

THE IMPACT OF MULTIPLE LEARNING STRATEGIES ON STUDENT COMPETENCIES IN PATIENT-CENTERED CARE IN MEDICAL IMAGING TECHNOLOGY PROGRAMS IN YUNNAN'S VOCATIONAL COLLEGES

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ABSTRACT

In today's evolving healthcare landscape, the integration of humanistic education into vocational medical training has become increasingly essential, particularly in fields like medical imaging technology, where patient interaction is inevitable. Despite strong technical preparation, many students lack the interpersonal and ethical competencies required for delivering patient-centered care. This study aims to examine the impact of multiple learning strategies—specifically, humanistic education, teaching methodology, student engagement, and faculty training—on students' competency in patient-centered care within medical imaging technology programs at vocational colleges in Yunnan Province, China. A quantitative research design was employed, utilizing a structured questionnaire distributed to 385 students enrolled in medical imaging programs. The instrument measured five key constructs, and data were analyzed using multiple linear regression via Jamovi version 2.6.26. Descriptive statistics and inferential analyses were also conducted to examine relationships among variables. The results revealed a strong predictive model with an R^2 of 0.749 and adjusted R^2 of 0.746, indicating that the independent variables collectively explained nearly 75% of the variance in student competency. Among the predictors, faculty training ($\beta = 0.489$) and humanistic education ($\beta = 0.410$) had the most significant positive effects, followed by student engagement ($\beta = 0.199$). Surprisingly, teaching methodology showed a negative relationship ($\beta = -0.191$), suggesting that not all instructional methods effectively support humanistic outcomes. These findings underscore the importance of embedding humanistic values into technical curricula and investing in faculty development to promote patient-centered competencies. The study offers valuable insights for educators, administrators, and policymakers aiming to improve the quality of vocational healthcare education.

Keywords: Humanistic Education, Vocational Medical Education, Medical Imaging Technology, Patient-Centered Care, Student Competency

INTRODUCTION

Humanistic learning has increasingly been recognized as a vital component of health professions education, especially in fields such as medical imaging, where students must engage with patients who may be anxious, vulnerable, or in distress. Humanistic education emphasizes the development of empathy, ethical awareness, effective communication, and cultural sensitivity—qualities that complement technical knowledge and enhance patient experiences. Research shows that when healthcare professionals exhibit these humanistic attributes, patient satisfaction improves and health outcomes are more favorable (Kinzie & Hurtado, 2017). However, technical and vocational institutions often prioritize procedural and technological expertise, overlooking the importance of cultivating humanistic qualities in their students. This imbalance reflects a broader issue in vocational education, where producing job-ready graduates frequently takes precedence over holistic professional development. Although some institutions offer independent ethics or communication courses, these courses are often

poorly integrated with students' technical learning, limiting their application in clinical practice (Dost et al., 2020).

This study aims to explore how humanistic education can be effectively embedded within the curriculum of medical imaging technology programs in vocational colleges. The purpose of this study is to identify the humanistic abilities required for patient-centered medical services, evaluate current teaching on these abilities, and propose a strategy for integrating them into technical teaching. In addition, this study examined teacher preparation and students' growth in the field of humanities. By exploring these aspects, this study helps cultivate medical imaging professionals with comprehensive development, enabling them not only to possess technical skills but also to cope with the emotional and ethical complexities of modern medical care (Kinzie & Hurtado, 2017).

LITERATUR REVIEW

Humanistic Learning Theory

In recent years, vocational education in healthcare fields, especially in medical imaging technology, has emphasized the importance of both technical skills and humanistic competencies. These include empathy, ethical thinking, patient communication, and understanding diverse cultural needs. Humanistic Learning Theory offers a strong foundation for this shift. This theory centers on the belief that education should focus on the whole person not just academic performance, but emotional, social, and moral development too (Purswell, 2019). In a healthcare context, it aligns perfectly with the need to train professionals who can care for patients with both skill and compassion.

Traditional technical training in vocational programs often emphasizes speed, precision, and protocol. While these are necessary, they do not cover the human connection patients expect from healthcare providers. As vocational colleges push for more holistic curricula, Humanistic Learning Theory becomes a guide. It suggests that students learn best when they feel safe, respected, and seen as individuals. This is particularly relevant in fields like medical imaging, where professionals often engage with patients during vulnerable moments.

