International Journal of Sustainability and Advanced Integrated Research
Volume 2, Issue 1 (January-March 2026) | ISSN: 3107-7854
DOI: https://doi.org/10.65339/ijsair.V2.I1.29

Health Services Delivery of Private Schools in the Province of Rizal: Input to an Operating Program

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Publication history: Received: January 5, 2026; Revised: January 15, 2026 ; Accepted: January 29, 2026
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Abstract

This study assessed the extent of health services delivery in selected private junior high schools in the Province of Rizal during the 2024–2025 school year. The research focused on schools operating for at least five years across thirteen municipalities: Angono, Baras, Binangonan, Cainta, Cardona, Jalajala, Morong, Pililla, Rodriguez, San Mateo, Tanay, Taytay, and Teresa. Specifically, it examined health service provision in terms of access, relevance, efficiency, intervention strategies, and outcomes.The study determined the profile of private schools regarding the number of school health workers, student-to-health worker ratio, school category, common ailments, and accreditation status. The demographic profiles of health workers were assessed based on educational attainment, length of service, position, employment status, training, and professional affiliations, while student profiles included age, sex, siblings, family income, parental education, and health services availed.The research employed a Descriptive-Evaluative Survey Method complemented by documentary analysis, researcher-made questionnaires, and Focus Group Discussions. Data analysis utilized frequency and percentage distribution for school and respondent profiles, weighted mean for evaluating health service delivery, and F-Test (ANOVA) to determine significant differences between respondent groups. Qualitative discussions identified common concerns and best practices.Findings revealed that District 1 consistently had the highest number of health workers; however, the student-to-health worker ratio remained high, often exceeding 150 students per worker. Most schools were private non-sectarian and PEAC-certified. The most common student ailments were headache, fever, and cough, highlighting stress or environmental factors. Health workers generally held a bachelor's degree, worked five years or less, and often served dual roles as teachers. Students were predominantly teenage girls from middle-income families availing medical services.The study concluded that while private schools in Rizal demonstrate strong commitment to health service delivery, gaps remain in staffing, equipment, and specialized training. Addressing these gaps is essential to improve student health outcomes, reduce absenteeism, and enhance the effectiveness of health interventions.

Keywords: Health services delivery, private schools, Rizal, school health workers, student health outcomes, access, efficiency, intervention strategies, health service evaluation,

1. Introduction

Health is commonly perceived as an individual's state of being free from illness, injury, or any physical, physiological, psychological, or emotional impairments. However, health is not merely the absence of disease; it is a condition of holistic well-being that enables individuals to lead productive and fulfilling lives. With this understanding, health services are recognized as a fundamental sector of society, encompassing medical professionals, allied healthcare workers, and organizations whose goal is to provide care to individuals, families, and communities. Education, likewise, is pivotal in shaping an individual's life opportunities and professional development. Beyond academic and economic outcomes, education significantly influences health by equipping individuals with knowledge to make informed decisions, engage in preventive behaviors, and access appropriate health services, ultimately contributing to longer life expectancy and overall well-being. The interplay between health and education highlights the necessity for school health services to promote optimal wellness, which in turn supports students' academic performance and life productivity. Educational institutions, therefore, bear the dual responsibility of fostering learning while maintaining the health of their students and personnel, often operationalized through school-based clinics staffed by nurses, physicians, and allied health professionals.

In the Philippine context, the government's commitment to public health is anchored in Article XIV, Section 11 of the 1987 Constitution, which mandates the State to adopt an integrated approach to health development, making essential health and social services available and affordable to all citizens. This legal framework is reinforced by specific Department of Education (DepEd) directives, such as DepEd Order No. 14, s. 2020, which ensures that learner health and safety are protected in all school operations, and DepEd Order No. 028, s. 2018, establishing the comprehensive School Health and Nutrition Program. The latter harmonizes initiatives under the six pillars of health: (1) Healthy School Policies, (2) Healthy Physical School Environment, (3) Healthy Social School Environment, (4) Health Skills and Education, (5) Links with Parents and Community, and (6) Access to Health Services. These pillars provide a holistic framework for fostering student well-being, guiding both public and private schools in creating environments conducive to learning, mental wellness, and physical health.

Research demonstrates that school health services significantly influence students' academic performance, psychosocial development, and long-term health outcomes (Bennet et al., 2024; Darlington et al., 2018; Harper et al., 2016). Traditional services such as first aid, immunizations, and screenings have evolved to include mental health support, preventive education, and referral systems, reflecting the growing recognition of students' complex health needs, especially in the post-pandemic era where stress, anxiety, and psychosomatic complaints are prevalent (Shek, 2024; Fernández-Hernández et al., 2025). Nevertheless, studies indicate that while public schools benefit from government funding through the MOOE, private schools rely largely on tuition-generated income, which can result in disparities in staffing, medical equipment, facilities, and mental health services (Racelis, 2017; City Schools Division of Dasmariñas, 2025).

