

Evaluating the Quality and Accessibility of School Clinic Services: A Basis for Developing an Online Access System

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Abstract

Case Studies

This study, "Evaluating the Quality and Accessibility of School Clinic Services: A Basis for Developing an Online Access System" was aimed to analyze quantitatively the perception of the students about clinic services at Bacolod City College (BCC) toward an online clinic service access system development. A descriptive-evaluative research design was applied whereby data were gathered from students through an evaluation structured survey questionnaire concentrating on the availability and satisfaction of services from various aspects.

Keywords: School Clinic Services, Digital Health Platform, Health Information Management, School Health Program, Student Satisfaction, Online Health Information System, Health Development Program.

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INTRODUCTION

Background of the Study

High-quality, affordable health care services, built right within schools, are becoming more and more recognized as leveling up students. Clean students are more engaged, perform better in their studies, and are better equipped to serve society positively (American College Health Association, 2020). School clinics are the primary entry way into student health. They must effectuate rapid, efficient and comprehensive health services ranging from first-aid care to health education and referral services. Today's ever-changing student health needs, however, along with the rapid advances in technology, involved continual re-evaluation of the best methods in delivering these vital services to maximize both quality and accessibility. This study recognizes the contribution of college clinics towards creating a healthy learning environment through health accessibility.

Everyone knows the provision of robust and accessible

healthcare services within educational institutions such as colleges is increasingly recognized as a cornerstone of student success and well-being. A healthy student body is more engaged, academically successful, and better equipped to contribute positively to society (American College Health Association, 2020). School clinics, which primarily serve as entry points for students' health access, bear the bulky part of the scope of health care from first aid to health education and referrals. Today's ever-changing student health needs, however, along with the rapid advances in technology, involved continual re-evaluation of the best methods in delivering these vital services to maximize both quality and accessibility. This paper recognizes the role of college clinics in promoting a healthy learning environment by providing health access benefits.

It is certain that the application of technology into health care delivery on a global scale is one of the transformative approaches to increasing the reach and efficiency of services (World Health Organization, 2021). Certainly, most digital platforms, telemedicine, and online information systems have excellent potential for breaking down geographical barriers and improving patient engagement in areas with diverse populations

(Ohannessian et al., 2021). While many higher learning institutions have started using digital means for several administrative functions, the potential of these online systems for accessing clinic services is still largely untapped in many areas. This gap presents a very interesting opportunity for technology to simplify services while increasing the user experience of clinic services in academic environments.

Philippine colleges are adopting the health standards set forth by the Commission on Higher Education in 2018 within their campus as cities grow in student numbers. Bacolod City College (BCC), being one of the largest educational institutions, offers health provision to students, employees, and faculty. However, like most traditional clinics, the BCC clinic may experience intrinsic challenges affecting operational efficiency, physical accessibility at peak hours and inconsistent service quality. However, necessary as it is, understanding the specifics of these challenges from the user's perspective is key in coming up with good interventions in line with contemporary healthcare delivery paradigms.

For this reason, a systematic and data-driven approach is important in assessing the existing clinic services by Bacolod City College. It will help to identify not only the existing strengths, but also and perhaps more importantly, the specific areas of weakness in quality, accessibility and user satisfaction. The information that can be gained by carrying out an assessment of existing services can be used to design the framework for new interventions that go beyond typical services. This study aims to obtain useful evidence that will assist in carrying out improvements that will ensure health services that are responsive, effective and accessible for all college users.

The purpose of this research is to provide a full quality and accessibility assessment of clinic services being offered at Bacolod City College. The study's final output will be a set of evidence-based recommendations and a detailed functional specification developed for an online clinic service access system for Bacolod City College. The proposed on-line clinic access system is intended to simplify the appointment scheduling, allow for health record management, enhance communication on clinic services, and increase access and responsiveness of health support for the BCC community. The intended output directly responds to the demand for modernization of clinic service delivery to adapt to a rapidly changing academic institution.

