Patient-Centered Care Education and Healthcare Business Competency in Inclusive Learning Environments

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ABSTRACT:
This study examined patient-centered care education and healthcare business competency among students in inclusive higher education in Zamboanga del Sur, Philippines. Anchored on the need to prepare learners for ethical, inclusive, and service-oriented healthcare environments, the study aimed to determine the level of students' patient-centered care education, assess their healthcare business competency, and test the relationship between the two variables. A quantitative descriptive-correlational design was employed with 68 student-respondents selected based on enrollment, willingness to participate, and completion of the survey instrument. Data were gathered using a structured Likert-type questionnaire and analyzed through mean, standard deviation, frequency, percentage, and Pearson product-moment correlation. Results showed a high level of patient-centered care education ($M = 3.42$, $SD = 0.41$), with empathy and respect for patient dignity as the highest-rated indicator. Healthcare business competency was also rated high ($M = 3.29$, $SD = 0.45$), with professionalism receiving the highest mean. A significant positive relationship was found between patient-centered care education and healthcare business competency ($r = 0.612$, $p < 0.001$). The study concludes that strengthening patient-centered care education may support healthcare business competency development in inclusive higher education.

Keywords: patient-centered care, healthcare business competency, inclusive higher education, student competency, Zamboanga del Sur

1. Introduction

Inclusive higher education has increasingly become an important platform for preparing future professionals who can respond to diverse learner, patient, and community needs. In the field of health-related education, this preparation is not limited to technical knowledge alone; it also requires the development of values, communication skills, empathy, ethical decision-making, and service-oriented competence. Patient-centered care is one of the most important principles in contemporary health education because it emphasizes respect for the person, sensitivity to individual needs, shared decision-making, and the delivery of care that considers the patient's values, preferences, and circumstances (Rathert et al., 2013). In inclusive

higher education settings, these competencies are particularly relevant because students are trained to understand diversity, equity, accessibility, and human dignity as essential elements of professional practice.

Patient-centered care education is strongly connected to the broader movement toward quality and safety in health professions education. The Quality and Safety Education for Nurses framework identifies patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, and informatics as core competencies that should be integrated into health-related curricula (Cronenwett et al., 2007). This means that students must be prepared not only to perform health-related tasks but also to communicate effectively, recognize individual differences, and participate in systems that promote safe and equitable care. In this context, patient-centered care education becomes highly relevant to special and inclusive education because it supports the formation of future professionals who are sensitive to persons with disabilities, individuals with special needs, and other vulnerable groups who may experience barriers in accessing quality services.

Inclusive higher education also requires learning environments that support participation, belonging, and equal opportunity among learners with diverse abilities and needs. Studies on inclusive higher education emphasize that students with disabilities often encounter institutional, organizational, architectural, and social barriers that may affect their academic participation and professional preparation (Moriña, 2018). Similarly, inclusive education in higher education should not only focus on physical access but also on curriculum design, student support, attitudes, and the development of competencies that allow learners to work effectively in diverse social and professional environments (Westwood, 2016). Therefore, examining patient-centered care education within inclusive higher education is important because it links health education with the principles of accessibility, equity, respect, and responsiveness to diverse human needs.

At the same time, healthcare education is now increasingly connected to healthcare business competency. Health services operate within complex organizational systems that require not only compassion and clinical awareness but also competence in communication, leadership, resource management, professionalism, and business-related decision-making. The Healthcare Leadership Alliance model identifies common competency domains for healthcare managers, including communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills and knowledge (Stefl, 2008). These competencies are important for students because future healthcare workers, administrators, and service providers are expected to understand how quality care, ethical service delivery, and sustainable organizational practices are connected.

The integration of patient-centered care education and healthcare business competency is especially significant in local higher education contexts such as Zamboanga del Sur, Philippines, where students may later serve communities with diverse health, educational, cultural, and socioeconomic needs. In areas where access to health services, inclusive education, and professional development opportunities may vary, students' preparation must include both human-centered care values and practical business-related competencies. Healthcare business competency may help students understand service efficiency, client satisfaction, ethical management, health program sustainability, and responsible use of resources. When combined with patient-centered care education, these competencies may contribute to the development of graduates who are not only caring and inclusive but also organizationally competent and responsive to community needs.

Despite the recognized importance of patient-centered care and healthcare management competencies, limited attention has been given to how these two areas relate within inclusive higher education, particularly among students in local Philippine settings. Much of the existing literature discusses patient-centered care in health

professions education or healthcare management competency in professional practice, but fewer studies examine these constructs together among students who are being prepared within inclusive higher education environments. This creates a need to investigate how students perceive patient-centered care education and healthcare business competency, especially in relation to inclusive education principles.

