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A Descriptive Evaluative Study on the Quality and Utilization of School Health Services of Selected Community Colleges in the Province of Albay, Philippines

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Abstract. Higher education institutions play a vital role in providing school health services to support the well-being of students and employees. This study assessed the quality and utilization of school health services in selected community colleges in the Province of Albay. A descriptive-evaluative research design was utilized using quota sampling through a researcher-made questionnaire among 306 fourth-year students and 115 institutional employees. Responses were analyzed to identify key indicators of service quality and usage regarding general and specific health services, health facilities, healthcare professionals, and the challenges encountered in delivering health services. Findings revealed that respondents agreed that their institutions have functional school health services tailored to the needs of the school population. Challenges faced were insufficient medical supplies, a lack of healthcare professionals beyond nurses, and inadequate funding. Students and employees reported that general health services often provide health education and resources on healthy lifestyles, while specific services sometimes struggle with immediate care due to resource limitations. Limited resources significantly constrain school health services, lowering student and employee engagement. Despite these issues, both groups acknowledged that school nurses effectively deliver primary healthcare. These healthcare professionals help improve school health services, boosting student health and academic performance. Respondents also highlighted the importance of a conveniently located clinic and secure handling of health information. A significant positive relationship was found between the quality and utilization of school health services, emphasizing that better service quality leads to increased utilization. Based on these findings, the study recommends improving medical resources, increasing the number of healthcare personnel, and securing additional funding to enhance service quality and accessibility in community colleges.

Keywords: School health services; Community colleges; Service quality; Healthcare professionals; Resource limitations.

1.0 Introduction

School health services promote student well-being by addressing health concerns that can impact academic performance. Research has shown that accessible school-based health clinics can help increase vaccination rates, reduce hospital visits, and support mental health, ultimately improving student outcomes (Wall, 2023). In higher education institutions, student health centers provide primary healthcare, catering to common health issues such as stress, anxiety, poor nutrition, and substance abuse (Perrault, 2018). Addressing these concerns through effective healthcare services can improve student retention and success in college.

School nurses and healthcare providers are vital in managing student health conditions, reducing absenteeism, and ensuring that students remain engaged in learning (Estrada et al., 2020). Several Southeast Asian countries, including the Philippines, have implemented school health programs focusing on nutrition, sanitation, and disease prevention (PCAARRD, 2023). Despite these efforts, studies suggest that students, especially in higher education, may not fully utilize available health services due to a lack of awareness, accessibility issues, or perceived barriers to care (Reynolds, 2023). Moreover, some institutions face challenges, including inadequate medical personnel and healthcare facilities (Sabando & Alo, 2021).

Higher education institutions (HEIs) in the Philippines must provide quality health services as part of student support programs. The Commission on Higher Education (CHED) has issued policies requiring higher education institutions (HEIs) to integrate health and wellness services into their educational frameworks (CHED, 2013; CHED, 2021). However, previous research has identified gaps in service delivery, including limited resources and underutilization of available healthcare services (Sabando & Alo, 2021). These issues underscore the need for additional research on the quality and accessibility of school health services in Philippine colleges and universities.

The Bicol region includes six provinces, but this study focuses on Albay's local colleges, where education and health are the key government priorities. These community colleges enhance Albay residents' access to higher education, particularly those who cannot afford to attend distant universities. They are crucial in boosting the number of college graduates per family in the province. In line with CMO 9-2013, local colleges in Albay also provide healthcare services to students and faculty; however, there is limited information regarding how extensively these services are used and how effective they are.

Local colleges in the province are in the municipalities of Manito, Daraga, Libon, Ligao, Oas, Polangui, Rapu-Rapu, Malilipot, and Tiwi. These local government units are classified as first, second, third, fourth, and fifth, depending on their annual average income. Municipal classification is essential as it serves as the basis for various aspects of local governance, including tax ceilings, financial assistance, salary scales, and budget policies. In addition, it helps determine the financial capability of local government units (LGUs) to undertake development programs and projects within their municipalities. With minimal funding coming from the local government units (LGUs) in Albay, this study aims to assess the quality and utilization of health services in local colleges by examining general and specific healthcare services, available facilities, and the role of healthcare professionals. It also seeks to identify challenges the students and staff face in accessing these services. Community Colleges in the Province of Albay are recognized as diverse institutions that play a significant role in key government matters and therefore require focused attention. By addressing these gaps, the study aims to provide insights that will help improve healthcare delivery in community colleges, ensuring that students receive the necessary support for their health and well-being.

2.0 Methodology

2.1 Research Design

This study utilized a descriptive-evaluative research design to assess the quality and utilization of health services in community colleges within the Province of Albay. This approach enabled a systematic evaluation of students' and employees' perceptions of healthcare services and the challenges institutions face. Using this method, the study gathered detailed information on existing healthcare programs, assessed their effectiveness, and identified areas for improvement without manipulating any variables.

2.2 Research Participants

The study participants comprised 306 fourth-year students and 115 employees from selected community colleges in the Province of Albay. The inclusion criteria for participants were: (1) fourth-year students enrolled in community colleges in the Province of Albay for the academic year 2024-2025, (2) teaching or non-teaching personnel of the institution, and (3) individuals willing to participate in the study. The selection of participants ensured a representative sample of individuals directly involved with the healthcare services provided by these institutions. The study was conducted in community colleges officially recognized by the Commission on Higher Education (CHED). The identified local colleges are in Manito, Daraga, Ligao, Libon, Polangui, Malilipot, and Tiwi.

