

# Nurses-Led Municipal Leadership and Governance Program (MLGP): Experiences of Local Chief Executives in Central Visayas, Philippines

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**P R E S E N T E R**

**4<sup>th</sup> INTERNATIONAL CONFERENCE ON NURSING AND WOMEN'S HEALTHCARE**  
**Bangkok, Thailand, 3-6 November 2024**

# Nurses-Led Municipal Leadership and Governance Program (MLGP): Experiences of Local Chief Executives in Central Visayas, Philippines



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# Our Story: Where It All Began

## VISION

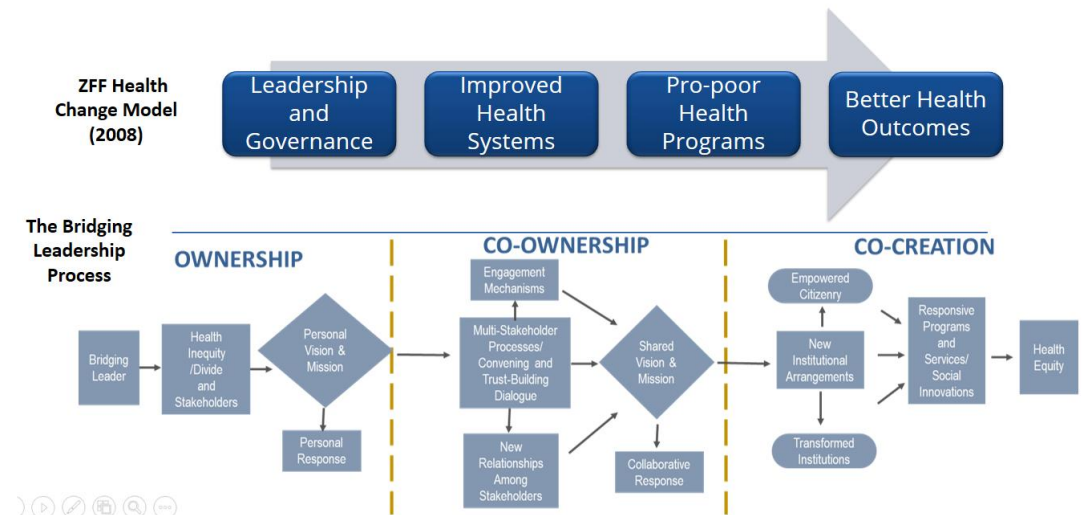
A catalyst for the achievement of better health outcomes for all Filipinos

## MISSION

Enable local health systems to achieve better health outcomes for all Filipinos through effective leadership and governance in partnership and cooperation with key stakeholders

## GOALS

- All trained local health leaders have improved Bridging Leadership competencies.
- All trained local health leaders are able to strengthen local health systems with resilient and sustainable community-driven arrangements for better health outcomes.
- Partnerships with government and other stakeholders institutionalized for leadership and local health systems development.
- Lessons learned and evidence are disseminated to advocate responsive policies and programs in public health and governance.