Despite these legal mandates and research findings, gaps remain in understanding the delivery and effectiveness of health services in private schools. Empirical data on clinic staffing adequacy, accessibility of services, availability of medications, mental health support, and overall quality of care are limited, particularly in small-to-medium private institutions. Furthermore, the integration of mental health services, interprofessional collaboration, and the alignment of school health programs with holistic wellness frameworks are underexplored areas. Given these gaps, this study aims to appraise the status of school health services in selected private schools in Rizal, evaluating their capacity, accessibility, and responsiveness to students' physical and mental health needs. By addressing these gaps, the research seeks to inform evidence-based improvements in health policy implementation, resource allocation, and program design, ensuring that private educational institutions provide equitable and comprehensive health services that support learner well-being and academic success.

2. Materials and methods

2.1 Research Design

The study applied Descriptive-Evaluative Survey Method to extract its assessment and evaluation complemented by documentary analysis and Focus Group Discussion to validate the findings.

2.2 Research Setting

The study was conducted in the eighty-four (84) private schools with 5-year or more Junior High School Education in the thirteen (13) municipalities of Rizal namely Angono, Baras, Binangonan, Cainta, Cardona, Jalajala, Morong, Pililla, Rodriguez, San Mateo, Tanay, Taytay, and Teresa. While there is one-hundred forty-one (141) identified private schools following the set parameter, only eighty-four (84) of these schools have consented to participate by giving the number of JHS students and health workers in the initial school profiling. The respondents of the study were the total population of health workers from these schools and a sample from the students' total population determined by Slovin's Formula.

2.3Respondents

The study involved one hundred fifty-one (151) health workers respondents and three hundred eighty-five (385) junior high school students who participated with consent. The openness of some prospective respondents limited the study to those who gave their consent..

2.4 Research Instruments

The data for this study were collected through a combination of content- and face-validated survey questionnaires, interviews, and Focused Group Discussions (FGDs). The instrument was divided into five parts to capture a comprehensive picture of health service delivery in private schools. Part 1 focused on the profile of the schools, including the number of school health workers, student-to-health worker ratio, school category, common ailments reported, and accreditation status. Part 2 gathered personal data from two groups of respondents—school health workers and students—covering educational attainment, length of service, position title, employment status, seminars and trainings attended related to health services, professional affiliation, eligibility, age, sex, number of siblings, monthly family income, parents' educational attainment,

and types of health services availed, as appropriate for each group. Part 3 assessed the extent of health service delivery in the private schools with respect to access, relevance, efficiency, intervention strategies, and outcomes, using a five-point Likert scale where 5 (4.2–5.0) indicated "Very Great Extent," 4 (3.4–4.19) "Great Extent," 3 (2.6–3.39) "Some Extent," 2 (1.8–2.59) "Little Extent," and 1 (1.0–1.79) "No Extent." Part 4 focused on the challenges and concerns encountered in the delivery of health services, while Part 5 highlighted the best practices observed among respondents in their respective schools. This structured approach ensured the systematic collection of both quantitative and qualitative data necessary to evaluate the status, effectiveness, and areas for improvement in school health services within private institutions in Rizal.

2.5 Data Collection

The data for this study were collected after securing the necessary permit from the Division Office. The researcher administered the validated survey-questionnaire checklist to the selected respondents both face-to-face and via Google Form over a period of three to four weeks, allowing respondents sufficient time to provide thoughtful answers. The study began with the identification of private schools in Rizal offering basic education and providing health services, followed by the development of the main instrument, which was validated by ten experts. In addition to the survey, Focused Group Discussions (FGDs) were conducted to further validate responses, with the data collection process targeted to be completed within one month. All gathered data were treated statistically, followed by careful analysis and interpretation, and a written report was subsequently prepared and submitted to the Graduate School Department of the University of Rizal System. Participation in the study was entirely voluntary, and informed consent was obtained from all student participants. Respondents were assured of the confidentiality and anonymity of their responses, and no identifying information was collected. The purpose of the study—to assess students' and school health workers' perceptions of health service delivery—was clearly explained, and participants were informed of their right to withdraw at any time without consequences. The study adhered to ethical guidelines for research involving human participants, ensuring respect for the rights, dignity, and well-being of all respondents.

