THE LIVED EXPERIENCES OF OCCUPATIONAL THERAPISTS AND SPEECH PATHOLOGISTS ON THE BUSINESS CULTURE OF THERAPY CENTERS IN BULACAN

PRISCILLA E. BANOS
Bulacan State University
DR. GEORGE Z. GONZALES
Bulacan State University

ABSTRACT

This phenomenological research focused on determining the nature of work and business customs of therapy centers based on perceptions of occupational therapists, speech pathologists, therapy clinic owners, special education teachers, and parents. It would aid in making readers understand what it is like to deal with the ins and outs of therapy centers. Additionally, it aims to discover means in addressing the needs of people with disabilities through the intervention of therapists and therapy centers to better face the challenges in the community and the society.

Data from questionnaires, interviews, observations and immersion aimed to provide insight and promote awareness. The process of coding made it easier to formulate themes. In this study, these themes emerged, (1) Bridging Connections, (2) Developing Positive Organization and (3) Committing to Its Goals.

Findings identified the lack of business orientation of owners and lack of therapists as main weaknesses of therapy centers while the clan type organizational culture stood as its major strength. The study discovered that the organization being rooted in friendship and patterned as families contributed to the smooth flow of working relationships. It was confirmed from the findings that therapy centers' clinical practices were both acquired and learned as the business flourished. The growth and success of the business heavily relied on word of mouth referrals.

The study strongly recommended the strengthening of connections among therapy centers, associations and local government agencies involved in the industry. Focusing on the enhancement of therapists' skills and developing new programs were identified to be vital in branding and marketing the centers. A formation of a therapy control monitoring body to determine the performance of therapy center businesses and quality of services was highly recommended.

INTRODUCTION

The Philippines business culture is a mixture of Western and Eastern influences based on the country's historical exposure to foreign elements. Spanish and Americans primarily played a huge part in the formation of the country's business culture (Santander Trade Portal, Export Enterprises, SA, 2019). The predominance of the Catholic Church made it easier for the country's culture to be developed. The country's location being situated in the heart of South East Asia also contributed to how business culture was shaped as the people were exposed to traditional aspects of the local culture (Warburton, 2019). All these naturally evolved over the years and particularly influenced behavior, working style, beliefs, practices including how organizations adapt and form identities. According to businessculture.org one's business identity can be shaped by its culture which highly contributes to growth and success.

This study aims to discover the essence of business culture from the perspectives of its primary respondents, the owners and therapists of therapy centers in Bulacan. The study would like to determine how culture in the organization contributes in building a market and how the industry captures the community in the municipalities of Plaridel and Pulilan as well as that of the city of Malolos Bulacan. Bulacan is one of the most progressive provinces in Central Luzon. It boasts its strategic location being 27.5 kilometers from the Metro Manila; its highly productive human resources being recorded the highest employment figure in the Region 3 for five years; and its reasonable cost of doing business and growing the economy to mention a few. Bulacan holds the position of being the most populous in Region 3. (bulacan.gov.ph).

Clinical therapy centers although mainly thought of as centers that provide clinical assistance to patients with physical difficulties, have evolved to cater to mentally challenged individuals including those with behavioral issues. The study hopes to understand the situation of People with Disabilities (PWDs) and Children with Special Needs (CWSNs) in the country and how therapy centers respond to their needs. The number of patients in need of therapy intervention services have increased over the years. Based on the Philippine Statistics Authority (PSA), they have recorded a total of 1.443 million people with disabilities out of 92.1 household population in the country as of 2010. The record also showed that the three regions with the highest number of disabled people are from Region IV-A CALABARZON, National Capital Region (NCR) and Region III Central Luzon with 193,000, 167,000, 139,000 respectively. (psa.gov.ph, Reference Number 2013-005, January 10, 2013)

The government had made policies and laws to uplift the lives of people with disabilities. Republic Act No. 7277 or the Magna Carta for Disabled Persons outlines the rights and privileges

of disabled persons including the prohibition on discrimination of PWDs. Republic Act No. 10070, or the Creation of Person with Disability Affairs Office in each Province, City and Municipality aims to ensure that implementation of programs and services are provided for persons with disabilities. (Disability in the Philippines: What the laws say, July 2019, philippinesgraphic.net; senate.gov.ph; ncda.gov.ph) According to the Philippine Association for Citizens with Developmental and Learning Disabilities, Inc. (PACDLD), there are about 4 million children and youth with disabilities with only 2 % go to school and 1% are properly diagnosed. Some families are hesitant to declare the disability of their children which is one reason for the failure of the census to account each one. The inaccurate data on disabilities somehow prevents government agencies to identify and act on programs under the healthcare and education sector. (M.I. Buenaobra, Oct 2011, Overcoming Disability Challenges in the Philippines, asiafoundation.org) Part of the goal of this study is for therapy centers to find ways on how to push the industry's potential in responding to the needs.