# Our Story: Where It All Began



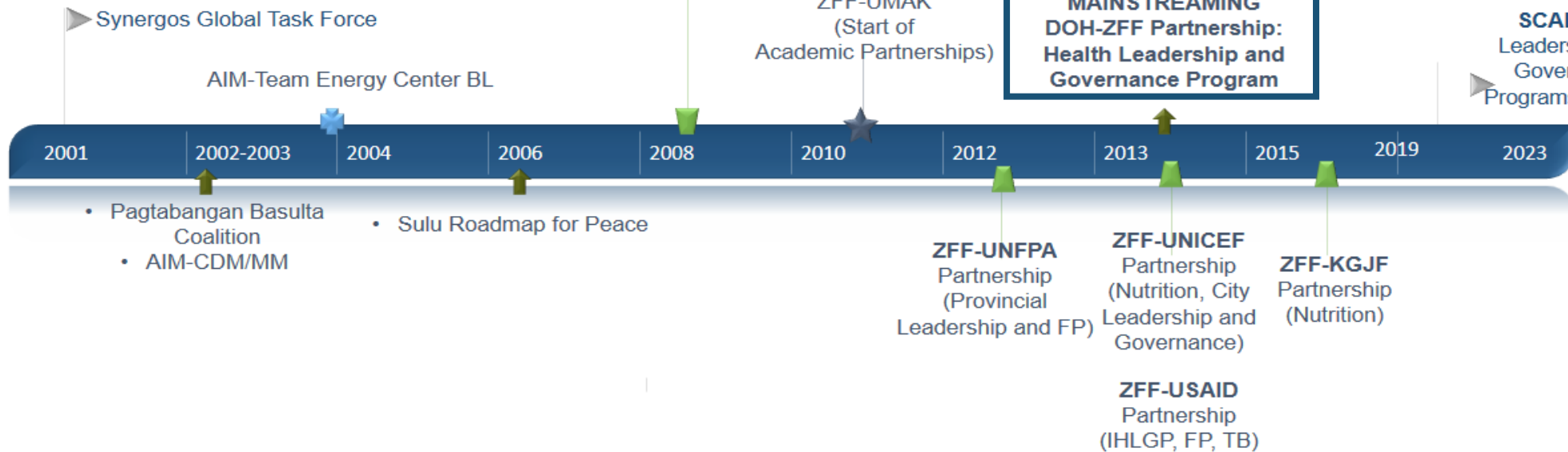
## ZUELLIG FAMILY FOUNDATION Health Change Model

### PROTOTYPING: Community Health Partnership Program

ZFF-UMAK  
(Start of  
Academic Partnerships)

### EXPANSION AND MAINSTREAMING DOH-ZFF Partnership: Health Leadership and Governance Program

**SCALE UP**  
Leadership and  
Governance  
Programs on UHC



# Background

- The Philippines has long struggled with **health inequities**, where poverty significantly affects maternal and child health outcomes. Each year, 2,000 mothers die from pregnancy-related complications, and children born into the poorest families are at a higher risk of mortality and malnutrition compared to those from wealthier families (Banaag et al., 2019; Cabral, 2016).
- **Nurses make up the largest part of the healthcare workforce in the Philippines**, playing a vital role in public health and healthcare services at various levels (Dahl et al., 2021; Limpin & Artiaga, 2023; National Academies of Sciences Engineering Medicine, 2021; University of the Philippines Population Institute (UPPI) & Demographic Research and Development Foundation (DRDF), 2020). **They are key to implementing community health programs and addressing health inequities** (Chan et al., 2021; Llop-Gironés et al., 2021; Roush, 2020).

# Background

- The **Universal Health Care Act** places nurses at the forefront of healthcare delivery in the country (Rumsey et al., 2022). **Decentralizing healthcare has shifted the responsibility of service delivery to local governments**, but many Local Chief Executives (LCEs) were unprepared for these responsibilities (Bajar & Porsche-Ludwig, 2021; Fernandez & Ting, 2023).
- The **MLGP**, under the **Health Leadership and Governance Program (HLGP)**, was established to build health leadership competencies among LCEs and health leaders. The program is designed to help LCEs address health inequities, particularly in underserved areas (Zuellig Family Foundation, 2022). **Academic partners** composed of **resource persons who are nurses and those from governance department** lead the training of LCEs, enhancing their capabilities in health governance and fostering collaboration between **local health systems and public health programs**.

# Background

- The **MLGP** involves a **transformative process** based on the **Bridging Leadership Framework**, which guides local leaders through ownership of health issues, stakeholder engagement, and collective response generation (Institute of Medicine, 2015). Since its inception in 2014, the program has successfully trained LCEs across several municipalities, **improving health governance and outcomes** (Noval & Palompon, 2021). Moreover, the training of academic partners to sustain the program's implementation has been a key aspect of MLGP's success (Zuellig Family Foundation, 2022).
- **No comprehensive qualitative studies have been conducted** on the experiences of mayors under MLGP. Understanding their experiences could provide insights for improving future training cycles and enhancing public health governance. This research also **reinforces the critical role of nursing in health governance and leadership**, offering a model that could be adapted globally.