2.6 Data Analysis

To determine the profile of private schools with respect to the number of school health workers, student-health worker ratio, school category, common ailment complaints, and accreditation, frequency and percentage distribution were used, supplemented by documentary analysis. Similarly, the profiles of the health worker respondents, including educational attainment, length of service, position title, employment status, seminars and trainings attended related to health services, and affiliation, as well as the student respondents' profile in terms of age, sex, number of siblings, monthly family income, parents' educational attainment, and types of services availed, were analyzed using frequency and percentage distribution. The extent of health services delivery among private schools in terms of access, relevance, efficiency, intervention strategy, and outcome was measured using weighted mean. To determine whether significant differences exist in the perceptions of health worker respondents regarding the extent of health service delivery when grouped according to their profile, F-test (Analysis of Variance) was applied. Likewise, the F-test (Analysis of Variance) was employed to examine significant differences in the perceptions of student respondents based on their profiles. The encountered concerns in the delivery of health services among private schools in the province of Rizal were analyzed through frequency and rank distribution, complemented by qualitative discussions. Finally, the best practices in health service delivery were explored using qualitative discussion to provide a comprehensive understanding of effective strategies implemented in the schools.

2.7 Ethical Considerations

The study ensured the protection of the rights and welfare of all respondents. Participation was voluntary, and respondents were informed about the purpose of the study. Confidentiality and anonymity of all information provided were strictly maintained, and data were used solely for research purposes. The researcher ensured that the respondents were treated with respect and that no harm, whether physical, emotional, or psychological, would result from their participation in the study..

3. Results and Discussion

3.1. Profile of the Private Schools with basic Education in Rizal in terms of Number of School Health Workers, Student Health Worker Ratio, School Category, Common Ailment Complaints, and Accreditation

Table 1 summarizes the profile of private schools offering basic education in the province of Rizal from 2020 to 2024. District 1 consistently recorded the highest number of school health workers, while District 4 had the lowest, indicating an uneven distribution of health personnel across districts. Most schools operated with a student–health worker ratio of 151 students and above, suggesting relatively high caseloads for school health workers. Private non-sectarian schools dominated the sector throughout the study period, comprising more than three-fourths of all private schools annually. Headache emerged as the most frequently reported ailment among students across all years, followed by fever and cough and colds, reflecting common stress-related and communicable health concerns in school settings. In contrast, conditions such as hyperacidity, dysmenorrhea, and minor wounds were least reported. In terms of accreditation, PEAC-certified schools consistently accounted for the largest proportion, underscoring the importance placed on quality assurance

and compliance with national education standards, as well as access to government assistance programs. Overall, the findings highlight persistent disparities in health workforce distribution and the growing demand for effective school-based health services in private educational institutions.

Table 1*: Profile of the Private Schools with Basic Education in Rizal in terms of Number of School Health Workers, Student Health Worker Ratio, School Category, Common Ailment Complaints, and Accreditation*