This study, therefore, aims to investigate the general problem of improving clinic service delivery at Bacolod City College using a quality and accessibility assessment, and seek to answer the following questions:

1. What is the level of availability of clinic services at Bacolod City College as perceived by students in relation to:
 - Monitoring and Inspection;
 - Emergency and First Aid Management;
 - Clinic Confinement;

- Referral; and
- Home Visitation?
- What is the level of student satisfaction toward clinic services at Bacolod City College on the quality of:
 - Giving of Information;
 - Empathy with the patient;
 - Technical quality and competence;
 - Attitude towards the patients;
 - Access and Continuity; and
 - Overall Satisfaction?
- 2. What is the degree of relationship between availability of clinic services and student satisfaction at Bacolod City College? The information discovered in these inquiries can help establish the quantitative, empirical information necessary to establish specific areas of strengths and improvement opportunities under the current clinic service model. This evidence-informed data is critical for appropriately informing the strategic design and implementation of an online clinic service access system that addresses gaps, improves the user experience, and enhances health service provision across the entire BCC community.

Framework of the Study

This study aimed at assessing the clinic services and their quality and accessibility for an online system development is essentially based on Imogene M. King's Theory of Goal Attainment. King's conceptual system was first established in 1981 as a grand nursing theory that emphasizes the interactive, dynamic relationship between nurse and client, where both parties are active participants in processes of mutual goal setting and goal attainment (King, 2018). The conceptual system provided a conceptual framework for understanding how individuals, as personal systems, interact in systems of interaction (the nurse-patient system) and within social systems (e.g. school clinic), and ultimately effected health outcomes. Theoretical perspective is particularly relevant to assess services for which communication, interaction and shared meaning and understanding are integral to successful and positive client care experiences.

King's theory of goal attainment has the assumption of three systems in interaction: personal systems, interpersonal systems, and social systems. Personal systems relate to the individual - that includes perception, self, growth and development, body image, space, and time. Interpersonal systems occur when two or more personal systems interact. The focus of interpersonal systems focuses on concepts of interaction, transaction, communication, role, and stress. In this system the nurse-patient relationship is reciprocal. Social systems refer to organized groups, such as a clinic or hospital, where larger systems determine behavior that is formed, like

roles, status, and authority. For King, interaction is the communication and perception between individuals, and transaction is a distinct interaction of instead of communication with the environment, human beings communicate with the environment and regulate their behavior in order to achieve the goal of actions (King 2020). The outcomes of the conditions for successful transactions are dependent on effective communication, perception, and agreed upon goals.

King's Theory of Goal Attainment has been applied to this study in an exciting way, considering its relevance to clinic service's "Quality" components, including student satisfaction, the provision of information, and empathy. Communication between clinic personnel and students is essential for quality care and is an important determinant of how students perceive empathy in the clinic and how they understand the information provided (King, 2017). When clinic personnel and students have meaningful interactions, share perceptions of the health situation, and mutually agree on health goals (e.g., recovery from health issue, education for health literacy, or referral) a successful "transaction" is reached; increasing students' satisfaction with the encounter and health outcomes. This theoretical approach allows us to study how well the existing clinic context supports these interactions and transactions, which directly affect perceived quality of care.

Additionally, King's theory presents a valuable framework for examining (1) "Accessibility" and for the proposed "Online System Development." Accessibility to clinic services is not just showing up, but also the effortless way in which students can begin and pursue communications with clinic staff and with information. Barriers to communication and/or interactions, whether physical or procedural, interfere with the transaction process and every student's goal attainment. An online accessibility system for clinic services can also be seen as an important critical tool in the social system (the college clinic) but works to improve the interpersonal system by contributing to communication, scheduling appointments, and making health information readily available, thereby supporting improved transactions and collective goal attainment (King, 2019). The uptake of existing clinic services within this theoretical framework allows the study to identify exactly where the communication and interaction breakdowns occur and offer pointed recommendations to design an online system that truly supports the goal attainment of the clinic and the students.