# Methodology

## Study Design

- This study used a **qualitative descriptive** design to summarize the experiences of mayors who participated in the Municipal Leadership and Governance Program (MLGP). This approach allowed for a clear description of their experiences, using their own language and staying close to the data. The **study was conducted in two provinces in the Philippines: Negros Oriental and Bohol.**

## Participants

- **Purposive sampling** was used to select 15 mayors who completed MLGP Modules 1, 2, and 3. Out of 30 eligible mayors, only 15 were available and consented to participate. Data saturation was reached after interviewing these 15 participants, meaning no further interviews were needed.



# Methodology

## Data Collection

- Participants were informed of the study's purpose and interviewed either in person or via Zoom from November 16 to 20, 2022. Each **interview lasted 30 minutes to an hour and took place in a private setting**. A **Key Informant Interview (KII)** guide was used to ask follow-up questions for clarity. Interviews were **audio-recorded with consent and transcribed by the research team**.

## Data Analysis

- Data were **manually coded using the six-step thematic analysis method** by Braun et al. (2016). Themes were identified and reviewed by a team of five coders, ensuring accuracy and clarity.



## ***The findings generated six themes:***

- Theme 1:** Leadership Transformative Experience Capacitation Promoting
- Theme 2:** Pandemic and Program-Induced Limitations in Implementation
- Theme 3:** Personal Leadership Motivation
- Theme 4:** Experiential Learning Promoting Learning as Applied in Real-World Situations
- Theme 5:** Celebrating Leadership Transformation
- Theme 6:** 3R's of MLGP: Revisit, Review, Recommend

Themes	Subthemes
<p><b>Theme 1: Leadership Transformative Experience Capacitation Promoting</b></p> <p><i>This theme includes statements that refer to the overall experience of the mayors of local chief executives (LCE) who were enrolled in the MLGP training.</i></p>	<p><b>Subtheme 1.1. A comprehensive tool in capacitating the mayors in their health leadership role.</b> Based on the findings of the interview, the participants who are mayors gained insights from the training, which enabled them to grasp their roles as local chief executives in their municipalities.</p> <p><i>“MLGP is a helpful program for the health of inexperienced LCEs” (P8)</i> <i>“The MLGP helped the LCEs in understanding their role in health” (P6)</i> <i>“The MLGP helped the LCE to recognize and prioritize health issues and concerns” (P5)</i> <i>“Shift in leadership paradigm by owning the problem” (P10)</i></p> <p><b><i>The inclusion of the six building blocks of healthcare delivery made the program more meaningful to the LCEs. It guided them on what priorities to focus on in governing.</i></b></p>
	<p><b>Subtheme 1.2. Application of MLGP Knowledge in their practice as Mayors.</b> The participants find the training experience of MLGP worthwhile, memorable, significant, foundational, and informative experience. Their narratives showed how they applied what they had learned from the training in their work as mayors.</p> <p><i>“Worthwhile experience, able to share inputs and insights with other LCEs on matters of governance and leadership” (P2)</i> <i>“The program gave LCEs the chance to fully integrate into the community and gain a broader understanding of their current health situation” (P7)</i> <i>“Basic leadership foundation for new mayors” (P11)</i></p> <p><b><i>The program enhances leadership awareness and competence, considering that most were elected without prior training.</i></b></p>