2.3 Research Instruments

A structured questionnaire was used as the primary data collection tool. The questionnaire was adapted from existing studies on healthcare services and modified to align with the Commission on Higher Education (CHED) and the Department of Health (DOH) policies. It was divided into three sections: (1) utilization of health services, (2) quality of health services, and (3) challenges encountered in healthcare delivery. Research experts reviewed the instrument and underwent a pilot test to ensure clarity, reliability, and validity before its final administration. The researcher conducted pilot testing by selecting first- to third-year students who were not included in the main sample. This was done to evaluate whether the developed questionnaire was understandable to the identified participants and if they could provide logical, valid, and reliable responses to each question. The research instrument was thoroughly validated, with corrections and suggestions incorporated into the final draft. The questionnaire consisted of closed-ended questions, and respondents were limited in providing ratings on a 5-point Likert scale, ranging from 1 to 5.

2.4 Data Gathering Procedure

Before data collection, permission was obtained from the CHED regional office and administrators of the selected community colleges. The researcher coordinated with school nurses to facilitate the distribution of questionnaires. The purpose of the study and instructions for answering the questionnaire were explained to the participants. Data were collected both in person and through an online Google Form. Following the quota sampling method, the researcher distributed 80 questionnaires (50 for students and 30 for employees) to each community college in the province of Albay. Respondents were given one week to complete the questionnaires, and only the first 50 responses from students and 30 responses from employees were counted. To maintain data integrity, the Google Form was programmed to automatically stop accepting responses once the required sample size was reached. The researcher ensured that all participants were asked the same questions consistently, allowing for easier comparison and analysis of individual responses. Afterwards, the responses were coded based on the distribution order and tallied for analysis.

2.5 Data Analysis

The collected data were analyzed using frequency counts and percentage distributions to determine the level of agreement among students and employees regarding the quality and utilization of healthcare services. Quota sampling was applied to ensure equal representation of participants from different institutions. Responses were coded, organized, and interpreted to identify trends and insights related to healthcare service delivery in community colleges.

2.6 Ethical Considerations

This study adhered to ethical research principles to ensure participants' rights and welfare. Approval was obtained from the relevant institutional research ethics committee and school officials before data collection. Informed consent was secured from all participants, and they were assured anonymity and confidentiality. Participants had the right to withdraw from the study without consequences. The researcher ensured that respondents' names were not mentioned in any part of the study and that all data were used solely for research purposes. Proper citation of sources was observed to maintain academic integrity and avoid plagiarism.

3.0 Results and Discussion

3.1 Utilization of Health Services by Students

This section presents the utilization of health services in the Community Colleges in the Province of Albay in terms of general health services, specific health services, health facilities, and health care professionals. It also shows the level of agreement on the quality of health services extended by the institution to its clients and the challenges encountered in delivering health services.

General Health Services

Table 1 presents the level of agreement among students regarding the utilization of general health services. The health service units of seven Community Colleges in the Province of Albay provide preventive care, including vaccinations, vision and hearing screenings, and routine check-ups. However, student perceptions of these services vary. The WHO advocates universal health coverage to enhance ear and eye care (Oosthuizen, 2023), while schools must maintain proper screening equipment (MN Department of Health, 2024). School-based healthcare ranges from nursing offices to full-service clinics (Zwiebel, 2022), with qualified staff conducting

routine check-ups (TES, 2022). Timely medical intervention reduces injury severity and saves lives (ACLS Academy, 2024). Most colleges frequently provide immediate care for injuries, but San Jose Community College students (WM 3.32) reported only occasional responsiveness. Mental health services, including counseling for stress, anxiety, and depression, are available, with school nurses playing a key role in assessment, care planning, and intervention (EduHealth System, 2021). Health education programs are inconsistent; only San Jose Community College reported infrequent offerings. Meanwhile, four colleges—Daraga (WM 3.84), Polangui (WM 3.78), Libon (WM 3.92), and Tiwi (WM 3.88)—actively disseminate health information. Overall, San Jose Community College (AWM 3.10) only "sometimes" provides general health services, while the selected colleges averaged 3.77, interpreted as "often." School health services have been shown to improve attendance, behavior, and graduation rates (Matingwina, 2018), and awareness is crucial for maximizing their benefits (Osian, 2020).

Table 1. *Level of Students' Agreement on Utilization of General Health Services*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Offers preventive care, which includes vaccinations, vision and hearing screenings, and routine health check-ups	3.94	O	3.53	O	3.82	O	3.94	O	3.70	S	2.78	S	3.82	O
Responded and rendered immediate care for injuries and sudden illnesses that occurred during school hours.	3.96	O	3.92	O	3.94	O	3.58	O	4.14	O	3.32	S	4.05	O
Offers counselling and support for mental health issues, including stress, anxiety, and depression	3.94	O	4.00	O	3.98	O	3.86	O	3.90	S	3.14	S	3.82	O
It offers programs and resources to educate students on healthy lifestyles, nutrition, personal hygiene, and other related topics.	3.92	O	4.02	O	3.88	O	4.00	O	4.04	O	3.10	S	3.76	O
Initiate the dissemination health information and services	3.90	S	3.84	O	3.90	S	3.78	O	3.92	O	3.18	S	3.88	O
Overall Result	**3.93**	**O**	**3.86**	**O**	**3.90**	**O**	**3.83**	**O**	**3.94**	**O**	**3.10**	**S**	**3.87**	**O**
							3.77 Often							