Number of School Health Worker	**2020**		**2021**		**2022**		**2023**		**2024**	
	f	%	f	%	f	%	f	%	f	%
District 1	48	57.80	48	57.80	51	61.40	51	61.40	49	58.30
District 2	17	20.50	17	20.50	14	16.90	14	16.90	18	21.40
District 3	13	15.70	11	13.30	13	15.70	13	15.70	11	13.10
District 4	5	6.00	7	8.33	5	6.00	5	6.00	5	6.00
Total	83	100.00	83	100.00	83	100.00	83	100.00	83	100.00
Student-health worker ratio	**2020**		**2021**		**2022**		**2023**		**2024**	
	f	%	f	%	f	%	f	%	f	%
50 and below	23	27.70	31	37.30	22	26.80	22	26.80	22	26.20
51.00 - 100.00	19	22.90	18	21.70	22	26.80	22	26.80	22	26.20
101.00 - 150.00	9	10.80	6	7.20	7	8.50	7	8.50	9	10.70
151 and above	32	38.60	28	33.70	31	37.80	31	37.80	31	36.90
Total	83	100.00	83	100.00	82	100.00	82	100.00	84	100.00
School Category	**2020**		**2021**		**2022**		**2023**		**2024**	
	f	%	f	%	f	%	f	%	f	%
Private Non-Sectarian	64	76.20	64	76.20	64	76.20	64	76.20	64	76.20
Private Sectarian	20	23.80	20	23.80	20	23.80	20	23.80	20	23.80
Total	84	100.00	84	100.00	84	100.00	84	100.00	84	100.00
Common ailment complaints	**2020**		**2021**		**2022**		**2023**		**2024**	
	71	84.50	f	%	f	%	f	%	f	%
Headache	64	76.20	70	83.30	71	84.50	70	83.30	70	83.30
Fever	52	61.90	64	76.20	65	77.40	64	76.20	64	76.20
Cough and Colds	30	35.70	53	63.10	53	63.10	53	63.10	53	63.10
Stomachache	17	20.20	29	34.50	29	34.50	29	34.50	29	34.50
Dizziness	13	15.50	18	21.40	18	21.40	18	21.40	18	21.40
Toothache	8	9.50	13	15.50	13	15.50	13	15.50	13	15.50
Body Pain	7	8.30	8	9.50	8	9.50	8	9.50	8	9.50
Sore Throat	7	8.30	7	8.30	7	8.30	7	8.30	7	8.30
Asthma Attacks	6	7.10	7	8.30	7	8.30	7	8.30	7	8.30
Allergies	3	3.60	6	7.10	6	7.10	6	7.10	6	7.10
Flu	1	1.20	3	3.60	3	3.60	3	3.60	3	3.60
Hyperacidity	1	1.20	1	1.20	1	1.20	1	1.20	1	1.20
Dysmenorrhea	1	1.20	1	1.20	1	1.20	1	1.20	1	1.20
Simple Wound	1	1.20	1	1.20	1	1.20	1	1.20	1	1.20
Accreditation	**2020**		**2021**		**2022**		**2023**		**2024**	
	f	%	f	%	f	%	f	%	f	%
PEAC Applicant	29	34.50	29	34.50	29	34.50	29	34.50	29	34.50
Non-Applicant	21	25.00	21	25.00	21	25.00	21	25.00	21	25.00
PEAC-Certified	32	38.10	32	38.10	32	38.10	32	38.10	32	38.10
Non-PEAC Accreditation	2	2.40	2	2.40	2	2.40	2	2.40	2	2.40
Total	84	100.00	84	100.00	84	100.00	84	100.00	84	100.00

As shown in Table 2, the majority of health workers held a bachelor's degree (68.20%), with Bachelor of Science in Secondary Education (BSEd) as the most common specialization. Only a small proportion had completed a master's degree, indicating limited advanced training among school health personnel. Most respondents had five years or less of service (59.60%), suggesting a relatively young workforce. In terms of position title, more than half were classified under "others," predominantly teachers serving as school health coordinators, while formally designated medical professionals such as school physicians and dentists comprised a smaller proportion. The majority were employed full-time (69.50%), yet nearly half had attended only one to two health-related seminars, and one-third reported no training at all. Notably, most

respondents were not affiliated with any professional health organization, and more than half were classified as non-medical personnel, primarily Licensed Professional Teachers, underscoring the reliance of private schools on non-medical staff for health service delivery.

Table 2*: Profile of the Health Workers in terms of Educational Attainment, Length of Service, Position Title, Employment status, Seminars and Trainings Attended related to Health Services, Affiliation and Eligibility*

Educational Attainment	**Frequency**	**Percentage**
Post Graduate	31	20.50
Master's Degree	17	11.30
Bachelor's Degree	103	68.20
Total	151	100.00
Educational Specialization (Master's Degree/Bachelor's Degree)		
Masteral- MAN (Master of Arts in Nursing)	6	5.0
Masteral- MAED (Master of Arts in Education)	2	1.67
Masteral- MAT (Master of Arts in Teaching)	2	1.67
Bachelor-BSE/D (Bachelor of Science in Secondary Education)	65	54.17
Bachelor-BSN (Bachelor of Science in Nursing)	28	23.33
Bachelor-BS Psychology (Bachelor of Science in Psychology)	1	0.83
Bachelor-BSCS (Bachelor of Science in Computer Science)	1	0.83
DMD (Doctor of Dentistry)	1	0.83
BEE	2	1.67
BSBA&BSED-Supplemental	1	0.83
No answer	11	9.17
Total	120	100.00
Length of Service		
26 years and above	3	2.00
21-25 years	2	1.30
16-20 years	8	5.30
11-15 years	9	6.00
6-10 years	39	25.80
5 years below	90	59.60
Total	151	100.00
Position Title		
School Physician	18	11.90
School Dentist	13	8.60
School Nurse	41	27.20
Others	79	52.30
Total	151	100.00
Position Title-Specification (Others)		
Teacher	61	77.22
Health Coordinator	6	7.59
School Admin	5	6.33
School Health Officer	4	5.06
School Secretary	1	1.27
Clinic Assistant	2	2.53
Total	79	100.00
Employment Status		
Full-time	105	69.50
Part-time	38	25.20
Others	8	5.30
Total	151	100.00
Employment status-Specification (Others)		
On Call	1	12.5