Themes	
<b>Theme 2: Pandemic and Program-Induced Limitations in Implementation</b>	<p><b>The challenges encountered in completing the MLGP course were brought about by the program itself, especially with the duration where the mayors must complete the 18-month training and sustain the 4-day didactics. Participants were apprehensive because of how many days they had to be out of the office to comply with the requirements.</b></p> <p><i>“The negative side for the MLGP is it took so much time for the mayors to be away from the office. Only one day to be away, so many things to do already” (P8)</i></p> <p><i>“First is how to schedule the time, as LCE, we are so busy, also because I am a businessman” (P9)</i></p> <p><b>It somehow affected the time management of the mayors in terms of balancing office work and completing the deliverables of the training course. It demands time to focus on the tasks given to the trainees to meet the deadline.</b></p> <p><i>“In the beginning, the biggest challenge at that time was to put together all the requirements that were asked to be submitted: essays, journals, because everybody is busy” (P8)</i></p> <p><b>One of the parts of the program is to look into the inequities in health in their respective community and find a solution. This output has become a challenge for some of the mayors who are not medically inclined.</b></p> <p><i>“Then, with health issues, it seems I could not relate at first because I finished a different field” (P6)</i></p>

Themes	
<b>Theme 2: Pandemic and Program-Induced Limitations in Implementation</b>	<p><b>MLGP compelled the mayors to put effort while learning despite their capacities and drive. Their learning preferences are greatly affected by age, confidence, and adeptness with the learning modalities utilized in the program.</b></p> <p><i>“Every module has an examination. It was easy because we all helped each other. The difficulty is in individual activities” (P10)</i></p> <p><i>“Because it seems I went back to being a student. I had difficulty because I am quite old. It seems I could not absorb well what was discussed” (P6)</i></p> <p><b>Limitations in the conduct of the MLGP happened during the pandemic. Shifts in the learning platform affected the participants as the new online platform required adjustment.</b></p> <p><i>“Limited implementation of programs due to COVID-19 pandemic restrictions... There’s a difference between online learning and face-to-face. Although I graduated in the program (MLGP), the grasp of knowledge is lesser compared to going through face-to face training” (P1)</i></p>



Themes	Subthemes
<p><b>Theme 3: Personal Leadership Motivation</b></p> <p><i>MLGP provides intrinsic motivations to the participants through personal leadership realizations and aspirations supported by the appreciation of the extrinsic motivations that enabled them to succeed in the program. The conduct of the MLGP has motivated the mayors to complete the whole program.</i></p>	<p><b>Subtheme 3.1. Opportunity for leadership competence and valuing of health problems.</b> The participants expressed their appreciation of the complexities of health problems as part of their learning with the program. This enabled them to realize the necessity of addressing health concerns in their municipality.</p> <p><i>“With the MLGP program, I understood the complexity of the problem. The vicious cycle will persist if not mitigated... The deep dive is an eye-opener to the current realities on the ground” (P1)</i></p> <p><b>Other testimonies of the participants included the sense of change they experienced in their personal ways of dealing with their office and clients.</b></p> <p><i>“The mayor is aware that they are Bridging leaders and that MLGP is different from business as usual. Recognized that the mayors must be trained on leadership” (P4)</i></p> <p><i>“It is self-improvement; every day we search for opportunities to improve. It is the inspiration to improve and the inspiration to serve others that propels me to continue with the course” (P7)</i></p> <p><b>The experiences in the training program have allowed them to look beyond their role as elected officials.</b></p>

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	<p><b>Subtheme 3.3. Inspiration to develop personal mastery and service to others.</b> The participants found a sense of inspiration knowing the health inequities they observed and started owning the problems themselves. This led them to create their shared vision of health.</p> <p><i>“I am motivated to improve my knowledge of serving people. Otherwise, my role as a mayor will be defeated because the people choose me to serve them” (P3) “The workshops that I was guided with. Improving my service to people is the main reason why I continued with the training” (P12)</i></p>
	<p><b>Subtheme 3.4. A tool towards the attainment of an empowered and dynamic leadership.</b> Appreciating the relevance of health leadership and governance in improving and sustaining health outcomes enables the participants to recognize their capacity to serve the community better.</p> <p><i>“Biggest motivation is we were able to help our constituents to address the inequalities, address the problems that we were facing in our municipality that really helps guide me, the mayor, the doctor, on how to address that one without too much pressure on our part... But, more so, I want to complete it because I think this is a way for me to help my constituents to address the issues” (P8)</i></p>