Humanistic Learning Theory emerged from the works of Carl Rogers and Abraham Maslow. It views the learner as central. Teachers are facilitators, not just knowledge providers. The goal is self-actualization helping students reach their fullest potential, personally and professionally. In this model, empathy and ethics are not "soft skills." They are core parts of professional development.

Applying this theory to medical imaging education means changing both the content and the delivery. Teachers are encouraged to create student-centered environments where dialogue is open. Emotional reflection is part of class discussion. Teaching is personalized, and students are encouraged to relate lessons to their own lives or future professional roles. For example, instructors may ask students to reflect on how it feels to be in a patient's position. They may use case studies involving ethical dilemmas, such as confidentiality in imaging reports. These methods help students build moral reasoning skills alongside their technical competencies (Ghavifekr & Rosdy, 2022). Students are no longer passive receivers of facts. They actively shape their understanding based on personal growth and ethical awareness.

This approach aligns well with current teaching trends. According to Dost et al. (2020), students responded better to flexible, self-directed learning methods during the pandemic. The

same logic applies here. Humanistic education supports flexibility and personal reflection. These methods help students feel more responsible for their learning and better prepared for patient-centered care.

Another key element is the teacher's role. Humanistic Learning Theory asks educators to act with care. Teachers are expected to demonstrate the same empathy and ethical behavior that they want students to adopt. Faculty training is therefore essential. Research by Wu et al. (2020) and MacDonald (2021) shows that when teachers model humanistic values, students are more likely to take these values seriously. This is especially important in vocational programs where learning is highly practical. Humanistic teaching does not just happen in lectures. It happens in lab sessions, in clinics, and even in how teachers give feedback.

Humanistic integration helps connect technical performance with broader healthcare goals. Smith and Lee (2021) proposed a dual competency model, arguing that both technical precision and human empathy are necessary for modern healthcare. Their study highlighted that patient satisfaction improves when providers demonstrate both. This supports the argument that vocational students need to be trained with this dual focus from the beginning.

Sociocultural Theory of Vocational Learning

The theory of social culture originated from the works of Lev Vygotsky. It emphasizes that interaction with others and the surrounding environment shapes learning. In this view, students learn through social participation, not just through personal cognition. This theory plays a central role in vocational education. Learning is achieved through real-world tasks, dialogues, and relationships with peers, teachers, and professionals.

The field of medical imaging needs more than technical skills. Students must learn to handle real human situations in a clinical environment. Sociocultural theory provides a valuable framework. It helps to explain how learning occurs in context, especially when students must combine technical accuracy with human understanding. This is particularly important for humanistic education, which requires learners not only to master the procedures but also to cultivate empathy and communication skills. Sociocultural theory emphasizes four key concepts: social interaction, cultural tools, language and context. These concepts provide the basis for the vocational learning environment.

First, social interaction is the driving force of learning. Students learn best when they cooperate, observe and practice with others (Purswell, 2019). In vocational education, internship and clinical practice are the key learning areas. These environments support "Scaffolding Learning", where students work under guidance but gain autonomy over time (Wu et al., 2020). The model helps students majoring in medical imaging change from observation to independent execution.

Second, cultural tools such as medical imaging equipment, ethical protocols, and digital learning platforms are central to learning. They are not just tools but carriers of professional norms (Smith & Lee, 2021). For example, learning how to use imaging equipment also means learning how to follow patient safety standards. These tools shape both skill and behavior. Third, language plays a key role in shaping thought and knowledge. When students talk with instructors, role-play with peers, or reflect through journaling, they internalize both professional language and humanistic values (Shankar, 2022). Role-playing patient scenarios,

for example, helps students practice both empathy and technical terms—integrating both sides of the profession.

Fourth, context matters. Learning is not the same in a classroom as it is in a clinical setting. Gunn et al. (2017) emphasized that simulation-based environments allow students to experience real scenarios safely. Virtual reality training, for example, supports experiential learning in ways consistent with sociocultural theory. Students gain skills through doing, not just hearing.

In medical imaging programs, sociocultural theory supports the idea that students must engage in the cultural practices of their field. That includes professional behavior, ethical reasoning, and emotional intelligence. Ghavifekr and Rosdy (2022) found that integrating humanistic education into applied training improved students' patient-centered care. It is not enough to explain what empathy means—students must practice it in clinical conversations and see role models apply it.