This study aims to examine the level of patient-centered care education and healthcare business competency among 68 students from Zamboanga del Sur, Philippines. Specifically, the study seeks to determine how students assess their preparation in patient-centered care and healthcare business-related competencies within an inclusive higher education context. The findings may provide evidence for improving curriculum planning, instructional strategies, student development programs, and inclusive health-related education practices. Moreover, the study may contribute to the International Journal of Special Education's focus on multidisciplinary approaches that support education and services for individuals with disabilities by emphasizing inclusive, ethical, and competency-based preparation for future healthcare-related professionals.

2. Methodology

This study employed a quantitative descriptive-correlational research design to determine the level of patient-centered care education and healthcare business competency among students in an inclusive higher education context. The descriptive component was used to summarize the respondents' perceptions of the two main variables, while the correlational component was used to examine whether a significant relationship existed between patient-centered care education and healthcare business competency. This design was appropriate because the study aimed to generate numerical evidence that could support curriculum improvement, student development planning, and inclusive health-related education practices.

The respondents of the study were 68 students from Zamboanga del Sur, Philippines. They were selected because they belonged to the target group relevant to the study's focus on patient-centered care education, healthcare business competency, and inclusive higher education. The respondents were officially enrolled students who were willing to participate and able to provide complete responses to the survey questionnaire. Students who did not give consent or submitted incomplete responses were excluded from the final data set. The sample size of 68 was considered appropriate for describing the respondents' perceptions and for conducting correlational analysis between the two major variables of the study.

A structured survey questionnaire was used as the main data-gathering instrument. The questionnaire was designed to assess patient-centered care education and healthcare business competency. The patient-centered care education items measured students' perceived exposure to learning experiences related to empathy, respect for patient dignity, communication, shared decision-making, responsiveness to individual needs, inclusivity, and ethical care. The healthcare business competency items measured students' perceived competence in service management, communication and relationship management, professionalism, leadership, resource awareness, client satisfaction, organizational responsibility, and basic business-related decision-making in healthcare service contexts. The items were presented using a Likert-type scale to allow the respondents to indicate their level of agreement or perceived competency. The instrument was reviewed to ensure clarity, relevance, and appropriateness to the respondents and the study context.

The data-gathering process was conducted in Zamboanga del Sur, Philippines. Before the distribution of the questionnaire, the purpose of the study was explained to the respondents. They were informed that their participation was voluntary and that their responses would be treated with confidentiality. After consent was secured, the survey questionnaire was administered to the respondents, who were given sufficient time to answer based on their actual perceptions and learning experiences. After

retrieval, the questionnaires were checked for completeness, and only valid responses were included in the final analysis. The responses from the 68 students were then encoded, organized, and prepared for statistical treatment. Ethical considerations were observed throughout the process, particularly voluntary participation, confidentiality, and the use of the data solely for academic research purposes.

The collected data were analyzed using descriptive and inferential statistics. Frequency and percentage were used when applicable to describe the distribution of the respondents. Mean and standard deviation were used to determine the level of patient-centered care education and healthcare business competency. The mean scores were interpreted using a descriptive scale to determine the respondents' level of assessment. Pearson product-moment correlation was used to determine the degree and direction of the relationship between patient-centered care education and healthcare business competency. The level of significance was set at 0.05, and results with probability values lower than 0.05 were interpreted as statistically significant. The findings were presented in tables with appropriate titles and were interpreted according to the objectives of the study.

3. Results

3.1. Level of Patient-Centered Care Education

The results showed that the respondents had a high level of patient-centered care education, with an overall mean score of 3.42 and a standard deviation of 0.41. Among the measured indicators, empathy and respect for patient dignity obtained the highest mean score of 3.56 with a standard deviation of 0.39. This was followed by communication in patient care, which obtained a mean score of 3.49 and a standard deviation of 0.42. Ethical care and inclusivity recorded a mean score of 3.38 with a standard deviation of 0.44, while shared decision-making obtained a mean score of 3.37 with a standard deviation of 0.46. Responsiveness to individual patient needs obtained the lowest mean score among the indicators, with a mean of 3.32 and a standard deviation of 0.48.

In terms of distribution, 12 respondents, or 17.65%, rated their patient-centered care education as very high. Fifty respondents, or 73.53%, rated it as high, while 6 respondents, or 8.82%, rated it as moderate. No respondent obtained a low or very low rating. The overall result indicated that the respondents generally reported favorable exposure to learning experiences related to empathy, communication, inclusivity, ethical care, and patient dignity.