School Owner	1	12.5
Casual	2	25.0
No Answer	4	50.00
Total	8	100.00
Seminars and Trainings Attended related to Health Services		
None	50	33.11
1-2	73	48.34
3-4	16	10.6
5-6	7	4.64
7 and above	5	3.31
Total	151	100.00
Affiliation		
Philippine Medical Association (PMA)	12	7.95
Philippine Dental Association (PDA)	11	7.28
Philippine Nurses Association (PNA)	14	9.27
Others: Philippine Private School Health Officers' Association (PSHOA) Inc	8	5.3
None	106	70.20
Total	151	100.00
Eligibility		
Registered Physician	18	11.90
Registered Dentist	12	7.90
Registered Nurse	42	27.80
Non-Medical Related	79	52.30
Total	151	100.00
Eligibility-Specification (Non-Medical Related)		
Licensed Professional Teacher (LPT)	73	92.41
Civil Service Commission License	1	1.26
No Answer	5	6.33
Total	79	100.00

Table 3 summarizes the profile of the student respondents. Most students were aged 14–15 years (61.60%) and predominantly female (64.40%). A large proportion came from families with one to two siblings and reported a monthly family income of Php 30,000 and above, indicating relatively stable socioeconomic backgrounds. The majority of parents were college graduates (75.30%), reflecting strong educational attainment among households. In terms of health service utilization, medical services were the most commonly availed (76.10%), followed by dental services, while mental health promotion services were least utilized. These findings suggest that school health services remain largely focused on physical health concerns, with comparatively limited engagement in mental health interventions

Table 3*: Profile of the Students in terms of Age, Sex, Number of Siblings, Monthly Family Income, Parents' Educational Attainment, and Types of Services Availed*

Age	**Frequency**	**Percentage**
18 years old and above	11	2.90
16-17 years old	74	19.20
14-15 years old	237	61.60
12-13 years old	63	16.40
Total	385	100.00
Sex		
Male	137	35.60
Female	248	64.40
Total	385	100.00
Number of Siblings		
5 and above	37	9.60
4	51	13.20
3	59	15.30
2	95	24.70
1	143	37.10

Total	385	100.00
Monthly Family Income		
Php 50,000 and above	106	27.50
Php 40,000 – 49,999	55	14.30
Php 30,000 – 39,999	67	17.40
Php 20,000-29,999	68	17.70
Php 10,001-19,999	51	13.20
Php 10,000 and below	38	9.90
Total	385	100.00
Parents' Educational Attainment		
College Graduate	290	75.300
College Undergraduate	49	12.00
High School Graduate	35	9.10
High School Undergraduate	9	2.30
Elementary Graduate	2	.50
Total	385	100.00
Types of Services Availed		
Medical	293	76.10
Dental	68	17.70
Mental Health Promotion	24	6.20
Total	385	100.00

3.2. Extent of the Health Services Delivery in the Private Schools

Table 4 presents the composite assessment of health services delivery in private schools in the Province of Rizal as evaluated by health workers and students. Overall, health services were rated to a great extent (grand mean = 4.11), indicating generally effective delivery across key dimensions. The highest-rated aspects were relevance and efficiency (both M = 4.16), reflecting strong alignment of services with student needs and the schools' capacity to provide organized and timely care. Students consistently reported higher ratings than health workers, particularly in relevance and efficiency, which were interpreted as very great extent among student respondents. Conversely, intervention strategy obtained the lowest overall mean (M = 4.03), although still within the great extent range. This suggests that while health programs are adequately implemented, gaps remain in strategic components such as policy execution, systematic feedback mechanisms, and the availability of specialized services, particularly in mental health. These findings support the assertion that effective school health service utilization is essential to student well-being and academic success (Orok et al., 2024), while also underscoring the need to strengthen intervention planning and professional capacity to enhance overall service impact.