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<p><b>Theme 3: Personal Leadership Motivation</b></p> <p><i>MLGP provides intrinsic motivations to the participants through personal leadership realizations and aspirations supported by the appreciation of the extrinsic motivations that enabled them to succeed in the program. The conduct of the MLGP has motivated the mayors to complete the whole program.</i></p>	<p><b>Subtheme 3.5. A supportive and flexible learning environment through the support of the facilitators/LGU team.</b> The supportive atmosphere accorded by the training facilitators helped in the learning of the participants.</p> <p><i>“The resource speakers were essential motivators. They are good, approachable, informative, facilitative, and friendly. What kept me going was the good MLGP program” (P2)</i></p> <p><i>“Good facilitators, very good. They handled us well if they know that it seems that we do not understand the lecture, they will find another way; very well trained” (P11)</i></p>

Themes	Subthemes
<b>Theme 4: Experiential Learning Promoting Learning as Applied in Real-World Situations</b>  <i>The participants shared their experiences determining which sessions or concepts were most useful in managing/strengthening their Municipal Health System.</i>	<b>Subtheme 4.1. The interconnectedness of topics grounded on didactics and practical application of learning.</b> Varied responses were acquired from the mayors included in the study. They identified the relevance of didactics to the actual practicum in the field, where they conducted their deep dive activity with their constituents.  <i>“Entire MLGP to include didactics and practicum” (P8)</i> <i>“The interconnection of topics requires the appreciation of all topics as useful. The whole program was useful, not the specific parts” (P11)</i> <i>“All parts of MLGP didactic, practicum, and deep dive (were useful)” (P15)</i>
	<b>Subtheme 4.2. Topics that provide practical ways of addressing health challenges and resulting in improved health outcomes.</b> The participants appreciated most of the topics that they were able to use in their dealings in the operations of their offices. These topics trained them to interact and deal with people, which enabled them to create changes in their healthcare system.  <i>“The session on stakeholder analysis and dialogue helped in mastering the skills of listening to, collaborating with, and implementing with the stakeholders” (P6)</i> <i>“Collaboration and implementation with the community and stakeholders were helpful during the pandemic, particularly when drafting the COVID protocol” (P7)</i> <i>“Dialogue and collaboration” (P10)</i>  <b>Generally, MLGP has enhanced its capability to understand the scenarios in the actual situation of its constituents in relation to health and its ability to create change through communication and people skills.</b>

Themes	Subthemes
<p><b>Theme 5: Celebrating Leadership Transformation</b></p> <p><i>The participants attained leadership transformation and affirmation through the improvement of the health roadmap, local health outcomes, and health innovation initiatives, considering this as a continuous process.</i></p>	<p><b>Subtheme 5.1. Awareness of the needs and contributions of stakeholders.</b> The MLGP training promotes co-ownership through a shared vision and engaging stakeholders who can best explain the problems and allow them to be part of the solution to be developed and implemented to address their health challenges.</p> <p><i>“I must admit that being the mayor, I am the king, and sometimes I consider my decision on my own. However, with MLGP, I need to consult and gather other stakeholders; that is my ownership. The stakeholders help lighten our burden in addressing the problem. That is the primary lesson I learned. We expanded the Municipal ELHB; we have NGO members and other sectors. It is a stepping stone where we start convening the health board and discussing problems and plan” (P1)</i></p> <p><i>“I used social media so that people would be aware and people helped. When I say these are the protocols in Barangays, people follow them—all facilities have washing areas, including the market and municipality. One entry, one exit, no gatherings- people understood these protocols” (P2)</i></p> <p><i>“I realized that alone I cannot handle the problem, but I am inspired because there were so many stakeholders who cooperated and helped” (P4)</i></p>
	<p><b>Subtheme 5.2. Affirmation of good performance/ enhanced competencies due to MLGP.</b> Open communication through dialogues and the involvement of stakeholders established a better way of addressing health concerns in their municipalities. Through this, they were guided on their priorities and projects, and their good deeds were recognized.</p> <p><i>“I am finishing my third term, which affirms that I am doing well with what I am tasked and called to be. I have encountered many challenges, but I stood firm. I was struggling yet still working despite the many” (P2)</i></p>

