roles Being innovative	Participant 01: it is only when we are willing to wear multiple hats that we can really reach out and expand the scope of our service to society Participant 01: It is more crucial for a physical therapist in a resource-limited setting—which is more often the case for us—to be innovative or to look for ways to serve even if resources are limited.

		Mental and emotional fortitude	Mental and emotional fortitude	Participant 12: In responding to health issues, a lot of things won't go our way. So, I feel like we have to be resilient, and to believe in what we're doing, in our causes.
	Hindrances to fulfilling SR	Personal limitations	Dealing with own needs Dependence on doctors' orders	Participant 01: It's hard to think about your obligations to others when you are dealing with your own concerns. Participant 13: Some compete over patients referred by doctors who prescribe fixed treatments because they won't have to think anymore, they'll just implement the prescription.
		Socio-political barriers	Mismatch with political agenda	Participant 14: …our CBR program did not push through because of the change in local officials. The new mayor was not receptive of it.
		Health care system challenges	Discouraging PT practice situations Restrictive medical model of healthcare	Participant 01: [These] have always been our problem: low wages, lack of equipment, maybe lack of knowledge, poor referral system because not everyone is aware of what we can do as physical therapists. Participant 13: …by law, we should follow the prescription of physiatrists. Without their prescription, we cannot proceed.
Cultivated through transformative PT education	Facilitating perspective and attitudinal transformation	Building critical awareness about self, PT, and society	Building awareness about community issues Developing appreciation for potential societal roles	Participant 07: …students should already be sent to communities during their first year…to develop a deeper understanding about what happens in communities, what sort of health or physical therapy issues they are encountering… Participant 09: …students should be made to realize as early as possible during their academic training that there's so much more that needs to be done aside from a being a clinician…
		Balancing technical and humanistic aspects in PT education	Academic programs lacking emphasis on responsibility to serve	Participant 08: We had so many lessons about the technical aspects of PT and we practiced them repeatedly. Affective concepts such as social responsibility on the other hand were merely brushed through.
		Inculcating essential values	Building empathy and altruism	Participant 10: I feel that we should also similarly target other values…including empathy, altruism, and acknowledging that

				you're part of a whole and that you have a role to play in contributing to the whole
		Purposeful teaching	Being deliberate in teaching values	Participant 11: …we have to be careful that it's not the wrong set of values that's ingrained in [students]. We have to be deliberate in including the values that we intend for them to develop.
	Learning from experience	Opportunities to practice competencies and serving others	Opportunities to experience serving others	Participant 11: The generation now…wants to find meaning in this life. Maybe we should build on that and make sure that their ideals do not remain as mere ideas and these are not detached from reality. Providing them with opportunities to experience being able to help others or provide service may help with these.
		Longitudinal integration in real-world situations	Early exposure to real-world situations	Participant 02: if students will have an appreciation of the extent of our problems in health care early into their academic program, that will really help…
		Encouraging service-oriented extracurricular activities	Extracurricular activities sharpen competencies	Participant 10: Extracurricular activities…for example, volunteering in organizations and providing services can…cultivate students' awareness, empathy, communication skills, altruism, etc.
	Crucial roles of educators		Educators as knowledge source	Participant 16: The awareness of students about their potential career paths when they graduate will depend on the awareness of educators about these different roles and paths.
	Institutional commitment to SR		Strong institutional SR focus	Participant 10: I think it's easier for us to really embrace and foster this [societal] role because it's already being indoctrinated in us as soon as we start at the University, while in some universities, they don't have that kind of indoctrination. So, I feel that what we have is a good place to start.
	Challenges in educating for SR	Pedagogical challenges	Difficult to teach affective domain	Participant 07: We find it really challenging to teach the affective skills and values because they're so abstract and relative.
		Students' economic goals	Students forced into taking BSPT	Participant 11: I think I can safely say that for majority of my batchmates, they didn't really want to get into physical therapy as a profession, they were just asked by their families to get into the

		and lack of interest		profession for other reasons, mostly to go abroad... That's why there were many who ended up not practicing or eventually went into other fields.
Lifelong nurturing of SR	Continued experiences of service		Opportunities to participate in organized service programs	Participant 11: It would help to have more organized opportunities because I think our graduates are interested but there are not that many opportunities to experience it…
	Continued discourses about SR		Including SR in continuing professional development activities	Participant 02: I'm hoping there are always discussions about where we are situated within the system as a specialist, how our clients and the society can maximize the benefits of our profession…our continuing professional development activities should have such component.

Appendix 8. Phase 2 Thematic Analysis Results

Themes	Sub-themes		Sample codes and quotes	
	Tier 2	Tier 1		
Stronger curricular integration of social responsibility (SR)	Partially fulfilled integration of SR in the curriculum	Current strategies for teaching SR	Reflecting on roles of PT in society	FGD Member 04: We asked them [to reflect] on how the knowledge they got from [the course] inform who they are as a physical therapy student and also as a member of the society.
		Lacking deliberateness in teaching of SR	Teaching SR dependent on teachers	FGD Member 04: I agree also that the teaching of social responsibility…is dependent on the teachers. So, if the teacher does not see social responsibility as an important value, he or she won't teach about it.
		Lacking strategy for assessment	No indicators unlike other values	FGD Member 02: For the other values that we're trying to thread like accountability, we have ways to assess them in certain courses, right? We don't have that for social responsibility, or we haven't really identified how to assess it.
		Lacking exposure to societal roles	Lacking exposure to bigger roles in society	FGD Member 01: …we're not introducing them to people who are involved in societal level roles… They're not exposed to such people and activities that they could be a part of… If they don't know that they can actually do those things or be like those people, they won't realize it.
		Inadequate opportunities for extra-institutional participation	Lacking opportunities to participate outside the university	FGD Member 02: …the only time they get to interact with people outside of [the University] is [when they are at this hospital] for internship…
	Curricular improvements needed	Being more explicit in teaching SR	Purposeful inclusion of SR in syllabi	FGD Member 02: Social responsibility through research is not mentioned in the research course syllabus now, but we'll change it for next semester.