3.2. Level of Healthcare Business Competency

The results showed that the respondents had a high level of healthcare business competency, with an overall mean score of 3.29 and a standard deviation of 0.45. Among the indicators, professionalism obtained the highest mean score of 3.47 with a standard deviation of 0.40. Communication and relationship management followed with a mean score of 3.45 and a standard deviation of 0.43. Client satisfaction orientation obtained a mean score of 3.34 with a standard deviation of 0.47, while service management recorded a mean score of 3.31 and a standard deviation of 0.46. Organizational responsibility obtained a mean score of 3.26 with a standard deviation of 0.49, while leadership obtained a mean score of 3.22 with a standard deviation of 0.51. Resource awareness recorded a mean score of 3.18 with a standard deviation of 0.52. Basic business-related decision-making obtained the lowest mean score among the indicators, with a mean of 3.12 and a standard deviation of 0.55.

In terms of distribution, 9 respondents, or 13.24%, rated their healthcare business competency as very high. Forty-seven respondents, or 69.12%, rated it as high, while 12 respondents, or 17.65%, rated it as moderate. No respondent obtained a low or very low rating. The results showed that the respondents generally reported favorable competency in communication, professionalism, service management, client satisfaction, and organizational responsibility, while business-

related decision-making received the lowest mean score among the measured indicators.

3.3. Relationship Between Patient-Centered Care Education and Healthcare Business Competency

The Pearson product-moment correlation result showed a statistically significant relationship between patient-centered care education and healthcare business competency among the 68 student-respondents. The computed correlation coefficient was $r = 0.612$ with a probability value of $p < 0.001$. Since the probability value was lower than the 0.05 level of significance, the relationship between the two variables was statistically significant.

The result showed that respondents who reported higher levels of patient-centered care education also tended to report higher levels of healthcare business competency. The coefficient of determination was $r^2 = 0.375$, indicating that 37.5% of the variance in healthcare business competency was associated with patient-centered care education scores. The remaining 62.5% was associated with other factors not measured in the correlation analysis.

3.4. Summary of Quantitative Findings

Patient-centered care education obtained a mean score of 3.42 with a standard deviation of 0.41, while healthcare business competency obtained a mean score of 3.29 with a standard deviation of 0.45. Both variables were rated high by the respondents. The highest-rated indicator for patient-centered care education was empathy and respect for patient dignity, while the lowest-rated indicator was responsiveness to individual patient needs. For healthcare business competency, the highest-rated indicator was professionalism, while the lowest-rated indicator was basic business-related decision-making. The correlation analysis showed a statistically significant positive relationship between patient-centered care education and healthcare business competency, $r = 0.612$, $p < 0.001$.

4. Discussion

The findings indicate that the respondents demonstrated a high level of patient-centered care education, as reflected in the overall mean score of 3.42. This result suggests that the students perceived themselves as having favorable exposure to learning experiences related to empathy, respect for patient dignity, communication, inclusivity, ethical care, shared decision-making, and responsiveness to individual patient needs. This finding is consistent with the established view that patient-centered care is a core quality principle in health professions education because it requires the learner to recognize the patient as a person with values, preferences, needs, and contextual experiences (Epstein & Street, 2011; Mead & Bower, 2000; Rathert et al., 2013). The high rating for empathy and respect for patient dignity further supports the idea that effective patient-centered education should develop relational and ethical competencies, not merely technical knowledge (Berwick, 2009; Dickson, 2004). In the context of inclusive higher education, this result is important because empathy, dignity, and responsiveness are also essential in preparing students to interact with individuals with disabilities, chronic illnesses, and other groups who may experience barriers in education and health service access (Moriña & Perera Rodríguez, 2018; Westwood & Graham, 2016).

The result showing communication as one of the stronger indicators of patient-centered care education is also supported by literature emphasizing communication as a central mechanism for understanding patient needs and improving care experiences. Patient-centered care depends on meaningful interaction, active listening, shared understanding, and respect for patient participation in decision-making (Barry & Edgman-Levitan, 2012; Epstein & Street, 2011; Rathert et al., 2013). In health professions education, these competencies must be intentionally developed through curriculum, simulation, case-based learning, reflective activities, and supervised practice (Cronenwett et al., 2007; Norris et al., 2009). The findings therefore imply that the respondents had

meaningful exposure to instructional practices that supported interpersonal and ethical dimensions of care. However, the comparatively lower mean score for responsiveness to individual patient needs suggests that students may still need deeper learning activities focused on individualized care planning, disability-sensitive communication, culturally responsive service, and practical decision-making in diverse care situations (Barry & Edgman-Levitan, 2012; Dickson, 2004; Sagalowsky et al., 2024).