In conclusion, King's Theory of Goal Attainment provides a powerful conceptual model for assessing the current state of clinic services at Bacolod City College by emphasizing the interactive relationships, communication and co-creating mutual goals between clinic service providers and students. The theory provides an explanation as to how the deficits in interactive relationships, communication and shared goals led to quality and accessibility issues within clinic services. As such, the findings of this assessment can be used with actionable intent toward designing an online clinic service access system to better engage with the service users, account

for the feedback and communication aspects in the relationships, and having more effective transactions overall so that health outcomes improve and, ultimately, increased satisfaction for the overall college community.

Conceptual Framework

This research's conceptual framework shapes the way to assess clinic services at Bacolod City College (BCC), and inform the next stage - designing an online access system. A conceptual framework is a visual, or written form, that symbolizes a research inquiry's underlying system of concepts, assumptions, expectations, and beliefs, that depicts the relationships between important variables (Grant & Osanloo, 2014; Ravitch & Carl, 2021). For this research, the conceptual framework proposes that before designing an effective solution and user-friendly online access system, the student experience and perceived quality and access of clinic services needed to be understood. The research provides frameworks around which specific factors and the expectation of how they influence the development of the technological solution are assessed.

The framework starts with the Input component, which contains qualitative profile variables of the study's participants—students. These profile variables include demographic variables such as age, gender, academic year, and program of study, in addition to variables that capture their previous experience using clinic services, and general familiarity using online platforms. These profile variables are significant since they affect student perceptions of service quality and service access, which in turn, impact their expectations and satisfaction (Chen et al., 2020). For example, a student's academic load or previous negative experience, may impact their perception of clinic service accessibility or even their willingness to seek out services. All this diversity of profiles must inform the tailoring of an online system responsibility, in a way that truly responds to the heterogeneous BCC student body.

The Process component of this framework includes the essential "Quality and Accessibility Assessment" of the current clinic services. The "Quality and Accessibility Assessment" methodically reviews two main areas: the availability of services (e.g., monitoring, emergency management, clinic confinement, referral, as well as home visitation) and student satisfaction about key aspects of the delivery of services (e.g., provision of information, empathy of staff, quality and competence, attitude towards patients, continuity and accessibility, and general satisfaction). This multi-dimensional evaluation is grounded on the premise that best understanding of current service strengths and weaknesses considered by the primary users, and that it is the most trustworthy starting point for identifying and proposing potential improvements (Parasuraman et al., 2018). The findings generated from this process will indicate the actual gaps a web system is intended to exclude.

Output component of this framework, 'Online Clinic Service Access System Development.' The data provided by the quality and accessibility assessment are used to develop the

online service solution, which is the proposed digital platform.

We believe that by providing a website to an online service that will mitigate a previously identified pain point (for example, limitations in physical access and communication problems, lack of information, etc.) on the online platform, including clinic service performance, will enhance the quality and accessibility of clinic services that are capable of enhancing the quality and accessibility of health services (Gagnon et al., 2019). By conceptualizing this notion as data-driven, the online system will not simply be a technical add-on, but a purposeful intervention designed with the expressed aim to fix, to a degree, the previously identified pain points during the assessment to enhance health service delivery and student wellness.

In a graphical depiction, this conceptual framework would usually show a flow from the qualitative profile variables (Input) to the perceptions that make up the Quality and Accessibility Assessment (Process). From the Process, there would be flow arrows that go to the development of the Online Clinic Service Access System (Output), indicating that the assessment results will directly influence the design and features of the new online system. In summary, the visual model clearly expresses the parameters of the study, the relationships between the primary components, and the directional flow from identifying the need for a solution to thinking of a way to address the problem. It illustrates the study's intent to develop an online system based on actual experiences and needs from the Bacolod City College community.