This study focused mainly on Speech Pathologists (SP), Occupational Therapists (OT) and Special Education (SpEd) teachers who have practiced their profession for more than five (5) years in the therapy center industry in Bulacan. These speech language pathology and occupational therapy courses are under the allied medical science curriculum which special education is under the school teaching sector. In both curricula, business subjects were not directly included. Moreover, as generally practiced, those belonging to the medical sciences field do not usually engage themselves in business and if they do, the business or entrepreneurial knowledge is of great advantage. Thus, this study hopes to contribute to the field of education whether or not it is of necessity to incorporate basic business subjects in these human sciences and medical related courses. Lastly, the researcher considers the development of the therapy industry in the future to better provide the needs of children with special conditions as the most important contribution of this study.

The central problem of the study is "How may the lived experiences of therapists, owners, and parents contribute to the understanding of the business culture of therapy centers?". The research sought to answer the following questions: (1) What clinical practices do therapy centers experience?; (2) How are therapy centers organized?; (3) What is the socio-economic relevance of therapy centers in Philippine society?; (4) How do therapy centers respond to learning needs of children with special conditions? and (5) What actions may be recommended based on the outcome of the study?

METHODS

This study was designed to be qualitative. Qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem

(Creswell, J.W. 1994). Phenomenology as a research method is the study or inquiry into how things appear, are given, or present in lived experiences. In this case, the phenomena of therapists involved in therapy centers will be the main focus of the study.

Phenomenology does not seek to find cause-effect relationships nor does it intend to generalize (Porter, 1999). It does not attempt to create a theory nor does it seek to address problems. Research instruments are the tools used for data collection in a specific research. Research instruments include interview, observation and review of documents. (Creswell, 2009b; Locke, Silverman, & Spirduso, 2010; Marshall & Rossman, 1999). In this phenomenological inquiry, the researcher made use of interviews as the main instrument to gather the perceptions of therapists. Face-to-face interaction with participants would generate more reliability and validity especially in this kind of qualitative study wherein the result will be based not only on physical data but also the participant's intangible thoughts, beliefs, and practices.

There are three basic types of research interviews: structured, semi-structured, and unstructured. Structured interviews include a series of pre-determined questions that are answered in a specific order. There is no room for follow-up questions in this type. Unstructured interviews are the total opposite of structured ones. No questions are prepared prior to the interview and usually this type is done in an informal manner. In a semi-structured interview, structured and unstructured patterns are combined (Boyce & Neale, 2006).

The respondents were selected based on a purposeful sampling of occupational therapists, special education teachers and speech language pathologists. The six (6) respondents were mainly owners of the therapy centers and 66.67% of that number represented occupational therapists and speech language pathologists. Their firsthand experiences in the therapy centers as owners and therapists provided reliable perspectives on the current business culture. The researcher expected to know details of how therapy centers were organized; what their clinical practices were; how they dealt with challenges and what they perceive to be necessary to do in the future to make better profit for the business. The parents on the other hand were chosen based on acquaintance and affiliation since majority of the ten (10) parents were availing therapy services in one specific therapy center. They all had different stories to tell about their experiences with therapy centers. The researcher expected to identify what major considerations they had in choosing a therapy center for their children; what they thought of as advantages and disadvantages in the business aspect as well as how they would want to be helped by therapy centers in the future.

This inquiry mainly focused on personal and in-depth semi-structured interviews to gather the lived experiences of respondents. A formal request letter was sent to the therapy center's owners in person and through email to initiate appointments and facilitate interviews. The interviews depended on the availability of the therapists so some of them were interviewed

individually while some of them during the immersion. All participants were given the same set of questions regardless of the therapy center business location. Similarly, with open-ended questions, participants had a chance to thoroughly explain their perspectives and experiences. With the participant's permission, some interviews were video recorded. Since it was a semi-structured interview, the interview was reciprocal, meaning both researcher and participant engaged in the dialogue. The duration of interviews for every participant depended on the number of questions and the manner responses were explained. On average, one hour at most became sufficient on a one-on-one situation.

The questionnaire for the parents meanwhile was limited to only five (5) questions and interview was done casually while sitting down in the waiting area of the therapy centers. Some parents accommodated the researcher's questions through online communication. Some of them wrote their answers on the interview sheet while others just shared their thoughts during the conversation. Since the researcher herself is a mother to a special child, she made sure not to ask questions that would directly imply their children's disability. The researcher specifically explained the purpose of the study, the questions in the written questionnaire and assured them that their names would not be identified nor printed in the study.