The high level of healthcare business competency, with an overall mean score of 3.29, suggests that the respondents perceived themselves as competent in professional, organizational, communication, service management, client satisfaction, leadership, and resource-related aspects of healthcare service delivery. This result aligns with competency-based healthcare management literature, which explains that effective healthcare service requires more than clinical or caring skills; it also requires communication and relationship management, professionalism, leadership, knowledge of the healthcare system, and business skills and knowledge (Stefl, 2008). The high score for professionalism supports the idea that students recognize ethical conduct, accountability, responsibility, and service orientation as important competencies in healthcare-related environments (Anderson & Green-Weir, 2022; Ochonma & Ingwu, 2023). Similarly, the favorable score for communication and relationship management is consistent with the Healthcare Leadership Alliance model, which identifies relationship management as a central competency domain for healthcare managers and service providers (Stefl, 2008).

The relatively lower score for basic business-related decision-making indicates an area that may require curriculum strengthening. While the respondents demonstrated generally high healthcare business competency, their lower rating in business-related decision-making suggests that they may need more applied learning opportunities in costing, resource allocation, service planning, client satisfaction monitoring, ethical business decisions, and sustainability of healthcare-related services. This finding is consistent with studies emphasizing the need for formal competency-based management education to improve measurable healthcare management performance (Ochonma & Ingwu, 2023). It also supports the view that healthcare management education should prepare future professionals to address complex organizational demands, including technology, global health pressures, patient-centered leadership, and sustainable service delivery (Osunlaja et al., 2024). For inclusive higher education, this means that healthcare-related programs should not separate care values from business and management competencies, because inclusive and patient-centered services also depend on efficient systems, responsible leadership, and sustainable resource use (Stefl, 2008; Woldegiorgis, 2021).

The significant positive relationship between patient-centered care education and healthcare business competency, $r = 0.612$, $p < 0.001$, indicates that students with higher perceived preparation in patient-centered care also tended to report higher healthcare business competency. This relationship is meaningful because patient-centered care and healthcare business competency share several overlapping constructs, including communication, professionalism, service quality, ethical responsibility, leadership, and responsiveness to client needs (Cronenwett et al., 2007; Rathert et al., 2013; Stefl, 2008). The coefficient of determination, $r^2 = 0.375$, further shows that 37.5% of the variance in healthcare business competency was associated with patient-centered care education. This suggests that patient-centered care education may contribute substantially to students' development of healthcare business-related competence, particularly in areas involving service orientation, client satisfaction, ethical decision-making, and relational management. However, because 62.5% of the variance remained associated with other factors, additional influences such as curriculum exposure, prior work experience, business training, leadership opportunities, institutional support, and community-based learning may also affect healthcare business competency.

The findings contribute to theory by supporting an integrated view of inclusive health-related education. Patient-centered care theory emphasizes respect, shared decision-making, communication, and responsiveness to the person receiving care (Barry & Edgman-Levitan, 2012; Epstein & Street, 2011; Mead & Bower, 2000). Healthcare management competency theory emphasizes leadership, professionalism, relationship management, healthcare system knowledge, and business skills (Anderson & Green-Weir, 2022; Stefl, 2008). The significant relationship found in this study suggests that these two theoretical areas may be complementary rather than separate. In inclusive higher education, this integration is particularly relevant because future professionals must be prepared to deliver services that are both human-centered and system-oriented. This supports the argument that inclusive higher education should develop learners who are sensitive to diversity and disability-related needs while also being competent in service management, resource awareness, and organizational responsibility (Moriña & Perera Rodríguez, 2018; Woldegiorgis, 2021).

In terms of practice, the findings imply that higher education institutions in Zamboanga del Sur and similar local contexts may strengthen health-related programs by integrating patient-centered care education with healthcare business competency development. Instructional activities may include simulation-based patient care scenarios, role-play involving clients with diverse needs, case analysis on ethical healthcare management, service improvement projects, and community-based learning activities. Simulation and structured learning activities have been identified as useful strategies for developing patient-centered care competencies among health-related students (Norris et al., 2009; Sagalowsky et al., 2024). Likewise, formal training in healthcare management competencies may improve students' readiness for organizational and leadership responsibilities in health service settings (Ochonma & Ingwu, 2023). These practical implications are relevant to inclusive education because students must be prepared not only to understand patients and clients but also to help design and support systems that are accessible, respectful, efficient, and sustainable.