Scope and limitation

The planned research will be a quantitative study that will carefully examine school clinic services at Bacolod City College (BCC). The purpose of this study is to conduct a quality and accessibility evaluation of BCC's services that will lead to the establishment of an online service access system for the clinic. Using a descriptive-correlational research design, the aim is to measure the perceptions students have of the quality of care they received and the ease of access to these services. This study will allow us to measure perceived satisfaction and make inferences about some of the characteristics of BCC's clinic services that promote or deter the quality and accessibility of care, adding to the empirical record as we strategically design a student-centered digital health system that contributes to the development of an online service access system.

Participants will be intentionally recruited for this study through a non-probability purposive sampling technique, making sure that those selected will have relevant and real-life experiences concerning BCC's clinic services. The eligibility criteria for participation includes the following: (1) enrolled students at Bacolod City College aged 18 years and older, (2) students who have incurred BCC clinic services at least once in the current academic year (2024-2025), (3) those who can provide informed consent, (4) students who can read and follow the survey questionnaire in English or the local dialect, and (5) individuals who regularly attend classes at BCC (specifically, the period of the study). In contrast, students will be excluded if

they (1) are underage, (2) are part-time or distance learning students who do not regularly come to campus, or (3) are currently employed as clinic staff or student assistants in the BCC clinic.

The data collection for this quantitative study will commence over a two-month period between June and July 2025. The whole investigation will be limited to Bacolod City College, Philippines and focus on the student population's perspectives regarding clinic services on campus. This special setting is selected to collect measurable perceptions from the main consumers of the school clinic. In this scenario, the study will collect data by using structured questionnaires to obtain concrete data on students' perceptions of the quality and accessibility of the clinic service, and the data collected will be used as the empirical basis for developing an effective and responsive online clinic service access system that meets BCC needs.

Significance of the Study

There are at least five stakeholders that will gain from your study, which includes their operating scope in this project from greatest to least:

1. **Bacolod City College Administration and Management:** The Bacolod City College Administration, including the College President, Vice Presidents, Deans, etc. are the highest structural authority within the college and directly benefit the most from your study. They control the institution as a whole, including student support, and greater understanding of the efficacy of a particularly important student service will help guide their administrative decisions related to allocating resources, modifying policy, and defining the college's direction in integrating technology into student health service. This area relates directly to the main goal of the administration related to institutional effectiveness and on the well-being of students.
2. **Staff and Healthcare Providers from Bacolod City College Clinic:** The service providers in the study are the front-line professionals and are ultimately responsible for delivering the services. The rigorous analysis of quality, including accessibility, student satisfaction, and perceived technical competence, will become very valuable data for professional development, streamlining operations, and improving specific aspects of their daily practice. The results will inform how an online system could improve their administrative burden, increase patient throughput, and improve their capacity to deliver care, thus improving efficiencies and job satisfaction.
3. **Students of Bacolod City College:** Students, being the primary beneficiaries and actual users of the clinic services, will benefit tremendously from this study. The results of the study will lead to an online system and improvements in services that will directly address their needs as beneficiaries, particularly around accessibility, information, and quality of care. This means that students will experience more accessible, more effective, more expedient, and more satisfying access to health services

that will, in turn, enhance their well-being and academic performance.

4. **Future Researchers and Academic Community:** This study helps add to the body of literature on school health services, especially with respect to quality assessment and information systems use in an educational context. Future researchers can use this study as a foundation for reference, recommendation on methodology, or to start comparative work as they benefit from the descriptive statistical data and theoretical application offered. This assists in expanding knowledge of effective health service delivery models in the academic space.
5. **Parents/Guardians of BCC Students:** While they are not direct clients of the clinic, parents and guardians have an important role to play in supporting student well-being. The improvement of clinic services, through this study, will provide parents and guardians with more confidence in the health supports available to their students, while an accessible and timely clinic can ease parents and guardians' concerns about whether their dependents are receiving care when they need it.