Table 4: *Extent of the Health Services Delivery in the Private Schools with Respect to the Cited Variables*

Aspects	Health Worker		Students		Overall	
	Mean	VI	Mean	VI	Mean	VI
Access	3.76	GE	4.17	GE	4.06	GE
Relevance	3.94	GE	4.24	VGE	4.16	GE
Efficiency	3.98	GE	4.23	VGE	4.16	GE
Intervention Strategy	3.78	GE	4.13	GE	4.03	GE
Outcomes	3.99	GE	4.21	GE	4.15	GE
Grand Mean	3.89	GE	4.20	GE	4.11	GE

3.3. Significant Significant Difference on the Extent of the Health Services Delivery in Private Schools as Assessed by the Two-Groups of Respondents in terms of their Profile

Table 5 shows that health workers' educational attainment, position, position specification, and eligibility significantly influence their assessment of school health service delivery, particularly in areas such as access, relevance, and overall service quality. This suggests that differences in knowledge, training, professional roles, and qualifications shape how health programs are perceived and implemented. Conversely, length of service, employment status, seminars

attended, and affiliation generally showed no significant differences, indicating consistent, standardized practices across these variables. The findings imply the need for continuous professional development, clear role definitions, coordinated training, and unified evaluation standards to ensure equitable, high-quality, and effective delivery of health services in private schools. These results align with previous studies highlighting that healthcare workers' competencies, professional qualifications, and role clarity significantly affect service quality and outcomes (Gustini et al., 2024; Kwame & Petrucka, 2021; Lasco et al., 2024). Moreover, standardization, inclusive planning, and inter-professional collaboration are crucial strategies to promote consistency and equity in school health programs, ensuring that all students receive appropriate and responsive care regardless of the individual characteristics of health personnel.

Table 5: *Significant Difference on the Extent of the Health Services Delivery in Private Schools as assessed by the Health Worker-Respondents in terms of Different Variables*

Profile Variable	Aspect	F	Sig. (p-value)	Ho	VI
Educational Attainment	Access	6.758	0.002	Reject	Significant
	Relevance	5.719	0.004	Reject	Significant
	Efficiency	6.876	0.001	Reject	Significant
	Intervention Strategy	7.428	0.001	Reject	Significant
	Outcomes	4.566	0.012	Reject	Significant
	Grand Mean	7.225	0.001	Reject	Significant
Educational Attainment Specification	Access	3.785	0.000	Reject	Significant
	Relevance	3.134	0.002	Reject	Significant
	Efficiency	4.098	0.000	Reject	Significant
	Intervention Strategy	2.547	0.011	Reject	Significant
	Outcomes	2.126	0.034	Reject	Significant
	Grand Mean	3.648	0.001	Reject	Significant
Length of Service	Access	1.277	0.277	Fail to Reject	Not Significant
	Relevance	0.919	0.471	Fail to Reject	Not Significant
	Efficiency	0.803	0.549	Fail to Reject	Not Significant
	Intervention Strategy	0.953	0.449	Fail to Reject	Not Significant
	Outcomes	0.514	0.765	Fail to Reject	Not Significant
	Grand Mean	0.894	0.487	Fail to Reject	Not Significant
Position Title	Access	11.256	0.000	Reject	Significant
	Relevance	12.761	0.000	Reject	Significant
	Efficiency	15.779	0.000	Reject	Significant
	Intervention Strategy	9.981	0.000	Reject	Significant
	Outcomes	12.723	0.000	Reject	Significant
	Grand Mean	14.711	0.000	Reject	Significant
Position Title Specification	Access	2.651	0.030	Reject	Significant
	Relevance	2.552	0.035	Reject	Significant
	Efficiency	2.024	0.085	Fail to Reject	Not Significant
	Intervention Strategy	2.273	0.056	Fail to Reject	Not Significant
	Outcomes	1.428	0.225	Fail to Reject	Not Significant
	Grand Mean	2.491	0.039	Reject	Significant
Employment Status	Access	4.508	0.013	Reject	Significant
	Relevance	5.692	0.004	Reject	Significant
	Efficiency	6.367	0.002	Reject	Significant
	Intervention Strategy	4.088	0.019	Reject	Significant
	Outcomes	2.161	0.119	Fail to Reject	Not Significant
	Grand Mean	5.084	0.007	Reject	Significant
Employment Status Specification	Access	0.167	0.866	Fail to Reject	Not Significant
	Relevance	20.750	0.153	Fail to Reject	Not Significant
	Efficiency	8.500	0.236	Fail to Reject	Not Significant
	Intervention Strategy	—	—	—	—
	Outcomes	1.842	0.462	Fail to Reject	Not Significant
	Grand Mean	29.370	0.129	Fail to Reject	Not Significant
Seminars/Trainings Attended	Access	3.324	0.013	Reject	Significant
	Relevance	1.950	0.108	Fail to Reject	Not Significant
	Efficiency	2.432	0.053	Fail to Reject	Not Significant
	Intervention Strategy	2.124	0.084	Fail to Reject	Not Significant
	Outcomes	1.274	0.285	Fail to Reject	Not Significant
	Grand Mean	2.488	0.048	Reject	Significant
Affiliation	Access	5.073	0.004	Reject	Significant
	Relevance	1.195	0.324	Fail to Reject	Not Significant
	Efficiency	2.422	0.080	Fail to Reject	Not Significant
	Intervention Strategy	2.682	0.059	Fail to Reject	Not Significant
	Outcomes	2.600	0.065	Fail to Reject	Not Significant
	Grand Mean	3.393	0.027	Reject	Significant
Eligibility	Access	14.057	0.000	Reject	Significant
	Relevance	16.343	0.000	Reject	Significant
	Efficiency	18.418	0.000	Reject	Significant