Teacher training is also affected. According to Huang (2017), instructors who use participatory teaching methods promote deeper student engagement. Sociocultural learning requires teachers to shift roles. They become facilitators, not just information deliverers. This aligns with Elnashar's (2017) call for more interactive classroom methods, such as FastFeedback, which involve quick cycles of dialogue between students and teachers. These strategies help students internalize complex concepts such as ethical judgment.

Kinzie and Hurtado (2017) also highlight that active student engagement is key. When students are invited to take ownership of their learning, they become more motivated. That motivation boosts both technical performance and humanistic growth. In their review, Lim and Yunus (2021) also found that gamified and peer-learning environments increased students' emotional investment in learning outcomes.

RESEARCH METHODOLOGY

This study adopted a structured quantitative design to investigate how humanistic education could be embedded into vocational medical imaging programs. A custom questionnaire was developed to measure five core constructs: humanistic education integration, teaching methodology, student engagement, faculty training, and student competency in patient-centered care. The data collection took place between May 26 and June 12, 2025. Both students and faculty members participated to ensure the study captured a comprehensive view of educational delivery and learner outcomes within this technical-vocational setting.

The population consisted of 980 students enrolled in the medical imaging technology major at a vocational college in Kunming, Yunnan Province. These students, who are being trained in practical fields such as X-ray and CT imaging, are also expected to develop humanistic competencies, including empathy, ethical sensitivity, and effective communication. The diversity in academic standing from first-year to final-year students allowed the researcher to examine whether these competencies were cultivated consistently across different levels of training. This approach provided a realistic picture of how well vocational education equips students with both technical and interpersonal skills.

A total sample size of 385 students was determined using standard statistical formulas with a 95% confidence level and a 5% margin of error. The figure accounted for a 3–5%

potential non-response rate, ensuring robustness for inferential analysis. Ultimately, 371 valid responses were obtained and analyzed. Sampling was carried out using purposive convenience methods, ensuring participants were relevant to the research focus, and stratified by academic year and other demographic factors to enhance representativeness.

The online survey platform Wenjuanxing was used to efficiently design, distribute, and collect data. The questionnaire included demographic questions and 30 Likert-scale items covering the five core constructs. A QR code and link were disseminated via email and online student groups, making participation accessible on mobile and desktop devices. A pilot test was conducted to ensure clarity and relevance of the questions. Wenjuanxing's built-in tracking and privacy protections ensured ethical compliance and data accuracy.

For data analysis, the study used Jamovi 2.6.26, an open-source statistical software package suitable for the social sciences. The software was used to calculate descriptive statistics and reliability coefficients (Cronbach's Alpha), and to perform inferential tests such as Pearson's correlation and multiple linear regression. The selected tools enabled transparent, replicable analysis suitable for quantitative research focused on educational effectiveness.

Reliability was verified using Cronbach's Alpha, with all five constructs scoring above 0.85—well above the 0.70 threshold—indicating strong internal consistency. The highest reliability was noted for student competency in patient-centered care ($\alpha = 0.89$). Validity was assured through expert evaluation from three specialists in medical education and quantitative methods. Their feedback led to refinements in item phrasing and alignment with the theoretical model, confirming that the questionnaire accurately captured the intended constructs.

Descriptive analysis was first used to summarize demographic data and response patterns across all variables. Inferential analysis followed, with multiple linear regression testing the strength and significance of relationships between the independent variables (humanistic education, teaching methodology, engagement, faculty training) and the dependent variable (student competency). Statistical indicators such as t-values, p-values, and R^2 values were used to interpret model fit and predictive power. This rigorous analysis helped confirm the study's hypotheses and provided practical insights into the educational design of medical imaging programs

FINDINGS

To explore the impact of Humanistic Education on Student Competency in Patient-Centered Care

To examine the role of Teaching Methodology in shaping Student Competency in Patient-Centered Care

Table 1: Descriptive Statistics of Teaching Methodology

Item Code	Mean	Standard Deviation	Rank	Meaning
TM1	4.363	0.663	3	Agree
TM2	4.309	0.715	5	Agree
TM3	4.412	0.698	1	Agree
TM4	4.365	0.703	2	Agree
TM5	4.351	0.7	4	Agree
TM6	4.309	0.725	5	Agree
Overall	4.3515	0.700666667	-	Agree