As this study intended to explore the participant's perceptions and lived experiences in the therapy center business, the researcher made sure that information from these participants were gathered with permission and were handled with confidentiality. Moreover, the contents of the questionnaire both for oral and written were limited to the perspectives of therapists and parents and strictly did not include questions for patients and minors who have disabilities. Furthermore, the researcher asked the permission of one of the therapy centers to allow her to experience their day to day activities inside the center. With this form of immersion, the researcher had the opportunity to have a firsthand experience with the occupational and speech therapists while they were at work. This encounter made the researcher analyze and discover more about the centers through regular visual and textual observations. For the whole duration of data collection, the researcher constantly took note of small observable details. Each interview session was conducted in a room or part of the therapy center assigned by the respondent. The respondents gave permission to the audio recording. The audio recordings were never shared to anyone and the matching of identity of the respondents to the voice recordings during the transcription was identified by the researcher alone. During the immersion process, where the researcher observed how the situation was inside the therapy centers, personal details of clients were not asked. Pictures taken were done with permission and photos both the respondents and of children involved were intentionally blurred to avoid exposure. Likewise, personal and medical information of the clients was not used out of proportion.

The anonymity and confidentiality of the respondents was taken into great consideration thus their personal profiles were not directly revealed in the study. All forms of communication made such as through email, telephone calls, exchange of messages were carefully protected and were used only for research purposes.

For this study, the researcher communicated through email with Philippine Association of Speech Pathologists and Philippine Academy of Occupational Therapists, Inc., in order to verify the number of therapists in the country as well as gather some documents related to the profession and its legalities. The researcher also acquired information from each municipalities' business permit and licensing offices. Personal visits to some of these therapy centers in the areas of Malolos, Plaridel, and Pulilan were done to draw the lived experiences and perceptions of therapists and clients.

Data analysis in a qualitative study generally includes examining raw data, reducing them into themes through coding and showing the data through tables and figures. Codes, categories, patterns and themes are the four basic elements used to analyze and interpret data. (Creswell, 2007). Since the main point for analysis in this study focused on words, descriptions, observations and data from interview sessions, a narrative method was used. A narrative analysis method considers the stories and experiences shared by respondents in answering the research questions. Although an absolute meaning from the data collected was not expected because of its qualitative nature, basic elements of data analysis were used. When data were being gathered, the process of analyzing already started. The researcher familiarized herself by reading answers to questionnaires again and again. Likewise, transcriptions of the interviews were necessary to fully understand the details. It was important too to go back to the research questions and analyze whether the objectives of the research were appropriately answered by the data collected. In order to properly structure the data collected, coding method was used. The researcher assigned codes from the pre-determined broad answers and the found links to create a category. Themes were then formed by searching for patterns from the responses. It is imperative though that themes were able to answer the research questions or proved to be related to the study. Identifying the emerging themes also involved discovering aspects of the research which still need to be explored in the future.

RESULTS AND DISCUSSION

The therapy center industry is composed of allied health professionals who provide healthcare treatments related to physical and mental rehabilitation of individuals. Their role is to provide patient care by supporting diagnosis of medical professionals, ensuring recovery through appropriate programs and enhancing or maintaining the quality of life of patients. They apply scientific principles and evidence-based practices in identification, evaluation and treatment of

diseases and disorders. Allied health professionals include a variety of careers such as respiratory therapists, physician assistants, athletic trainers, radiation scientists, massage therapists, and emergency medical technicians to name a few. These allied health professionals are either working in hospitals, rehabilitation centers, nursing facilities, sports facilities, clinics and home health agencies (Association of Schools Advancing Health Professions (ASAHP), October 2015). In this study, speech and language pathologists and occupational therapists were the center of focus. Occupational therapists deal with people with dementia, amputations, depression, autism, cerebral palsy, and down syndrome to name a few. The treatment is expected to make people overcome, enhance or maintain the everyday life and work skills suffering from physical, cognitive or mental disorders (topoccupationaltherapyschool.com). According to The American Speech-Language-Hearing Association, some of the disorders that fall under the umbrella of speech-language pathology are speech disorders such as stuttering, language disorders such as having difficulty understanding others, struggling in sharing thoughts and ideas, and/or having trouble in using language based on its functionality and appropriateness both in oral and written form, social communication disorders such as having difficulty in communicating with others either verbal or nonverbal and struggling to follow socially acceptable rules of conversation and other similar cases. For each type of allied medical profession, an organization or association usually represents them both for domestic and international setting. Currently, Philippine Association of Occupational Therapists, Inc. (PAOT) and Philippine Association of Speech Pathologists (PASP) are covering for all occupational therapists and speech and language pathologists of the country respectively.

Description of Therapy Services. A few years back, therapy services were usually identified with psychological and counseling services which directly dealt with family problems, depression and mental retardation. Therapy was also understood as physical rehabilitation for patients who had injuries or had stroke. Although the therapy centers which offer occupational therapy and speech therapy services for individuals with disabilities or behavioral issues have probably existed a few years back too, ordinary people were not aware of these services. The number of therapy centers has increased over the years. It emerged as an essential service to people with disabilities.