Themes	Subthemes
<p><b>Theme 5: Celebrating Leadership Transformation</b></p> <p><i>The participants attained leadership transformation and affirmation through the improvement of the health roadmap, local health outcomes, and health innovation initiatives, considering this as a continuous process.</i></p>	<p><b>Subtheme 5.3. Utilizing creativity and Innovation.</b> One of the accomplishments that mayors describe as part of their accomplishments in MLGP is developing new practices that are responsive to the needs of their health challenges.</p> <p><i>“Utilized one of the SCAMPER techniques” (P2)</i> <i>“Hiring of trained healers in RHU, considered as best practice” (P3)</i></p>
	<p><b>Subtheme 5.4. Improved health system/health outcomes.</b> One clear proof of the mayors’ accomplishments is the data supporting the changes in their health system and outcome. Health governance that is dynamically interacted can achieve two active health outcomes (health equity and health improvement).</p> <p><i>“Program sustainability” (P2) “Improved health system... Decrease infant mortality rate” (P3)</i></p>

Themes	Subthemes
<b>Theme 6: 3R's of MLGP: Revisit, Review, Recommend</b>  <i>Revisit the learning curriculum, review the program management components, and recommend integration in the training of mayors. Opportunities for improvement of the MLGP program were suggested by the participants.</i>	<b>Subtheme 6.1. MLGP to adopt an andragogy learning approach.</b> Adult learners, like the study participants, prefer ways of transmitting learning. Their experiences focused on learning by experience and practical ways rather than downloading information.  <i>"Since the course is on health, the way it should be explained should not be too technical" (P5)</i> <i>"Not spoon-feed training for mayors because some were made by Development Management Officers (DMOs)" (P11)</i>
	<b>Subtheme 6.2. Face-to-face training is preferred over online classes (consider the location/venue of the training).</b> Learning preferences vary among learners. The MLGP participants started with face-to-face training; however, the remaining learning modules were delivered online due to the pandemic. Based on their experience, they suggested providing the training on a face-to-face platform.  <i>"For continuity of training, in-house and face-to-face are suitable for all mayors" (P1)</i> <i>"Face-to-face sessions rather than online, for better learning" (P13)</i>
	<b>Subtheme 6.3. Constant monitoring is needed to ensure the sustainability of the MLGP program.</b> The schedule requires a 4-day didactics and 6-month practicum for each of the 3 modules of the program. During the practicum, the mayors suggested that there should be constant monitoring to update and follow them up in the implementation of their practicum activities. It is further recommended that staff can be hired to facilitate catch-up sessions. In the program implementation, this is supposedly facilitated by the Development Management Officer (DMO). However, due to the expanded responsibilities of DMOs, they could have difficulty following up on the practicum component of the training.  <i>"Monitor to keep the lines open because of the long months training gap" (P2)</i> <i>"Hire an associate/ mid-level staff to do catch-up sessions" (P14)</i>

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<p><b>Theme 6: 3R's of MLGP: Revisit, Review, Recommend</b></p> <p><i>Revisit the learning curriculum, review the program management components, and recommend integration in the training of mayors. Opportunities for improvement of the MLGP program were suggested by the participants.</i></p>	<p><b>Subtheme 6.4. Duration of Training.</b> The training is usually conducted for four straight days. This is the mayor's biggest concern due to the demands of their jobs. This schedule is too rigid for them. The suggestion also includes offering training in short periods.</p> <p><i>"The four-day design is acceptable, but it's too rigid for a mayor... Schedule the practicum properly so that it doesn't conflict with any other events" (P5)</i></p> <p><i>"Broken training schedule (2 days per week)...Adjustment of schedule – series of half-day sessions" (P11)</i></p>
	<p><b>Subtheme 6.5. MLGP is recommended for new mayors.</b> With the learning gained from the MLGP training, the participants suggested that the MLGP be offered as a mandated training for newly elected mayors.</p> <p><i>"The MLGP is worth recommending to other LCEs, but being receptive to the program is an important consideration" (P5)</i></p> <p><i>"All new mayors must undergo MLGP after being elected" (P11)</i></p>