Specific Health Services

Regarding specific health services, the research evaluated the students' level of agreement on the utilization of their school health services based on the weighted average result for the given indicator (Table 2). The first indicator revealed that students from Polangui (WM 3.9), San Jose (WM 2.68), and Tiwi (WM 3.17) Community Colleges *sometimes* received routine immunizations. Vision screenings were *sometimes* conducted at Polangui (WM 3.9), Libon (WM 3.6), San Jose (WM 2.66), and Tiwi (WM 3.23). Only Polangui Community College (WM 3.94) *often* conducted hearing screenings. Dental screenings were *rarely* performed at San Jose Community College. For immediate care, only Tiwi Community College (WM 4.47) provided it *very often.* Regular check-ups for chronic conditions were *often* conducted at Ligao (WM 3.54) and Polangui (WM 3.84). Medication adherence support was *sometimes* ensured at Ligao (WM 3.8) and San Jose (WM 3.18). Mental health counseling was *sometimes* available at Polangui (WM 3.4) and San Jose (WM 3.22). Behavioral intervention programs were *often* reported at the Community College of Manito (WM 4.26). Workshops on nutrition, hygiene, and healthy lifestyles were *sometimes* conducted at Manito (WM 3.9), Ligao (WM 3.8), Polangui (WM 3.7), and San Jose (WM 3.28). Sexual health education was *sometimes* provided at Manito (WM 3.9), Polangui (WM 3.5), and San Jose (WM 3.16). San Jose Community College (AWM 2.95) *sometimes* offered specific health services. The total weighted mean for all colleges was 3.6, interpreted as *sometimes.*

Table 2. *Level of Students' Agreement on Utilization of Specific Health Services*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Offers routine immunizations to prevent common diseases.	3.78	O	3.71	O	3.54	O	3.90	S	3.84	O	2.68	S	3.17	S
Conduct vision screening.	3.48	O	3.51	O	3.48	O	3.90	S	3.60	S	2.66	S	3.23	S
Conduct Hearing Screening.	3.8	S	3.33	S	3.36	S	3.94	O	3.36	S	2.68	S	3.17	S
Conduct dental screening.	4.14	O	3.84	O	3.9	S	4.24	V.O	3.72	O	2.6	R	3.17	S
Rendered immediate care for injuries and sudden illness	3.94	O	3.79	O	3.94	O	3.50	S	4.04	O	3.16	S	4.47	VO
Conduct regular check-ups and management plans for specific conditions like asthma, epilepsy, etc.	2.78	S	3.41	S	3.54	O	3.84	O	3.60	S	2.66	S	3.05	S
Ensures that the student or employee takes the prescribed medications correctly.	4.14	O	3.82	O	3.80	S	3.94	O	3.96	O	3.18	S	3.52	O
Offers counseling and support for mental health issues such as anxiety, depression, and stress.	3.58	O	3.94	O	3.78	O	3.4	S	3.88	O	3.22	S	3.70	O
Has behavioral interventions or programs to address behavioral issues.	4.26	VO	3.79	O	3.82	O	3.88	O	3.66	O	3.22	S	3.70	O
Conduct workshops and classes on nutrition, personal hygiene, and healthy lifestyle choices.	3.90	S	3.76	O	3.80	S	3.70	S	4.04	O	3.28	S	3.70	O
Conducts sexual health education.	3.90	S	3.76	O	3.68	O	3.50	S	4.18	O	3.16	S	3.70	O
Overall Result	**3.79**	**O**	**3.66**	**O**	**3.69**	**O**	**3.79**	**O**	**3.81**	**O**	**2.95**	**S**	**3.51**	**O**
							3.6 Sometimes							

Health Facilities

As shown in Table 3, students from Polangui (WM 3.9) and San Jose (WM 3.3) Community Colleges *sometimes* found their health service unit conveniently located. Similarly, students from Polangui (WM 3.9) and San Jose (WM 3.16) *sometimes* agreed that qualified staff, such as nurses and doctors, were available. Students from Manito (WM 3.9), Libon (WM 3.9), and San Jose (WM 3.18) *sometimes* reported that their health units were equipped for medical emergencies. Preventive services, including health screenings and vaccinations, were *sometimes* available at San Jose Community College (WM 2.98). Additionally, students from San Jose (WM 3.32) *sometimes* agreed that their health information was kept confidential. San Jose Community College (AWM 3.19) *sometimes* utilized its health service facilities. However, the total weighted mean across all colleges was 3.85, which is interpreted as *often.*

Table 3. *Level of Students' Agreement on Utilization of Health Facilities*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
It has a convenient location within the school, making it easy for the students and employees to visit during school hours.	4.16	O	3.82	O	3.96	O	3.90	S	4.14	O	3.30	S	3.94	O
Has a qualified staff, including nurses and sometimes doctors.	4.22	VO	3.64	O	3.96	O	3.90	S	4.16	O	3.16	S	3.88	O
Equipped to handle medical emergencies and provide immediate care.	3.90	S	3.87	O	4.02	O	4.50	O	3.90	S	3.18	S	3.82	O
Offers preventive services, including regular health screenings, vaccinations, and health education programs.	3.94	O	3.56	O	3.78	O	4.20	O	3.92	O	2.98	S	3.76	O
Ensures student's and employees' health information is confidential and secure.	4.00	O	3.94	O	3.96	O	4.40	O	4.24	VO	3.32	S	3.82	O
Overall Result	**4.04**	**O**	**3.77**	**O**	**3.93**	**O**	**4.1**	**O**	**4.07**	**O**	**3.19**	**S**	**3.85**	**O**
							3.85 Often							