	Intervention Strategy	13.367	0.000	Reject	Significant
	Outcomes	9.634	0.000	Reject	Significant
	Grand Mean	16.917	0.000	Reject	Significant

3.4. Significant Difference on the Extent of the Health Services Delivery in Private Schools as Assessed by the Student-Respondents in terms of their Profile

Table 6 presents the analysis of student-respondents' perceptions of health services delivery in private schools reveals that age, family income, and type of services availed significantly influence certain aspects, while sex, number of siblings, and parents' educational attainment do not. Specifically, age affects the efficiency and intervention strategies, suggesting that students of different age groups have varying expectations and experiences, with older students likely seeking more specialized services. Family income impacts access and relevance, indicating that students from lower-income households rely more heavily on school-provided health services, while higher-income students may have alternative options, influencing perceived usefulness. The type of service availed significantly affects outcomes, with students utilizing comprehensive or targeted services reporting greater benefits in health and academic performance. These results imply that school health programs should adopt age-appropriate, socioeconomically sensitive, and service-specific strategies to enhance engagement, relevance, and effectiveness. The findings align with Bezem et al. (2017), who noted that organizational strategies and efficiency influence stakeholders' perceptions, and with Munir et al. (2023) and Park & Lee (2018), which highlight how socioeconomic and family contexts shape health service utilization. Overall, the study underscores the need for inclusive, equitable, and tailored health services that address the diverse needs of students while maintaining consistent quality across all profiles.

Table 6: *Significant Difference on the Extent of the Health Services Delivery in Private Schools as assessed by the Health Worker-Respondents in terms of Different Variables*

Respondent Profile	Aspect	F	Sig.	Ho	VI
Age	Access	2.248	.082	FR	NS
	Relevance	1.687	.169	FR	NS
	Efficiency	2.707	.045	R	S
	Intervention Strategy	2.659	.048	R	S
	Outcomes	2.434	.065	FR	NS
	Grand Mean	2.752	.042	R	S
Sex	Access	1.096	.296	FR	NS
	Relevance	.002	.963	FR	NS
	Efficiency	.097	.756	FR	NS
	Intervention Strategy	1.205	.273	FR	NS
	Outcomes	.144	.705	FR	NS
	Grand Mean	.267	.606	FR	NS
Number of Siblings	Access	.668	.615	FR	NS
	Relevance	.862	.487	FR	NS
	Efficiency	.485	.747	FR	NS
	Intervention Strategy	1.300	.269	FR	NS
	Outcomes	1.494	.203	FR	NS
	Grand Mean	.946	.437	FR	NS
Monthly Family Income	Access	3.029	.011	R	S
	Relevance	2.419	.035	R	S
	Efficiency	1.274	.274	FR	NS
	Intervention Strategy	1.635	.150	FR	NS
	Outcomes	2.195	.054	FR	NS
	Grand Mean	2.274	.047	R	S
Parents' Educational Attainment	Access	.156	.960	FR	NS
	Relevance	1.349	.251	FR	NS
	Efficiency	.183	.947	FR	NS
	Intervention Strategy	.078	.989	FR	NS
	Outcomes	.715	.582	FR	NS
	Grand Mean	.345	.847	FR	NS
Types of Services Availed	Access	2.164	.116	FR	NS
	Relevance	2.051	.130	FR	NS
	Efficiency	.822	.440	FR	NS
	Intervention Strategy	1.655	.192	FR	NS
	Outcomes	4.284	.014	R	S
	Grand Mean	2.453	.087	FR	NS