The services provided by therapy centers or therapists were not deeply understood or recognized in the Philippines especially in the provinces. Therapy centers or clinics have these basic therapeutic services: occupational therapy and speech and language therapy. Other centers included physical therapy and special education tutorials while others emphasized on the play therapy for children.

According to the data from the Philippine Academy of Occupational Therapists, Inc.(PAOT), they have 65 therapy centers listed and currently registered in the association. This number includes

26 centers from the National Capital Region (NCR), 16 from Region 4A and 11 centers from Region 3. Other clinics listed were from Regions 7 to 11.

Table 1. *Number of Therapy Centers in the Philippines according to PAOT*

	No. of Therapy Centers	Percentage
Region I	1	1%
Region III	11	17%
Region IVA	16	24%
Region V	1	1%
Region VII	5	8%
Region VIII	1	2%
Region IX	1	2%
Region X	2	3%
Region XI	2	3%
NCR	26	39%

Table 1 indicates the percentage of therapy centers in different parts of the Philippines. To emphasize, Bulacan and Cavite have the highest number of centers in Region 3 and Region 4A, respectively. This list would support the assumption that therapy centers were emerging towards the north and south direction of Luzon. The reason being was their proximity to Metro Manila.

Table 2. *Percentage of Therapy Centers in Bulacan based on PASP and PAOT*

Town / City	No. of Therapy Centers	Percentage
Plaridel	1	6%
Pulilan	2	13%
Malolos	4	25%
Others	9	56%

Table 2 further emphasized that most centers were situated in Malolos, being a progressive city and the capital of the province of Bulacan. It also showed that location is a factor of consideration for a business.

The respondents in this study were mainly composed of occupational therapists (OT) and speech pathologists (SP). The number of OT professionals in the country is higher than that of SP. The schools offering OT courses is also higher as compared to only five (5) universities in the whole country which offer SP course as seen in Table 3 below.

Table 3. *Number of Schools offering Speech Pathology in the Philippines based on Commission on Higher Education*

List of Higher Education Institutions Offering Speech Pathology: AY 2016-17						
2017Cno	UII	PSGC Region_lcm	Region NIR	Region	Institution Name	Institutional Type2
2017-442	04025	04	04 - CALABARZON	Region IV-A (CALABARZON)	De La Salle Health Sciences Institute	Private HEIs
2017-1042	07015	07	07 - Central Visayas	Region VII (Central Visayas)	Cebu Doctor's University	Private HEIs
2017-1086	07079	07	07 - Central Visayas	Region VII (Central Visayas)	University of San Jose-Recoletos	Private HEIs
2017-1844	13203	13	13 - Nat. Capital Region	NCR - National Capital Region	University of Santo Tomas	Private HEIs
2017-1848	13207	13	13 - Nat. Capital Region	NCR - National Capital Region	University of the Philippines-Manila	SUC Satellite

This confirms the lack of speech pathologists in the country. There is a need to increase awareness for incoming college students to pursue such allied science course. The more institutions offering speech and language pathology courses, the more professionals in this field.

Occupational therapy graduates have to pass a licensure examination under the Philippine Regulatory Commission which entitles them to an official recognition of being professionals. For speech pathology graduates, a licensure examination was not required. Speech pathologists were given certifications by the Philippine Association of Speech Pathologists (PASP) to be officially recognized. Not all graduates were required to be members of the association though. According to the association, they have 659 members now. In 2017, the number of speech pathologists in the country was only 524. This number may not account for those who did not register as members. Recently, however a bill on regulating practice of speech pathologists has been approved which means all graduates of this allied course will soon take a licensure examination prior to their professional practice. The bill aims to regulate the speech pathology graduates, uplift the standards and to properly recognize them in their profession. The Philippines' "Speech-Language Pathology Act" will eliminate such inappropriate treatment and will elevate the profession to match international standards (Hutchins S.D. March 7, 2017, leader.pubs.asha.org).

Thematic Analysis. The thematic process included reading and reviewing the data again and again and coding them according to similarities, connections and contrasts. These codes were then categorized and grouped into similarities so as to organize a meaningful theme. After several reviews, thoughts and modifications, these categories further led to the formation of emergent themes. Thus, emergent themes were derived from the informants' lives pertaining to therapy business and culture. Three themes emerged: Bridging Connections, Developing Positive Organization in the Workplace and Committing to Its Goals. Although the thematic analysis process involved repeated readings and coding, its validity was only based on how the answers were categorized and understood.