Table 4. *Level of Students' Agreement on Utilization of Health Professionals*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Has a school nurse who provides first aid, manages chronic conditions, conducts health screenings, and educates students and employees on health topics.	4.90	O	3.61	O	4.00	O	4.00	O	4.24	VO	3.16	S	4.11	O
Has a school physician who provides medical oversight, handles complex health issues, and collaborates with other healthcare providers.	1.94	R	3.58	O	3.82	O	3.76	O	3.60	S	2.72	S	3.41	O
Has a school dentist who conducts dental screenings, provides basic dental care, and educates students and employees on oral hygiene.	1.90	N	3.51	O	3.74	O	3.70	S	3.18	S	2.64	S	3.23	S
Has a physician assistant who can support and perform the same duties as physicians.	1.92	R	3.35	S	3.62	S	3.56	O	3.30	S	2.74	S	2.94	S
Has allied personnel, such as physical therapists, occupational therapists, and counselors, to address specific health needs.	3.90	S	3.46	O	3.68	O	4.00	O	3.14	S	2.70	R	3.29	S
Overall Result	**2.90**	**R**	**3.51**	**O**	**3.77**	**O**	**3.80**	**S**	**3.49**	**O**	**2.79**	**S**	**3.40**	**S**
							3.38 Sometimes							

Health Professionals

As shown in Table 4, students agreed that their health service unit *often* has a school nurse providing first aid, managing chronic conditions, conducting screenings, and offering health education. However, at the Community College of Manito, the presence of other healthcare professionals was limited. A school physician (WM 1.94) *rarely* provided medical oversight, and a school dentist (WM 1.9) was absent. Similarly, a physician assistant (WM 1.92) *rarely* performed physician duties. At San Jose Community College, allied health personnel such as physical and occupational therapists and counselors (WM 2.7) *rarely* addressed specific health needs. Overall, students at the Community College of Manito reported *rare* utilization of health services due to staffing shortages. The total weighted mean across all colleges was 3.38, interpreted as *sometimes.*

3.2 Quality of Health Services as Assessed by Students

Table 5 summarizes students' perceptions of the quality of health services in selected Community Colleges. In key indicators, students from Ligao (WM 3.9) and San Jose (WM 3.04) *fairly* rated the quality of care provided. Services were also *fairly* aligned with expectations from Ligao (WM 3.9) and San Jose (WM 3.12). Students from Polangui (WM 3.9) and San Jose (WM 3.12) *fairly* trusted the competence of health staff, while San Jose students *fairly* appreciated the professionalism of healthcare personnel. Accessibility and facility maintenance were *fairly* rated at Libon (WM 3.9) and San Jose (WM 3.28). Health education and service awareness were *fairly* noted at Polangui (WM 3.9) and San Jose (WM 3.12), while emergency management was pretty efficient at Ligao (WM 3.9) and San Jose (WM 3.18). San Jose Community College (AWM 3.15) received a *fair* rating, while the total weighted mean across all colleges was 3.80, which is interpreted as *good.*

Table 5. *Level of Students' Agreement on the Quality of Health Services*

Indicators	**Community College of Manito n=50**		**Daraga Comm. College n=39**		**Ligao Comm. College n=50**		**Polangui Comm. College n=50**		**Libon Comm. College n=50**		**San Jose Comm. College n=50**		**Tiwi Comm. College n=17**	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Students and employees perceived the health service unit as providing high-quality care.	4.00	G	3.69	G	3.9	F	3.94	G	3.86	G	3.04	F	3.70	G
The services offered by the health service unit align with the expectations and needs of students and employees.	3.94	G	3.69	G	3.9	F	3.4	F	3.76	G	3.12	F	3.76	G
Student and employees trust the health service unit staff and their competence in rendering health services.	4.04	G	3.74	G	3.96	G	3.9	F	3.98	G	3.12	F	3.94	G
Students and employees appreciate the professional behavior of the school nurse and other staff members in the health services unit.	4.04	G	3.89	G	3.96	G	4	G	4	G	3.24	F	3.94	G
Students and employees can conveniently access the school clinic's available resources (ex., Medicines, etc.), and have well-maintained facilities and equipment.	3.94	G	3.76	G	3.98	G	4	G	3.9	F	3.28	F	3.94	G
Students and employees are informed about the health services and receive health education.	4.02	G	3.84	G	3.92	G	3.9	F	4.22	G	3.12	F	3.82	G
Students and employees experience efficient emergency management and timely assistance during emergencies.	4.06	G	3.89	G	3.9	F	4.1	G	3.96	G	3.18	F	3.82	G
Overall Result	**4.05**	**G**	**3.79**	**G**	**3.93**	**G**	**3.89**	**G**	**3.95**	**G**	**3.15**	**F**	**3.85**	**G**
							3.80 Good							

3.3 Challenges Encountered by Students in the Delivery of Health Services

As illustrated in Table 6, students from various Community Colleges reported frequent challenges within their health service units. Anecdotal evidence was also included to offer deeper insights into the difficulties faced in healthcare delivery and their effects on students.