# Discussion

- **Nurses and healthcare leaders** play a **crucial role** in enhancing healthcare governance to **achieve equity** (Lavoie Tremblay et al., 2024).
- **Nursing advocacy** helps shape the **leadership competencies of political leaders**, enabling them to **address health needs** (Clarke et al., 2021).
- The **MLGP** is a **nurse-led leadership training** that empowers local chief executives and health leaders in rural municipalities to **improve health outcomes** (USAID, 2017).




# Discussion

- MLGP participants gained **transformative realizations**, applying learned skills in daily tasks and appreciating the **complexities of health problems** (Gremyr et al., 2020; Yang et al., 2023).
- **Virtual learning** became essential during the pandemic, showing MLGP's adaptability, though it **posed challenges to the overall quality of learning** (Raghunathan et al., 2022).
- **Lifelong learning and experiential learning** were highlighted as key motivators for adult learners, emphasizing the practical application of theory in real-world situations (Benavot et al., 2022; Goh, 2022).

# Discussion

- Despite the **transition to virtual platforms**, the commitment of MLGP trainees ensured **meaningful learning**, although the **shift impacted the course's quality** (Syaharuddin et al., 2021).
- The **MLGP improved leadership competence** by promoting collaborative action through the **Bridging Leadership model**, aligning with the need for addressing **health governance complexities** (Institute of Medicine, 2015).
- The training facilitated **personal transformation** among participants and led to **innovations in health services** (Lin et al., 2020).
- The need to **revisit the MLGP curriculum** and make it **mandatory for new mayors** was suggested to guide future health leadership (Palompon et al., 2024).

# Conclusion

- The **MLGP** was successful in fulfilling **its core objective of enhancing leadership competencies among LCEs.**
  - The **curriculum content**, interwoven with global, national, and local health goals, **exhibits a thoughtful and interconnected approach.**
  - The program's **adaptability to the virtual realm** during the pandemic **showcases its adaptability and commitment to continuing education.**
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# Conclusion

- The **findings offer valuable recommendations**, including revisiting the curriculum, considering mandatory participation for new mayors, and optimizing training schedules to accommodate real-world responsibilities.
- **MLGP** served as a **proactive and responsive approach in the health leadership** capacitation of mayors. It guided them in their personal realizations that inspired them to apply what they had learned and enabled them to effect experiences of **personal to institutional transformation**. Transformation can be traced back to mastery of self, shared vision, resiliency, and a solid commitment to service.
- The **MLGP's impact is evident in personal transformations and the enhancement of health services and governance**.

# Conclusion

- The **MLGP** is a testament to the power of **tailored leadership training in driving positive change within local health systems and communities**. Its successes, adaptability, and potential improvements make it a notable initiative in health leadership development.
- Some **opportunities can be revisited to improve further the training programs** – face-to-face training being preferred to online learning, duration and scheduling of the training need to be reviewed to address overlapping of duty versus training time of mayors, and, improving monitoring scheme to promote more open communication, continuation of the nurse-initiated health leadership and governance program as mandatory training for newly-elected mayors/LCEs to address the health of the people better.
- It is recommended that **nurses take an active role in policy development and network with local leaders**.

**MARAMING SALAMAT PO!**

***Thank you very much!***



# Funding and Acknowledgement

The authors disclose the receipt of financial support for this research study from the Philippine Department of Health Central Visayas Center for Health Development through Silliman University.





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