Bridging Connections. *"We give parents our honest opinion on what the child needs and we politely inform them if we feel that they will have better conditions in other places in terms of location and expertise.",* according to one therapist. This statement reflected what other therapists described. Apart from the purpose of addressing the basic needs of the clients, it was part of the business intention to be able to create good connections with other important people in the industry such as developmental pediatricians, specific organizations or institutions, government agencies or units, school teachers and of course the therapists and parents of special children. Making good relationships and connections provided benefits for all parties involved. Interaction based relationships among parents, therapists and school teachers or heads appeared very vital in the progress of a child with special needs. Participation of each would contribute to a group effort and eventually benefit the client first and foremost. Therapists aimed to bridge any gap in between by cooperating professionally in the intervention.

Developing Positive Organization in the Workplace. *"We have an open communication system, we deal with matters as objectively as we can while maintain professionalism at all times. We use "mentorship" and not "supervision" when dealing with newly qualified professionals because once we welcome them as part of the team, they become our colleagues."* This therapy center owner statement clearly indicated the form of relationship in the organization. The description of the existing work culture and practices in the therapy center specifically about how they feel about building relationships within the organization proved to be an important aspect of the business. Most of them identified having a friendly and family type of relationship which creates a positive vibe in the therapy center. They even indicated the light natured atmosphere leads to less work stress and enables them to discuss methods to treat a child's condition easily. Likewise, the positive energy they emit uplifts clients.

Committing to its Goals. *"Gusto din- syempre gusto din namin na mag e-earn ng mas malaki kaya lang ayaw po namin na isacrifice naman yung service over yung kikitain"* (Of course, we would want to earn more but we do not want to sacrifice the service over profit*)* This statement

from a therapist clearly confirms the commitment. As they progressed and had established their business, they aimed to continue what they have started and make some improvements along the way. They believed that they themselves had to improve their individualities and professional knowledge and skill to better market their services. Some owners and therapists even emphasized that being in this line of profession and business would require one to have a compassionate heart and an in depth understanding of every client's condition so their commitment to serve comes as first priority.

The study specifically presented findings based on five (5) categories.

Clinical Practices of Therapy Centers. Therapy centers in Plaridel, Pulilan and Malolos acquired and applied what other therapy centers were practicing. The process of assessment and acquisition of therapists as well as the procedures to assess and acquire clients are patterned with the existing practices of other therapy centers. Their existing methods used in marketing and growing the business also came from their previous experiences. Therapy centers' growth was attributed to their reliance to word of mouth referrals from parents, co-therapists and developmental pediatricians. Therapists acted as consultants or freelancers and they were called "teachers" by clients. They were given free will to choose their schedule and the method of intervention to provide. Equal opportunities were given despite differences in the manner of dressing, hairstyle, preferences and gender. Therapists were paid on a per hour session basis and a portion of their pay goes to the clinic. Therapists give feedback to parents after every session and keep track of the patients' progress. If there need be, they hold therapist-parent-teacher conference or directly coordinate with developmental pediatricians.

Organization of Therapy Centers. Therapy centers were formed by either a single or a group composed of therapists, developmental pediatricians, teacher or any medical practitioner. They used an initial capital ranging from Php 70,000 to as much as Php 200,000. The capital was used for space or area, therapy equipment, learning materials and salary for a few members. Every therapy center had ways to brand themselves. Most of them used the words "therapy", "play" and "talk" and pictures of "kids", "blocks", and other school related stuff. Therapy centers were guided by their mission and vision statement. Therapy centers opened its services to anyone who needed them regardless of the family's socioeconomic status in society. They mainly offer occupational therapy, speech therapy and physical therapy which costed between 500 to 700 pesos per hour. The hourly therapy session fee was fixed and most therapy centers applied the same rate in Bulacan.

The owners realized the need of more therapists, services, facilities, and centers in Bulacan. Some of them responded by applying therapy modifications while some expanded their centers and services.

The family oriented and friendly organization within the centers were believed to have been effective in operating their business. Employer-employee relationship does not apply to the organization but it was professionalism rooted in friendship. Due to the sense of belongingness and immense support from a team, the professional abilities of each therapist were enforced.

Socio – economic Relevance of Therapy Centers. Therapy centers opened work opportunities to occupational therapists, speech pathologists, physical therapists, SpEd teachers, administration, and maintenance staffs. These people were compensated for their services therefore therapy centers have an impact on an individual's income and value. The increase of therapy centers contributed to the economic growth in the municipality it belongs to. The therapy center registered as a business, got business permit thus they complied with business tax policies and regulations. Therapy centers had basic supplies such as tables, chairs, mats, air conditioner, fans, cleaning agents and toiletries. They made use of therapy equipment, learning tools and devices, learning materials and educational toys to supplement patients' therapeutic needs. They likewise paid rent, water and electricity bills, phone bills, and other supplies.