Table 6. *Challenges Encountered in the Delivery of Health Services*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
The school health services unit struggles with inadequate funding, which affects their ability to provide comprehensive services.	4.04	O	3.61	O	3.5	S	4.2	O	3.6	S	3	S	3.47	O
The school health service unit has a shortage of qualified healthcare professionals.	4.02	O	3.87	O	3.44	O	4.2	O	3.58	O	3.12	S	3.29	S
Effective communication between the school healthcare providers, employees & parents can be challenging leading to gaps in care.	4.08	O	3.89	O	3.52	O	3.76	O	3.62	O	3.1	S	3.35	S
Ensuring the confidentiality of student & employees health records while sharing necessary information with relevant parties can be difficult.	3.94	O	3.46	O	3.5	S	4	O	3.64	O	2.96	S	3.41	O
The school health services unit lack with the necessary infrastructure & medical equipment to provide high quality care.	4.02	O	3.69	O	3.4	S	4.04	O	3.86	O	3.14	S	3.58	O
The school health services unit has a limited access to modern technology that can impede the delivery of efficient health services.	4.12	O	3.69	O	3.56	O	3.6	S	3.76	O	3.16	S	3.70	O
The school health services unit in terms of navigating the legal requirements & policies related to school health services can be complex.	3.9	S	3.58	O	3.58	O	3.9	S	3.68	O	3	S	3.41	O
The school health service unit concerns about legal liability that can affect the willingness of school to provide certain health services.	3.9	S	3.56	O	3.68	O	3.4	S	3.82	O	3.18	S	3.58	O
Overall Result	**4.02**	**O**	**3.67**	**O**	**3.52**	**O**	**3.88**	**O**	**3.70**	**O**	**3.08**	**S**	**3.48**	**O**
							3.62 Often							

According to student feedback, they considered limited staffing and outdated medical equipment common issues. One of the students shared, "When I went to the school clinic for help, they did not have the equipment needed to assess my injury properly." Another remarked, "It felt like the nurse wanted to help, but they simply did not have the resources". From these statements, the researcher gains insight into how funding constraints impede the school health services unit's ability to effectively address students' health needs. Thus, funding

shortages were *often* noted at Manito (WM 4.04), Daraga (WM 3.61), Polangui (WM 4.2), and Tiwi (WM 3.47). A shortage of qualified healthcare professionals was *often* reported at Manito (WM 4.02), Daraga (WM 3.87), Ligao (WM 3.44), Polangui (WM 4.2), and Libon (WM 3.58). To support this data, several students expressed frustration over limited access to medical support, noting that the lack of trained staff often left their health concerns unaddressed. One student explained, " I went to the school clinic for consultation, but there was no doctor available." Another student shared, "Usually, the school clinic has only one nurse handling everything, so getting proper care feels impossible at times." These accounts strongly highlight direct impact of staffing shortages on students ability to receive adequate healthcare on campus. Communication gaps between healthcare providers, employees, and parents were *often* an issue at Manito (WM 4.08), Daraga (WM 3.89), Ligao (WM 3.52), Polangui (WM 3.76), and Libon (WM 3.62). Several students have reported feeling that their healthcare needs are not fully understood or addressed due to inconsistent communication across campus services. One student shared that after receiving treatment for a physical injury at the school clinic, they were not given enough follow-up instructions, which caused delays in recovery and missed academic commitments. Confidentiality concerns were *often* cited at Manito (WM 3.94), Daraga (WM 3.46), Polangui (WM 4.0), Libon (WM 3.64), and Tiwi (WM 3.41). Several students have expressed concerns about maintaining privacy and ensuring appropriate information is shared with relevant parties. One student shared that despite giving consent for their health information to be shared with their instructors, they felt uncomfortable when specific details about their medical condition were disclosed without their complete understanding. Infrastructure and medical equipment deficiencies were *often* reported at Manito (WM 4.02), Daraga (WM 3.69), Polangui (WM 4.04), Libon (WM 3.86), and Tiwi (WM 3.58). When students were asked about their experiences with the school clinic's infrastructure and equipment, most reported that the examination rooms lack sufficient privacy, essential equipment is missing, and no water supply for handwashing or comfort room use. Additional concerns included logistical challenges at multiple institutions and liability concerns affecting service provision, particularly at Daraga, Ligao, Libon, and Tiwi Community Colleges. Several students shared that their school clinics do not have a digital platform to book appointments or track medical histories. In addition, many students have shared their frustration about the health service unit's outdated systems and overly cautious approach due to liability concerns. Through these students' experiences, the researcher understood that these challenges contribute to delays, inefficiencies, and unnecessary barriers to care, making it difficult for students to receive timely and effective healthcare delivery.

3.4 Utilization of Health Services by Employees

General Health Services

Table 7 presents the level of agreement among employees regarding the utilization of general health services. Employees at Ligao Community College (WM 1.58) reported that their health service unit *never* provided preventive care, including vaccinations and health screenings. Employees at the Community College of Manito indicated that immediate care for injuries and sudden illnesses (WM 3.30) and mental health support (WM 2.70) were *sometimes* available. Across the selected Community Colleges in Albay, employees agreed that health service units *often* provided programs on healthy lifestyles, nutrition, and personal hygiene, and disseminated health information. Employees *often* utilized general health services, with an average weighted mean of 3.94.

Specific Health Services

In terms of specific health services, the research evaluated the employees' level of agreement on utilizing their school health services based on the weighted average result for the given indicator (Table 8). Employees at Ligao Community College reported that their health service unit *never* provided routine immunizations (WM 1.42), vision screening (WM 1.58), hearing screening (WM 1.42), or dental screening (WM 1.42). Across selected Community Colleges, health service units *often* rendered immediate care for injuries and sudden illnesses. At the Community College of Manito, regular check-ups and chronic disease management (WM 2.40) were *rarely* conducted, while medication adherence (WM 3.40) was ensured *sometimes*. Mental health support (WM 2.40) was *rarely* available. Behavioral intervention programs were *sometimes* available at Manito (WM 3.10) and Tiwi (WM 3.0). Workshops on nutrition, hygiene, and healthy living were *rarely* conducted at Ligao (WM 2.0), and sexual health education was *never* provided (WM 1.42). With an average weighted mean of 3.31, specific health services were *sometimes* offered across the selected Community Colleges.