3.5. Encountered Concerns in the Health Services Delivery of Private Schools in the Province of Rizal

Table 7 reveals that the most frequently encountered concerns in school health services in private schools in Rizal are insufficient medical equipment and devices, limited number of health staff, inadequate provision of medicine and supplies, small or poorly designed clinics, and challenges in addressing diverse student health needs. These issues highlight critical gaps in infrastructure, staffing, and resource allocation, which compromise emergency readiness, service efficiency, and the ability to provide comprehensive and inclusive care. Focus Group Discussions further confirmed that clinics often operate with limited staff, rely on teachers instead of qualified health professionals, and have restricted hours or space, all of which impede timely and effective healthcare delivery. Conversely, issues such as discrimination or unequal treatment based on gender, race, ethnicity, or socioeconomic status were least reported, suggesting that social equity concerns are less urgent compared to infrastructural deficiencies. These findings underscore the urgent need for policy reinforcement, increased budget allocation, capacity-building of health personnel, and improved school health infrastructure to ensure safe, responsive, and professional health services. The results align with Rivera (2019), who emphasized that the performance of school health personnel is closely tied to staff-to-student ratios and the adequacy of available resources, indicating that addressing these structural gaps is essential to improve both student health outcomes and the overall effectiveness of school-based health programs.

Table 7: *Encountered Concerns in the Health Services Delivery of Private Schools in the Province of Rizal*

Problems	**Frequency**	**Rank**
1. Insufficient provision of medicine and supplies.	68	5
2. Insufficient medical equipment and devices such as hospital beds, oxygen tanks.	86	1
3. Insufficient number of health staffs.	84	2
4. Staffs lacking qualifications as health professionals; for instance, teaching or non- teaching staff serves as clinician instead of a nurse or a doctor.	62	6.5
5. Challenging encouragement of parental involvement and assurance of student participation in health programs.	62	6.5
6. Addressing diverse health needs of students and the whole school community.	73	3.5
7. Limited coordination with the external health providers (e.g. lack of proper referral of health cases from school-external health care facilities).	54	8
8. Maintenance of the privacy and confidentiality of health information.	17	13
9. Limited access to healthcare of students with lower-income families.	21	11
10. Students' resistance in seeking health services due to fear of judgment or stigma.	20	12
11. Peer pressure and influence within school settings.	22	10
12. Discrimination or unequal treatment based on gender, race, ethnicity or socio- economic status.	13	14
13. Lack of Physical Health Facility inside the school.	26	9
14. Less-spacious health facility inside the school.	73	3.5

3.6. Best Practices in the Health Services Delivery of Private Schools in the Province of Rizal

The best practices in health services delivery in private schools in Rizal are characterized by well-equipped and sanitized clinics, responsive and caring staff, and comprehensive awareness programs coupled with professional proficiency.

Respondents highlighted that clinics are clean, organized, and furnished with essential medical equipment, ensuring infection control, emergency readiness, and a safe environment for students and staff (Peters et al., 2018). Health personnel are proactive, approachable, and patient-centered, providing timely interventions, triaging, coordination with external health units, and appropriate medical care, which fosters a supportive and compassionate environment (Maple et al., 2024).

Additionally, schools implement awareness programs and health education, including emergency preparedness, mental health promotion, nutritional guidance, physical activity, and parent-school collaboration, reflecting staff proficiency and commitment to student wellness.

These practices demonstrate a holistic, well-managed school health system where infrastructure, personnel competence, and preventive programs work together to ensure that students receive not only immediate medical care but also long-term health education, promoting physical, emotional, and mental well-being (Panayotova et al., 2023).

4. Conclusion & Recommendations

The study concludes The study concluded that while District 1 shows a relatively strong and consistent school health workforce, many students still lack adequate support from trained health professionals. Headache was identified as the most common health complaint, possibly linked to stress, screen exposure, or dehydration. Most health workers are teachers rather than medical professionals, and despite being educated and full-time, they attend few health-related seminars. Students, mostly teenage girls from middle-income families, primarily use medical services. Health services are generally rated highly in access, relevance, and outcomes, but perceptions vary by student and health worker profiles. Major challenges include insufficient medical equipment, limited clinic services, and the shortage of professional health personnel. Notably, best practices such as maintaining sanitation, providing responsive care, and implementing awareness programs contribute positively to service delivery and student satisfaction.

Based on these findings, it is recommended that private schools hire more trained health professionals and provide regular health-related training for both medical and non-medical staff to reduce student-to-health worker ratios and improve service quality. Schools should also invest in upgrading medical facilities and equipment, adopt standardized best practices in sanitation, responsiveness, and health education, and implement stress management programs to address common ailments such as headaches. The proposed operating guidelines can serve as a foundation for a more comprehensive plan to enhance healthcare delivery, ensuring that health services in private schools are equitable, effective, and responsive to the needs of all students.

Compliance with ethical standards

The authors declare no conflict of interest. This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors. This study was self-funded. The authors thank the participating university and the nursing students for their contributions

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