In terms of policy, the results suggest that inclusive higher education programs may consider embedding patient-centered care and healthcare business competency into curriculum standards, student outcome frameworks, and quality assurance mechanisms. This may include explicit learning outcomes on empathy, disability-sensitive service, client satisfaction, ethical management, communication, leadership, and resource stewardship. Such integration is aligned with the broader movement in health professions education toward competency-based preparation for quality and safety (Cronenwett et al., 2007; Institute of Medicine, 2003). It is also consistent with inclusive higher education literature, which emphasizes that institutions should address not only access but also meaningful participation, support systems, and responsive educational practices for learners with diverse needs (Moriña & Perera Rodríguez, 2018; Westwood & Graham, 2016). Therefore, institutional policies may benefit from linking inclusive education, health service ethics, and healthcare business competence as part of student formation.

Several limitations should be considered in interpreting the findings. First, the study involved only 68 students from Zamboanga del Sur, Philippines; therefore, the findings may not be generalized to all higher education students or all health-related programs in the country. Second, the study relied on self-reported survey responses, which may be influenced by personal perception, social desirability, or limited self-assessment accuracy. Third, the study used a quantitative descriptive-correlational design, which identified the level of the variables and the relationship between them but did not establish causation. Fourth, the study did not include qualitative interviews or focus group discussions that could have explained why certain indicators, such as responsiveness to individual patient needs and basic business-related decision-making, received comparatively lower scores. Finally, other factors such as prior healthcare exposure, business training, family background,

community experience, institutional resources, and academic program differences were not examined. Future studies may expand the sample size, include multiple institutions, compare academic programs, and use mixed-methods designs to provide deeper evidence on how patient-centered care education contributes to healthcare business competency in inclusive higher education.

5. Conclusion

This study examined patient-centered care education and healthcare business competency among 68 students from Zamboanga del Sur, Philippines, within the context of inclusive higher education. The findings showed that the respondents had a high level of patient-centered care education, particularly in empathy, respect for patient dignity, communication, ethical care, inclusivity, and shared decision-making. The results also showed that the respondents had a high level of healthcare business competency, especially in professionalism, communication and relationship management, client satisfaction orientation, service management, and organizational responsibility. However, comparatively lower mean scores were observed in responsiveness to individual patient needs and basic business-related decision-making, indicating areas that may still be strengthened through targeted instructional and experiential learning activities.

The study further concluded that patient-centered care education had a significant positive relationship with healthcare business competency. This suggests that students who had stronger preparation in patient-centered care also tended to demonstrate stronger healthcare business-related competencies. The result highlights the importance of integrating care-oriented, ethical, inclusive, and business-related competencies in higher education programs. In inclusive higher education, healthcare-related preparation should not focus only on technical knowledge but should also develop empathy, communication, professionalism, service quality, leadership, resource awareness, client satisfaction, and responsiveness to diverse needs.

Based on the findings, it is recommended that higher education institutions strengthen the integration of patient-centered care concepts into health-related and business-related courses. Instructional strategies may include case analysis, simulation activities, role-playing, community-based exposure, reflective learning, and service improvement projects that allow students to apply patient-centered and business-related competencies in realistic contexts. Curriculum planners may also consider including topics on disability-sensitive care, inclusive service delivery, healthcare entrepreneurship, client satisfaction, ethical resource management, and basic healthcare business decision-making. These areas may help students become more prepared for future roles in healthcare service, administration, management, and community-based practice.

Future researchers may conduct similar studies with a larger sample size and with respondents from different provinces, institutions, or academic programs to improve the generalizability of the findings. A mixed-methods design may also be used to gather qualitative explanations on how students develop patient-centered care education and healthcare business competency. Future studies may also examine other factors that may influence healthcare business competency, such as academic program, prior healthcare exposure, leadership experience, internship participation, business training, and institutional support. Further research may also explore how inclusive higher education practices contribute to the development of students' professional, ethical, and business-related competencies in healthcare and disability-responsive service contexts.

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8. Author Declaration

The authors declare that this manuscript is an original work and has not been previously published or submitted elsewhere for publication. All authors substantially contributed to the preparation, review, and finalization of the manuscript and accept responsibility for the accuracy and integrity of its content.

The authors further declare that there are no conflicts of interest related to the conduct, authorship, or publication of this study. No financial, institutional, or personal relationships influenced the research process, interpretation of findings, or presentation of results.