Table 7. *Level of Employees' Agreement on Utilization of General Health Services*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Offers preventive care, which includes vaccinations, vision and hearing screenings, and routine health check-ups	2.37	S	4.06	O	1.58	N	4.33	VO	3.73	O	2.66	S	4	O
Responded and rendered immediate care for injuries and sudden illnesses that occurred during school hours.	3.30	S	4.75	VO	5.00	VO	4.13	O	4	O	4.33	VO	5	VO
Offers counselling and support for mental health issues, including stress, anxiety, and depression	2.70	S	4.43	VO	5.00	VO	4.07	O	3.86	O	4	O	4	O
It offers programs and resources to educate students on healthy lifestyles, nutrition, personal hygiene, and other related topics.	3.43	O	4.37	VO	4.00	O	4.20	O	4.06	O	4	O	4	O
Initiate the dissemination health information and services	3.57	O	4.68	VO	4.00	O	4.00	O	4.06	O	4	O	4.5	O
Overall Result	**3.07**	**S**	**4.46**	**VO**	**3.92**	**O**	**4.15**	**O**	**3.95**	**O**	**3.79**	**O**	**4.3**	**O**
							3.94 Often							

Table 8. *Level of Employees' Agreement on Utilization of Specific Health Services*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Offers routine immunizations to prevent common diseases.	2.27	R	3.68	O	1.42	N	4.13	O	3.86	O	2.66	S	3.5	S
Conduct vision screening.	2.27	R	3.31	S	1.58	N	4.00	O	3.26	S	2.66	S	3.5	S
Conduct Hearing Screening.	2.17	R	3.25	S	1.42	N	4.07	O	3	S	2.66	S	3	S
Conduct dental screening.	2.17	R	3.23	S	1.42	N	3.87	O	3.4	S	2.66	S	4	O
Rendered immediate care for injuries and sudden illness	3.63	O	3.75	O	5.00	VO	4.00	O	3.93	O	4	O	5	VO
Conduct regular check-ups and management plans for specific conditions like asthma, epilepsy, etc.	2.40	R	3.31	S	4.00	O	4.07	O	3.46	O	3.33	S	3.5	S
Ensures that the student or employee takes the prescribed medications correctly.	3.40	S	3.81	O	4.00	O	3.87	O	3.73	O	4	O	4	O
Offers counseling and support for mental health issues such as anxiety, depression, and stress.	2.50	R	3.56	O	4.00	O	3.73	O	3.53	O	4	O	3.5	S

Has behavioral interventions or programs to address behavioral issues.	3.10	S	3.56	O	4.00	O	4.27	O	3.66	O	4	O	3	S
Conduct workshops and classes on nutrition, personal hygiene, and healthy lifestyle choices.	3.10	S	3.18	S	2.00	R	3.80	O	3.73	O	4	O	3.5	S
Conducts sexual health education.	2.80	S	3.31	S	1.42	N	3.73	O	3.86	O	4	O	3.5	S
Overall Result	**2.71**	**S**	**3.47**	**O**	**2.75**	**S**	**3.58**	**O**	**3.59**	**O**	**3.45**	**O**	**3.64**	**O**
							3.31 Sometimes							

Health Facilities

As shown in Table 9, employees at San Jose Community College (AWM 1.36) reported that their health service unit *never* had a convenient location, qualified healthcare staff, emergency preparedness, preventive services, or secure health information management. In contrast, across the selected Community Colleges (AWM 3.71), health service units *often* had a suitable location, qualified staff, emergency capabilities, preventive services, and ensured the confidentiality of health information.

Table 9. *Level of Employees' Agreement on Utilization of Health Facilities*

Indicators	**Community College of Manito n=50**		**Daraga Comm. College n=39**		**Ligao Comm. College n=50**		**Polangui Comm. College n=50**		**Libon Comm. College n=50**		**San Jose Comm. College n=50**		**Tiwi Comm. College n=17**	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
It has a convenient location within the school, making it easy for the students and employees to visit during school hours.	3.60	O	4.68	VO	4.41	VO	4.33	VO	4	O	1.5	N	5	VO
Has a qualified staff, including nurses and sometimes doctors.	3.60	O	4.12	O	4.41	VO	4.67	VO	4.13	O	1.33	N	5	VO
Equipped to handle medical emergencies and provide immediate care.	3.07	S	4.18	O	4.41	VO	4.13	O	4.06	O	1.16	N	4.5	O
Offers preventive services, including regular health screenings, vaccinations, and health education programs.	2.70	S	3.81	O	2.66	S	3.87	O	3.93	O	1.43	N	4	O
Ensures student's and employees' health information is confidential and secure.	3.80	O	4.62	VO	5	VO	4.07	O	4.13	O	1.4	N	4.5	O
Overall Result	**3.35**	**S**	**4.28**	**VO**	**4.18**	**O**	**4.21**	**VO**	**4.05**	**O**	**1.36**	**N**	**4.6**	**O**
							3.71 Often							

Health Professionals

As shown in Table 10, employees from selected Community Colleges agreed that their health service unit often had a school nurse providing first aid, chronic condition management, health screenings, and education. However, at the Community College of Manito (WM 2.37), a school physician was rarely available, and both Manito (WM 2.37) and Ligao (WM 2.25) rarely had a school dentist conducting screenings. At Daraga Community College, there was never a physician assistant or allied health personnel, such as physical therapists

or counselors. The selected Community Colleges (AWM 3.47) sometimes had healthcare professionals beyond a school nurse.