		Developing students' awareness about larger societal roles	Learning from more experienced individuals	FGD Member 02: I think the social issues would be more concrete to them if they see or hear it from someone who is involved in addressing these at a societal level.
		Use of a learning portfolio	For ensuring actual threading of learning experiences	FGD Member 06: We can also ensure the actual threading of learning outcomes and activities for [social responsibility] …even if different people are handling each course.
Maximizing institutional programs	Missed opportunities for SR experiences	*See Appendix 6*		
	Providing opportunities to serve		Facilitating socially relevant student organization activities *See Appendix 6 for other examples.*	FGD Member 03: We can help students think of more socially relevant activities and involve more professionals in those activities so that they can still be mentored. *See Appendix 6 for other examples.*
Building educators' capacity	Faculty's mixed perception about being socially responsible		Expression of SR mainly associated with role as educators Realizing lack in engagement in social issues	FGD Member 04: …when I try to think of what I contribute to society, I always think of the students, or research. FGD 04: With regards to social issues, I really admire it when the student council releases statements about issues that are very much relevant to our practice, and I think that's one thing that we don't do as a department.
	Crucial roles of faculty members in fostering SR		Stepping up as role models to students	FGD Member 04: …we also need to step up as role models that when students ask for volunteers for their service programs, we are ready to participate.

	Faculty barriers and challenges		Questioning adequacy of resources	FGD Member 02: Since it's quite apparent how crucial the role of program advisers is, I just hope that we'll have the time to do all that.
	Need for capacity-building for faculty		Capacity-building mainly focused on technical aspects	FGD Member 03: Our capacity-building activities have been mostly focused on the technical stuff; those are what we always want to develop. But we also need capacity-building for the affective part.

Appendix 9. Insights for the PT Profession and PT Education

Resulting definition of Filipino physical therapists' social responsibility:

> A responsibility borne out of duty and moral agency to respond to pressing social issues affecting access to PT and experience of health of all Filipinos, especially the underserved, through various means within the PT scope of practice and with critical and broader consideration of the contextual factors contributing to these issues
>
> Entry-level PT education is the ideal place to begin encouraging its development among physical therapists, and should continue throughout their professional careers.

Insights for the PT profession locally and in other countries:

- The health issues that need responding to from physical therapists necessitate practice and ethical transformation towards a societal identity—one that engages with the larger society to ensure that all those who need PT services are able to access it.

- There is a need to clarify what it means to be socially responsible for physical therapy practice in specific contexts to foster shared understanding and collective, context-specific efforts, as well as to guide PT education in preparing socially responsible physical therapists.

- Holding continuing discourses about the PT profession's social responsibility is necessary at local and global levels to ensure that the profession remains relevant to the evolving needs of its society.

Insights for PT education:

- To better prepare PT students for socially responsible practice, it would be beneficial to revisit the PT curriculum using as a framework a definition of social responsibility that is specific to the context where it is to be applied.
- For PT curricula that lack a social responsibility agenda or tend to focus more on developing discipline-specific competencies, there is a need to re-orient the curriculum to one that ensures balanced attention on the professional competencies as well as humanistic attributes, including social responsibility, for students' holistic development.

- Developing a transformative PT curriculum could facilitate students' formation of moral agency needed to become socially responsible physical therapists.

    - *For the wider PT education locally and globally*, this could mean:

- Adopting a curricular orientation (e.g., curriculum as praxis) that allows space for active and autonomous learning processes towards self and situational change;
- Combining the cognitive bases of social responsibility and constructive learning processes for autonomous meaning-making to ensure holistic development, including:
    - Developing critical consciousness through recursive action and reflection,
    - Early, frequent, and gradual real-world experiential learning opportunities,
    - Incorporating participatory elements in the assessment of social responsibility (e.g., self-reflection and self-evaluation) and monitoring behaviour change over time,
    - Strengthening democratic dialogues between students and educators to enrich learning; and
- Managing as possible the effect of the implicit curriculum on students' development of social responsibility, including institutional culture and educators' values and behaviours.

- *For our BSPT faculty*, this more specifically could mean:
    - Being more deliberate in teaching about social responsibility and related concepts and social issues in our courses;
    - Maximizing and integrating into our courses our institutional commitment to serving the Philippine society;
    - Monitoring and assessing students' development of social responsibility through a learning and development portfolio, which also allows their participation in their own assessment through self-reflection;
    - Providing more opportunities for students to experience their potential societal roles in real-world settings and reflect on these experiences;
    - Encouraging students to participate in the service-oriented programs of the institution and other socially responsible extracurricular activities;
    - Mentoring and providing space for reflective and democratic dialogue to process learning experiences in relation to social responsibility;

- Role-modelling social responsibility to students within and beyond academic duties; and
- Upskilling to teach, mentor, and model social responsibility to students.