Therapy Centers' Response to Learning Needs of Children with special conditions. Therapy centers being a business had been actively interacting with people by responding to the behaviors and needs of the community and society. Active participation in awareness programs launched by the local government units or some organizations played a significant role in educating individuals and groups. Aside from that, therapists attend local and international seminars or conferences that would also educate them further in addressing the needs of special children. They continued enhancing their knowledge and skills not only by constantly practicing their profession but also ensuring that they were updated and informed of the latest developments in their fields. When opportunities arose, they pursued to be better. Therapy centers continuously partnered with developmental pediatricians, co-therapists, associations, organizations and schools to further expose themselves to the demand and the needs of these people with disabilities. They found it necessary to collaborate with people who would be part of creating a support system for clients and parents.

Therapists were directly involved in the intervention made to the client. They did school visits and made necessary coordination with school teachers and authorities to ensure client's academic and social needs were addressed. Therapists ensured that parents were well informed of the intervention provided to clients and how progress of each one was valued.

Action Plan. Upon gaining the understanding of the business culture of therapy centers in Plaridel, Pulilan, and Malolos Bulacan, some recommendations for the growth of the business, the industry and for the benefit of the people with disabilities came up. A more strategic approach in terms of marketability and earning profit was of course a major consideration. The

therapists should be properly equipped and supported to perform their tasks and it is one of the roles of the organization within to sustain it.

In order for the therapy industry to compete and level up, proper acknowledgement and categorization from the government, from authorities, or leaders in allied sciences field and from the education sector may be helpful.

CONCLUSION AND RECOMMENDATION

Prior studies have noted the contribution of culture formation as well as the importance of communication in one's organization and community. Sy (2017) conducted a study about Filipino therapists' experiences and attitudes of interprofessional education and collaboration: A cross-sectional survey. The study described how occupational therapists, physical therapists, and speech-language pathologists could be professionally prepared for a collaborative practice-ready workforce through the interprofessional education. The study emphasized the necessity of collaboration among these health workers who have different specializations and the value of attitude towards interprofessional education. It was found that a specific care plan developed in a certain setting would turn out easier if they were in a common place and time. The years of practice and professional background were variables found to be highly significant due to the similarities in educational background, interprofessional experience and attitude. Specific recommendations included a formal interprofessional education training course for health profession learners and a formulation of clinical practice guidelines. Aside from the same type of respondents, this study was found related because it indicated the importance of collaboration and the role of the education sector in preparing these professionals. Likewise, strategically forming communication among therapists who belong in the same community or setting would contribute to a collaborative ready workforce which can contribute to positively addressing the needs of clients. Another study conducted by Jaques (2014), Investigating Culture: A Qualitative Study of a Human Service Organization's Culture was a qualitative research which aimed to describe and understand methods that contribute to culture formation as well as to identify aspects that may help or hinder the organization's effectiveness. The study included and emphasized the power of culture in terms of affecting performance and long term effectiveness in human service organizations. The study also mentioned the importance of incorporating values in the organization, providing recognition and new opportunities for growth of every member and maximizing the help they can give to other people. Apart from the reason that therapy centers are small organizations and involved in human service too, this study was found related by the researcher since it dealt with the importance of organizational culture, the shared value among members, the significance of promoting professional growth and how communication and family orientation led to an effective organization. Both studies

focused on the effect of culture in an organization and based their observations on participants who are directly responsible in dealing with clients.

The responses of occupational therapists, speech pathologists, owners, special education teachers and some parents identified the significant business and cultural practices in the therapy centers. Their detailed description provided a clear picture of the business scenario and created an understanding of its business and organizational culture. The results identified its business strengths and likewise some areas which can be improved on. Moreover, the study highlighted the necessity to develop a more interactive marketing method and enhance therapists' skills to gain continuous patronage. The therapy center industry showed a lot of growth potential in Bulacan and with the support of the members of the community, they can discover, explore and develop more ways to expand their market and services. Based on the results, it is possible to generalize that therapy centers in Bulacan have similar clinical practices. This indicates how influential culture is because whatever other therapy centers practice and implement, the others would just follow suit. Therapy center owners found it the easiest way to start the business and belong to the industry. The status of therapists as independent consultants who can perform professional duties in many centers without any conflict of interest was considered a strong point for the business to flourish. Since all these therapy centers in this study started from scratch, they have experienced how challenging it is to establish a center. It can be generalized that they learned the business side and acknowledged the value of branding and setting an identity for the therapy industry as they practiced their profession day by day. One unanticipated finding was that they all considered each other as family thus professional competition had no room in the industry. Due to the easily identifiable number of therapists and therapy centers in the area, all of them knew each other by name or affiliation. The connection established by the therapists themselves led to more opportunities and benefits both for the therapists and the therapy centers they work for. It was found that therapy centers just like other businesses opened work opportunities and operated under their municipalities indicating their socio-economic relevance to the society. Their professional abilities were put to use in the community likewise they made use of the resources and utilities necessary to operate as a business. The results also emphasized the therapy centers' responses to the learning needs of children with special needs. It explained the need for therapists to coordinate and reach out to the members of the community in order for therapy services to be clearly identified as a necessity to provide intervention to PWDs and CWSNs. This included constant attendance to seminars and awareness programs as well as school visits or adherence to teacher-parent-therapist meeting whenever needed. This clearly means that therapists acknowledge their commitment to their professional vows and to their personal goals of improving their craft by active participation. Moreover, their commitment does not stop from providing quality services to clients alone but ensuring that every individual involved in the

process is well informed and clearly understands the value of their intervention towards patients.