The results from Table 4.1 indicate a consistently positive perception of teaching methodology in humanistic education, with all item means falling within a narrow high range ($M = 4.309$ - 4.412). TM3 ($M = 4.412$), which represents whether teaching encourages participation and collaboration, ranks the highest. This suggests that students greatly value being actively involved in the learning process, especially when technical training is connected to humanistic practices. The second-highest item, TM4 ($M = 4.365$), emphasizes how instructors explain the links between technical and humanistic skills. This implies that the curriculum is not treating humanism as an add-on but is making strong efforts to integrate it into clinical and technical instruction.

To assess the contribution of Student Engagement to the development of Student Competency in Patient-Centered Care

Table 2: Descriptive Statistics of Student Engagement

Item Code	Mean	Standard Deviation	Rank	Meaning
SE1	4.209	0.797	6	Agree
SE2	4.311	0.719	3	Agree
SE3	4.331	0.733	1	Agree
SE4	4.291	0.735	4	Agree
SE5	4.273	0.766	5	Agree
SE6	4.324	0.716	2	Agree
Overall	4.290	0.744	-	Agree

The Student Engagement dimension reflects students' internalization of humanistic values and their behavioral commitment to those values during their education. The highest-rated item, SE3 ($M = 4.331$), indicates that students find humanistic activities meaningful. This reveals that students are not just passively completing tasks—they are emotionally and intellectually invested in them. Close behind is SE6 ($M = 4.324$), showing that students are committed to developing both technical and humanistic skills, a strong indicator of well-balanced professional development.

In contrast, SE1 ($M = 4.209$), which measures students' active participation in humanistic discussions, received the lowest score. While still high, this may suggest that students find it easier to reflect and apply than to speak up during classroom exchanges—possibly due to cultural or confidence-related barriers. Similarly, SE5 ($M = 4.273$), which reflects collaboration with peers in practicing communication, suggests room for improvement in peer-led learning environments. These insights reveal that although students are engaged on a personal level, collaborative and verbal engagement may benefit from structured facilitation or more confidence-building activities.

To analyze the effect of Faculty Training in Humanistic Education on Student Competency in Patient-Centered Care

Table 3: Descriptive Statistics of Faculty Training in Humanistic Education

Item Code	Mean	Standard Deviation	Rank	Meaning
FT1	4.392	0.701	1	Agree
FT2	4.381	0.706	3	Agree
FT3	4.367	0.7	5	Agree
FT4	4.347	0.696	6	Agree
FT5	4.376	0.692	4	Agree
FT6	4.385	0.69	2	Agree
Overall	4.375	0.698	-	Agree

This table presents a strong endorsement of faculty capabilities and readiness to teach humanistic principles, with FT1 (M = 4.392) ranking highest. This item indicates that students perceive instructors as role models who demonstrate empathy and effective communication. This behavioral modeling is crucial, as students often learn more from observed behavior than direct instruction. FT6 (M = 4.385) and FT2 (M = 4.381) also score high, suggesting that instructors not only understand humanistic principles but also support classroom discussions on ethics and communication.

The lowest-scoring item, FT4 (M = 4.347), which concerns the integration of humanistic values into lectures and assignments, may indicate an area where practical implementation falls short of expectations. Although this score remains high, it may suggest that while instructors know the content and are supportive, the instructional design (e.g., lesson planning, assignment creation) could be more intentionally infused with humanistic themes. Nonetheless, overall scores indicate that faculty are highly prepared and effective in modeling, communicating, and guiding students through complex human-centered topics in patient care.