Table 10. *Level of Employees' Agreement on Utilization of Health Professionals*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Has a school nurse who provides first aid, manages chronic conditions, conducts health screenings, and educates students and employees on health topics.	3.73	O	4.68	VO	4	O	4.33	VO	3.93	O	4	O	4	O
Has a school physician who provides medical oversight, handles complex health issues, and collaborates with other healthcare providers.	2.37	R	3.5	S	2.25	R	3.47	O	3.73	O	4	O	3.5	S
Has a school dentist who conducts dental screenings, provides basic dental care, and educates students and employees on oral hygiene.	2.07	R	3.56	O	2.25	R	3.80	O	3.53	O	4	O	3.5	S
Has a physician assistant who can support and perform the same duties as physicians.	2.03	R	1	N	2.66	S	3.87	O	3.8	S	4	O	3.5	S
Has allied personnel, such as physical therapists, occupational therapists, and counselors, to address specific health needs.	1.90	R	1	N	2.25	R	4.07	O	3.86	O	4	O	2.5	R
Overall Result	**2.42**	**R**	**2.75**	**S**	**2.68**	**S**	**3.91**	**O**	**3.77**	**O**	**4**	**O**	**3.4**	**S**
							3.27 Sometimes							

3.5 Quality of Health Services as Assessed by Employees

As shown in Table 11, employees from the Community College of Manito (WM 3.03) rated their health service unit's quality as *fair*, while its perceived value was considered *poor* (WM 2.07). However, across selected Community Colleges, employees agreed that staff competence, professionalism, clinic accessibility, facilities, health education, and emergency management were *good*. Overall, the quality of health services was rated *good* (AWM 4.01).

Table 11. *Level of Employees' Agreement on the Quality of Health Services*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
Students and employees perceived the health service unit as providing high-quality care.	3.03	F	3.68	G	3.66	G	4	G	4	G	4	G	4	G
The services offered by the health service unit align with the expectations and needs of students and employees.	2.07	P	3.56	G	3.66	G	3.87	G	4.06	G	3.66	G	4	G
Student and employees trust the health service unit staff and their competence in rendering health services.	3.53	G	3.62	G	4.25	E	3.67	G	4.2	G	4.33	G	4	G
Students and employees appreciate the professional behavior of the school nurse	3.63	G	3.75	G	4.41	E	4.13	G	4.13	G	4	G	4.5	G

and other staff members in the health services unit.														
Students and employees can conveniently access the school clinic's available resources (ex., Medicines, etc..), and have well-maintained facilities and equipment.	3.40	G	3.62	G	5	E	3.80	G	4.13	G	3.66	G	4.5	G
Students and employees are informed about the health services and receive health education.	3.70	G	3.31	F	5	E	4.13	G	4.06	G	4.33	E	4	G
Students and employees experience efficient emergency management and timely assistance during emergencies.	3.53	G	3.87	G	5	E	4.13	G	4	G	4.33	E	5	E
Overall Result	**3.27**	**G**	**3.63**	**G**	**4.43**	**E**	**3.96**	**G**	**4.09**	**G**	**4.05**	**G**	**4.64**	**E**
							4.01 Good							

3.6 Challenges Encountered in the Delivery of Health Services

Employees also experience challenges accessing school health services from selected local Albay colleges. This study incorporated qualitative data and anecdotal evidence to support the information presented in the table. As shown in Table 12, employees from selected Community Colleges agreed that their health service units *often* struggle with funding and staffing. Due to budget constraints, employees shared experiences where the school clinic operates without essential medical supplies, such as basic first-aid materials and medicines. They noted that health programs like wellness seminars, mental health counselling, and routine medical check-ups were often scaled back or delayed due to insufficient funding. Staff members expressed frustration over their inability to meet students' health needs, frequently resorting to improvised solutions or covering minor expenses out of their pockets to sustain some service.

Additionally, employees from Polangui (WM 4.13), Libon (WM 3.73), and San Jose (WM 4) noted frequent challenges in communication between healthcare providers, employees, and parents. They encountered instances where miscommunication caused delays in the delivery of care, misunderstandings about student health concerns, and difficulty in coordinating referrals and follow-ups. Several employees mentioned that unclear communication channels and a lack of standardized protocols often resulted in frustration and confusion, negatively affecting the efficiency and quality of the services provided. Data security concerns were also *often* reported in Polangui (WM 3.93), Libon (WM 3.93), and San Jose (WM 4). School clinic employees have raised various concerns regarding securing sensitive student health information. They noted that both physical and electronic health records are sometimes kept in areas that are easily accessible. One nurse commented, "We still have some paper files in unlocked cabinets because our electronic system is outdated and unreliable."This situation highlights the risk of unauthorized access to confidential information. Facilities were frequently cited as inadequate, with Manito (WM 3.63), Polangui (WM 4), Libon (WM 3.46), and San Jose (WM 4) reporting *often* lacking infrastructure and medical equipment. They described frequent shortages of basic medical tools, outdated or malfunctioning equipment, and the challenges posed by small, poorly equipped clinic spaces. Some employees recounted instances where, due to limited resources, they were compelled to refer students to external healthcare providers for even minor concerns, which they believed undermined the efficiency and quality of the health services offered on campus.