With respect to the proposed actions, the study would like to recommend some actions to be taken for the therapy centers to flourish successfully as a business. The action plan focused on three aspects which were considered main sources of profits, these are human resources, marketing, and existing customer base. This means that first, therapy centers should try to strengthen their quality of services of therapists as their knowledge and skills would ensure continuous profit for the business. Since therapy centers rely on human services, enlisting them in associations, engaging them in seminars, exposing them to other fields, connecting them with other therapists and providing additional benefits would increase their passion to perform better. If therapy centers show their support to the professional and personal growth of therapists, the more that therapists would hang to their commitment to the therapy centers. Second, the action plan suggests for therapy centers to showcase the quality service and the centers' strengths more as its main marketing point. The active participation and updating one's ability by attending seminars and conferences was clearly recommended as a way to expose them. Spending time with schools, proposing tie-ups with associations and local government agencies may increase their marketability as well. Moreover, therapy centers should maximize the use of social media in marketing their services. Informing the public about their services and showing off their facilities and introducing new programs online would invite curiosity. Third, maintaining a good relationship with existing clients is another equally valuable suggestion. Therapists' and owners' attitude towards clients including developmental pediatricians and school administrators would increase not only the number of patients but also increase people's trust value in therapy centers in the long run. They would reap the benefits from protecting the built relationships in the future.

The researcher made use of face-to-face interviews as the main instrument to gather the perceptions of therapists to generate more reliability and validity. However, due to limited number of respondents, limited number of therapy centers, limited municipalities in Bulacan included in the study, its validity may at one point be questioned by some researchers. Likewise, formulating a theory was not the intention and is not advisable in this study. It is however, would be of interest to those professionals in the similar field especially those who intend to enter private practice. They would learn how the culture affects the organization and the business itself. Other professionals would find the perspectives of therapists beneficial in improving the business aspect of medical professionals. Also, various associations and local government units directly involved in dealing with people with disabilities and children with special needs would be able to gather relevant information from this study which may be vital in making improvements in the current system. Moreover, this can act as an eye opener to policy makers who may discover new methods to address needs of people with disabilities as well as

how to provide support to the occupational therapists and speech pathologists in their profession. This study may trigger the interest of scholars in the medical and educational field to further enhance the curriculum and ensure that future therapists would be provided with advanced knowledge and practical skills in congruence with the changes in times. Lastly, parents would have a clear understanding of how these professionals deal with children with special needs likewise how the business culture in therapy centers could turn out to be advantageous to the community. Parents' direct participation would contribute to the growth and improvement of the therapy industry.

Aside from the proposed action plan, the results of the study led to some strong recommendations. One of which is the formation of a therapy control unit or monitoring body to determine the performance of therapy center businesses, the rate of growth in a certain community or per region and to assess the quality of services being rendered to clients. It may in the future have the power to gauge or grade the level of therapy centers similar to rating them 5 stars or such. This body may have the authority to thoroughly identify those who perform therapy treatments or services without professional licenses and clinics which do not have business permits. This monitoring body can most importantly raise the standards of the therapy center industry as they would in the long run be able to formulate guidelines and policies beneficial to both clients and therapists. Another equally important recommendation is the building of alliances among therapists, centers and parents per community, per region and so on. This would help the industry's growth and increase awareness to more people in the society. Exposure to many associations would widen their reach and would create up-to-date services and facilities. Parents would likewise have the opportunity to strongly convey the rights of people with disabilities and children with disabilities which may contribute to the improvement of implementation of government programs and policies. As for the number of allied science professionals, the study suggests that every graduate of speech pathology and occupational therapy be required to work within the country for a certain number of years prior to working abroad. This will not only cope with the demand of therapists but it will also entice individuals, even institutions to increase the exposure of these courses. The affiliation of therapists also needs to be improved because locating and finding a therapist is a challenge. With legal professional listings, clients would be assured of proper therapeutic intervention. Finally, the need to further determine business culture of therapy centers in other areas or regions is highly recommended. Exploring the impact of various aspects of business culture could lead to more bases of comparison which could be helpful in identifying issues and developing improvements or solutions. Other researchers may consider challenging this study's validity by using a quantitative approach.