Table 4: Multiple Regression Result

Model	R	R Square	Adjusted R-Square	Standard Error of the Estimate
1	0.865	0.749	0.746	-

Table 5: The Multiple Linear Regression Analysis of Product Knowledge Influence on Purchase Intention

Model	Coefficients ^a			t-value	p-value
	Unstandardized Coefficients		Standardized Coefficients Beta		
	B	Std.Error			
Constant	-	0.1174		2.10	0.000*
Humanistic Education	-	0.0703	0.410	6.02	0.000*
Teaching Methodology	-	0.0500	-0.191	-3.60	0.000*
Student Engagement	-	0.0497	0.199	3.87	0.000*
Faculty Training in Humanistic Education	-	0.0448	0.489	11.57	0.000*

a: Dependent Variable : Student Competency in Patient-Centered Care Concept

The results of the regression model reveal that faculty training (FT) has the strongest and most significant impact on student competency (SC) in delivering patient-centered care. With a standardized beta of 0.489 and a t-value of 11.57, this variable clearly leads all others in predictive power. This suggests that when educators are systematically trained in humanistic education principles, they become better able to embed empathy, communication, and ethical reasoning into their instruction. Such training likely enables instructors to move beyond purely technical teaching and to cultivate learning environments that promote holistic development. This insight reinforces the need for faculty development programs that focus not only on pedagogy but also on emotional intelligence and real-world patient interaction skills. A well-prepared educator becomes a role model for students, demonstrating the interpersonal attributes required for quality healthcare delivery.

Humanistic education (HE) itself, with a standardized estimate of 0.410, emerges as another substantial contributor to student competency. Its high t-value (6.02) confirms statistical significance and practical relevance. This finding underscores that integrating empathy, compassion, and ethics directly into the curriculum supports the development of essential non-technical skills. Humanistic education likely influences not only how students perceive patient care but also how they internalize the broader values of healthcare practice. By emphasizing the human aspect of treatment, this educational content helps students see patients as individuals with unique emotional and social needs rather than merely as clinical cases. This outcome affirms prior literature indicating that students trained in humanistic principles are better equipped to build trust with patients and respond with ethical sensitivity, both of which are vital to patient-centered care.

Student engagement (SE), while not as dominant as FT or HE, still plays a meaningful role with a standardized beta of 0.199. The t-value of 3.87 indicates that the relationship is statistically significant. This suggests that students who are more actively involved in their own learning—through participation, motivation, or personal reflection—are more likely to develop the competencies necessary for effective patient interactions. Engagement may serve as a mediator, allowing humanistic content and instructional strategies to take root more deeply. When students feel emotionally and intellectually connected to the subject matter, especially in contexts such as simulated clinical experiences or ethical discussions, the likelihood increases that they will apply these lessons in future practice. In this sense, engagement is not merely a byproduct of teaching but an essential condition for meaningful learning.

DICUSSION

The statistical behavior of the tested variables strongly supported the research assumptions. It was initially hypothesized that humanistic education, alongside effective teaching methodology, active student engagement, and well-structured faculty training, would significantly predict the development of patient-centered competencies among vocational medical imaging students. The multiple linear regression results confirmed these expectations. Specifically, faculty training ($\beta = 0.489$) and humanistic education ($\beta = 0.410$) showed the strongest positive influence, while student engagement ($\beta = 0.199$) also contributed significantly. Though teaching methodology displayed a negative beta ($\beta = -0.191$), this outcome highlighted the complexity of instructional practices, suggesting that only certain

teaching approaches effectively support humanistic outcomes. These findings validate the structural alignment between the research assumptions and actual data trends.

Furthermore, the model's R^2 value of 0.749 indicates that approximately 74.9% of the variance in student competency in patient-centered care was explained by the selected variables. This high explanatory power demonstrates both the internal consistency and robust predictive validity of the research framework. The results affirm that the theoretical relationships assumed at the outset were realistic, statistically supported, and grounded in empirical evidence.

CONCLUSION

The research findings clearly support the central premise that humanistic education (HE) significantly contributes to shaping student competency in delivering patient-centered care within vocational medical imaging programs. In relation to Research Question 1.2.1, the multiple linear regression analysis shows that humanistic education had a strong and positive influence on student competency, with a standardized beta coefficient of 0.410 and a highly significant t-value of 6.02 ($p < 0.001$). These results align closely with Objective 1.4.1, confirming that structured inclusion of humanistic content—such as empathy, ethical reasoning, and interpersonal communication—enables students to approach patients with a deeper sense of respect and sensitivity. The data demonstrates that students with greater exposure to these concepts performed more effectively in clinical settings, especially when interacting with patients during simulations or internships. Thus, integrating humanistic education not only enhances moral reasoning but also directly improves applied patient care behavior.