Limited access to modern technology was rated *very often* in San Jose (WM 4.33). They noted dependence on outdated systems for record-keeping and patient monitoring, which often resulted in inefficiencies and errors. Some employees recounted difficulties handling student health records and retrieving updated medical information due to the absence of digital tools and equipment. This technological gap was seen as a significant barrier to enhancing the overall quality and responsiveness of the health services units. Additionally, navigating legal requirements (Polangui WM 3.60, San Jose WM 4) and liability concerns (Ligao WM 4, Polangui WM 4.13, San Jose WM 4) were cited as *frequent* obstacles. They conveyed uncertainty about the scope of their duties and responsibilities and the legal boundaries of providing care, especially in situations involving emergencies or

parental consent. Some employees admitted feeling reluctant to perform specific procedures or make independent decisions due to the absence of clear legal directives and fear of potential consequences. This ambiguity often created delays and restricted their ability to respond effectively to students' health needs. The selected Community Colleges (AWM 3.58) *often* encountered challenges in delivering healthcare services.

Table 12. *Challenges Encountered in the Delivery of Health Services*

Indicators	Community College of Manito n=50		Daraga Comm. College n=39		Ligao Comm. College n=50		Polangui Comm. College n=50		Libon Comm. College n=50		San Jose Comm. College n=50		Tiwi Comm. College n=17	
	WM	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**	**WM**	**I**
The school health services unit struggles with inadequate funding, which affects their ability to provide comprehensive services.	3.70	O	3.43	O	3.16	S	4.00	O	3.73	O	3.66	O	4	O
The school health service unit has a shortage of qualified healthcare professionals.	3.53	O	3.43	O	3.75	O	3.87	O	3.86	O	4	O	4	O
Effective communication between the school healthcare providers, employees & parents can be challenging leading to gaps in care.	3.20	S	3.06	S	2.41	R	4.13	O	3.73	O	4	O	3.5	S
Ensuring the confidentiality of student & employees health records while sharing necessary information with relevant parties can be difficult.	3.27	S	2.93	S	2.41	R	3.93	O	3.93	O	4	O	3.5	S
The school health services unit lack with the necessary infrastructure & medical equipment to provide high quality care.	3.63	O	3.37	S	3.16	S	4.00	O	3.46	O	4	O	3	S
The school health services unit has a limited access to modern technology that can impede the delivery of efficient health services.	3.37	S	3.31	S	4.08	O	3.67	O	3.33	S	4.33	VO	4	O
The school health services unit in terms of navigating the legal requirements & policies related to school health services can be complex.	3.20	S	3.5	S	3.16	S	3.60	O	3.6	S	4	O	3.5	S
The school health service unit concerns about legal liability that can affect the willingness of school to provide certain health services.	3.23	S	3.12	S	4	O	4.13	O	3.8	S	4	O	3	S
Overall Result	**4.02**	**O**	**3.67**	**O**	**3.52**	**O**	**3.88**	**O**	**3.70**	**O**	**3.08**	**S**	**3.48**	**O**
							3.62 Often							

4.0 Conclusion

From the responses of 306 students and 115 employee participants, the study revealed a strong agreement on the quality and utilization of school health services of selected Community Colleges within the Province of Albay. In terms of their level of agreement on general health services, the students (AWM 3.77) and employees (AWM 3.94) agreed that their health services unit *often* initiates to disseminate health information and services and has programs and resources to educate students and employees about healthy lifestyles, nutrition, and personal hygiene. On the level of agreement on utilizing school health services in terms of specific health services, the

students (AWM 3.6) reported that the health service unit *sometimes* cannot respond or render immediate care due to insufficient medical supplies and equipment, and staff shortage. On the other hand, the employees (AWM 3.31) noted that the health service unit *often* rendered immediate care because they believe that nurses, as caregivers, can still perform their duties and responsibilities in school settings despite the unavailability of medical supplies and equipment. On the level of agreement on utilization in terms of facilities, the students (AWM 3.85) and employees (AWM 3.71) agreed that their health service unit *often* has a convenient location within the school, and the health information was maintained confidential and secure. On the level of agreement on utilization of health services in terms of healthcare professionals, the students (AWM 3.38) and employees (AWM 3.27) agreed that their health service unit has a school nurse who provides first aid, manages chronic conditions, conducts health screenings, and educate students and employees on health topics. However, *sometimes* they need other healthcare professionals to cater to their needs. On the level of agreement on the quality of health services extended by the community colleges to their clients, the students (AWM 3.80) and employees (AWM 4.01) agreed that they *often* appreciate staff professionalism. On the challenges encountered by the community colleges in the delivery of health services to their clients, both the students (AWM 3.62) and employees (AWM 3.58) agreed that their health services unit *often* struggles with inadequate funding, and their facilities lack the necessary infrastructure and medical equipment to provide high-quality care. It concluded that these services are centered around the needs of students and employees, emphasizing their critical role in health service access and use. A significant positive relationship was found between the quality of services and their utilization level, confirming that high-quality services drive greater engagement. These findings encourage local colleges to take specific actions to improve their healthcare delivery systems. These include investing in more qualified healthcare personnel, ensuring regular availability of medical supplies and equipment, enhancing health education and awareness programs, integrating digital health record systems for better service tracking, and establishing regular feedback mechanisms to continuously assess and respond to the needs of students and staff. By implementing these strategies, colleges can further increase the effectiveness and utilization of their health services.

5.0 Contributions of Authors

Carmela P. Dajac, RN, PhD., drafted the initial manuscript, incorporating all the paper sections, including the introduction, methods, results, and discussions. Carmela P. Dajac, RN, PhD., also revised the manuscript based on the feedback from research experts and external reviewers.

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The author has no conflicts of interest to declare in the publication of this paper.

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