References

Agoncillo, J.A. (2016). Valenzuela City-run school now open for PWDs who dream higher. Philippine Daily Inquirer. *Inquirer.net*. Retrieved from https://newsinfo.inquirer.net/758334/valenzuela-city-run-school-now-open-for-pwds-who-dream-higher

Alampay, L.P. (n.d). Parenting in the Philippines. Department of Psychology Ateneo de Manila University. pp 105-118. Retrieved from https://www.academia.edu/13401676/Parenting_in_the_Philippines

Boyce, R. (2001). Organisational governance structures in allied health services: a decade of change. *Australian health review : a publication of the Australian Hospital Association*, 24 1, 22-36 .Retrieved from https://www.semanticscholar.org/paper/Organisational-governance-structures-in-allied-a-of-Boyce/5c534ceca288f05977d08e5b417eae83c1e66e28?p2df

Buenaobra, M.I.T., (2011). Overcoming disability challenges in the Philippines. *The Asia Foundation*. Retrieved from https://asiafoundation.org/2011/10/26/overcoming-disability-challenges-in-the-philippines/

Canivel, R.S.C. (2018). PCCI: Bulacan is next growth area. Inquirer Business. *Inquirer.net.* Retrieved from https://business.inquirer.net/257833/pcci-bulacan-next-growth-area

Chanco, B. (2017). The Healthcare Business. *Philstar Global*. Retrieved from https://www.philstar.com/business/2017/09/19/1740691/healthcare-business

Creswell, J. W. (2009). Research design: Qualitative, quantitative, and mixed methods approaches/John W. Creswell.—3rd ed. p. cm. ISBN 978-1-4129-6556-9

Embee. Blog . (Aug 2017) What role does organization culture play in an organization? Retrieved from http://www.embee.co.in/blog/hr-management/what-role-does-organization-culture-play-in-an-organization/

Emerhub. (2018). Understanding business culture in the Philippines. Retrieved from https://emerhub.com/philippines/understanding-business-culture-in-the-philippines/

Hays, J. (2008). Business customs, etiquette and relations in the Philippines. *Facts and Details.* Last updated June 2015. Retrieved from http://factsanddetails.com/southeast-asia/Philippines/sub5_6g/entry-3915.html#

Hutchins S.D. (2017). The American speech-language-hearing association (ASHA). Retrieved from leader.pubs.asha.org

Jaques, D. W. (2014). Investigating culture : A qualitative study of a human service organization's culture. *The Chicago School of Professional Psychology*. ProQuest Dissertations Publishing. Retrieved from https://www.proquest.com/openview/8a95d46f69df87243223220f13b1d7fc/1?pq-origsite=gscholar&cbl=18750&diss=y

Jauhar, S. MD (2009). A doctor by choice, a businessman by necessity. *Essay, The New York Times.* Retrieved from https://www.nytimes.com/2009/07/07/health/07essa.html

Locke, Silverman, & Spirduso (2010). Reading and Understanding Research ISBN 1412975743, 9781412975742

Santander Trade. Philippines : Business practices, business culture. Retrieved from https://santandertrade.com/en/portal/establish-overseas/philippines/business-practices?url_de_la_page=%2Fen%2Fportal%2Festablish-overseas%2Fphilippines%2Fbusiness-practices&&actualiser_id_banque=oui&id_banque=0&memoriser_choix=memoriser

Scroope, C. (2017). Filipino business culture. *The Cultural Atlas*. Retrieved from https://culturalatlas.sbs.com.au/filipino-culture/filipino-culture-business-culture#filipino-culture-business-culture

Sy, M.P. (2017). Filipino therapists' experiences and attitudes of interprofessional education and collaboration: A cross-sectional survey, *Journal of Interprofessional Care*, 31:6, 761-770, DOI: 10.1080/13561820.2017.1359509. Retrieved from http://dx.doi.org/10.1080/13561820.2017.1359509

Warburton, K. (n.d). Business culture in the Philippines. World Business Culture. Retrieved from

https://www.worldbusinessculture.com/country-profiles/the-philippines/

Association of Schools Advancing Health Professions (ASAHP) October 2015

Commission on Higher Education (ChEd)

Department of Education – Special Education

National Council on Disability Affairs (NCDA)

National Ethical Guidelines for Health and Health-Related Research 2017

Occupational Therapists Association of the Phils. (OTAP)

Philippine Association for Citizens with Developmental & Learning Disabilities (PACDLD)

Philippine Association of Speech Pathologists (PASP)

Philippine Health Research Ethics Board c/o Philippine Council for Health Research and Development

Philippine Regulatory Commission (PRC)

Philippine Statistics Authority – Persons with Disability in the Phils. (2010 Census)

The American Speech-Language-Hearing Association

UN Convention on Rights of Persons with Disabilities (UNCPRD)