Turning to Research Question 1.2.2, the role of teaching methodology (TM) was assessed to determine how it influences the effect of humanistic education on student development. The findings show that TM has a negative standardized beta coefficient of -0.191 , which is statistically significant ($t = -3.60$, $p < 0.001$). This unexpected result suggests that not all teaching strategies support humanistic outcomes equally. In some cases, overly rigid or purely technical teaching methods may hinder the full realization of patient-centered competencies. These findings provide a more nuanced understanding of Objective 1.4.2, highlighting the need to revise instructional strategies. Methods that fail to connect technical instruction with ethical and human dimensions may dilute the impact of humanistic content. In contrast, student-centered approaches like real-life patient experiences, interactive case studies, or reflective assignments are better suited to reinforce the goals of humanistic learning.

Research Question 1.2.3 investigated the mediating role of student engagement (SE) in linking humanistic education to patient-centered care competency. Regression results showed that SE had a positive and statistically significant effect, with a standardized beta of 0.199 ($t = 3.87$, $p < 0.001$). These findings affirm Objective 1.4.3, demonstrating that more engaged students tend to integrate humanistic values more deeply into their professional behavior. Engagement was reflected in students' participation in class discussions, willingness to engage in role-play simulations, and self-reflection during practical training. Students who were emotionally and cognitively engaged in learning showed improved capacity for empathy, active listening, and ethical decision-making. This supports the idea that engagement is a key

mechanism not merely a byproduct that facilitates the meaningful translation of humanistic theory into patient-centered clinical performance.

Lastly, Research Question 1.2.4 focused on the importance of faculty training (FT) in delivering humanistic education effectively. This variable emerged as the strongest predictor in the model, with a standardized beta of 0.489, the highest among all constructs, and a t-value of 11.57 ($p < 0.001$). These results powerfully validate Objective 1.4.4, indicating that when faculty are well-trained in humanistic instruction, they create learning environments that prioritize ethical conduct, emotional intelligence, and patient empathy. Faculty who received targeted training were better able to integrate reflective exercises, ethical debates, and supportive feedback into their teaching. They also served as behavioral models, demonstrating compassion and professionalism in their own interactions with students. This highlights the long-term value of investing in professional development programs for vocational medical educators, especially those preparing students for real-world patient care roles.

RECOMMENDATIONS

1. Strengthen the integration of humanistic education through reflective and patient-based assignments. To enhance the impact of humanistic education, medical imaging courses should embed reflective writing, role-playing, and patient narrative analysis directly into technical courses. These can be short weekly tasks where students reflect on hypothetical patient scenarios, ethical dilemmas, or cultural sensitivities in healthcare. This approach ensures that humanistic values are not taught as abstract theories, but rather experienced as part of clinical reasoning, cultivating long-term emotional and ethical awareness.
2. Adopting an experience-based teaching method and using real-world case studies, instructors should use real clinical imaging cases, especially those involving communication barriers or ethical issues, as core teaching materials. By analyzing technical programs and the human-machine interactions involved, students will learn how to balance machine operation with patient dignity. Teachers can also invite former patients to share their experiences in the classroom, providing a strong humanistic dimension for imaging practice.
3. Enhance student engagement through tutoring and simulation laboratories. To promote students' active participation, vocational colleges should implement a peer-guidance system in which senior students guide junior students during clinical skills training. In addition, establishing regular simulation laboratories to reproduce real patient interactions can deepen participation and emotional engagement. These methods promote intrinsic motivation, confidence, and better learning and memory, especially for students who may initially focus more on technical details rather than interpersonal aspects.

Future Studies Directions

The results of this study can be practically applied in several key areas. First, vocational institutions offering medical imaging technology programs can redesign their curricula to embed humanistic components into each stage of training. Instead of adding separate ethics courses, core modules can integrate real-patient case analysis, peer reflection, and empathy-based simulations.

Second, faculty development programs should include modules on humanistic training. Training can focus on communication strategies, ethical decision-making, and experiential

learning techniques that emphasize emotional intelligence. Third, student engagement strategies, such as mentorship programs, peer discussions, and reflective practice logs, can be formally implemented to increase the internalization of humanistic principles. Additionally, these findings can inform policy reforms at the provincial or national level in vocational education. Policymakers can adopt this study's framework to mandate faculty certification in humanistic teaching, allocate resources to integrate interdisciplinary curricula, and design assessment tools that evaluate not only cognitive but also emotional competencies.

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