Definition of Terms

1. Clinic Services

- **Conceptually Defined:** Clinic services refer to the wide variety of healthcare services provided in an outpatient or ambulatory environment. Services are offered focused upon primary care, preventative care, and other common conditions (World Health Organization, 2020). Clinic services are the most common first point of contact for persons seeking medical attention, diagnosis, treatment or educational health information, and can support and encourage continuity of care within a system in which they are part of a community or institution.
- **Operationally Defined:** In this study, the term "Clinic Services" pertains to the on-campus health care services provided by Bacolod City College (BCC) Clinic to the students enrolled at that institution. The clinic services provided to enrolled students include, for example, routine health monitoring and assessment - the basic components of health promotion are a welcome and needed service – emergency/first aid care, temporary confinement to the clinic, primary health care referrals and dental referrals to external health care and education services, and general health educational activities, as perceived and experienced by the students through their responses on the quantitative questionnaire.

2. Quality

- **Conceptually Defined:** As a complex concept, quality in the delivery of health care encompasses the extent to which the received health care services or interventions improved the likelihood of a desired health outcome for both individuals and populations and are consistent with current professional knowledge and best

practices (Agency for Healthcare Research and Quality, 2023). Effectiveness, safety, patient-centeredness, and efficiency are examples of vital elements that describe quality in the provision of health services. Notably, patient-centeredness focused on respecting patients' values and needs; for example, ensuring patients receive appropriate and timely information about their care and its importance (Institute of Medicine, 2018).

- **Operationally Defined:** "Quality" is operationally defined for the current study as the students' individual qualitative perspectives, and expression of quality through fulfilment they experience, about specific attributes of BCC clinic services. A measure of quality will be quantitatively assessed during the current study via items on the research questionnaire related to; how much information (relevant to the context of their care). 6020171 was provided by staff of the BCC clinic; the empathy and caring exhibited by clinical staff; perceived technical competence of the health care providers; the staff attitudes directed towards students as patients; and general measure of their satisfaction with BCC service delivery.

3. Accessibility

- **Conceptual Definition:** Accessibility, in the context of healthcare, is about how easily one can receive and use healthcare when needed. Accessibility includes geographical location, affordability, availability and organizational factors such as appointment types and opening hours (Levesque et al., 2017). Essentially, it is about eliminating barriers to accessing and receiving necessary healthcare.
- **Operational Definition:** In this study "Accessibility" has an operational definition of the ease at which students can physically access and use BCC clinic services, as perceived by the student population. In this study, we will measure operationalized, as perceived, overall availability of services (e.g., perceived availability of emergency care, monitoring, and referrals), perceived convenience of the BCC clinic, perceived ease of procedures when accessing care, and perceived structural/procedural barriers to receiving service at the BCC clinic, through questionnaire items.

4. Online System Development (or Online Clinic Service Access System)

- **Conceptually Defined:** Online System Development in the context of health care refers to the planned and systematic process of designing, developing, and planning the implementation of a digital application or platform for the access and management of health services (Al-Samarraie & Al-Rahimi, 2020). This would typically include appointments, electronic health records, information relay and communication capabilities with an aim to increase engagement and efficiency in accessing healthcare services.
- **Operationally Defined:** In the context of

this study, Online System Development refers to the conceptualization and initial design of a digital platform. This could include the systematic determination of application and system features, functionalities and user interface based on the quantitative quality and accessibility assessment of BCC's current clinic services. This study will generate a set of recommendations and specifications for an online clinic service access system based on evidence, it will not involve creating, building or deploying the actual online system.

5. Student Satisfaction

- **Conceptually Defined:** In terms of campus services, student satisfaction is the student's perception of the service they received and whether the subjective evaluation compares positively to their expectations (Elliott & Healy, 2018). A high level of satisfaction is achieved when a service meets or exceeds one's expectations, and leaves individuals feeling positive about the service and seeing value in their experience.
- **Operationally Defined:** In this research study, "Student Satisfaction" refers specifically to the levels of contentment and positive perception of Bacolod City College students with respect to the various aspects of the school clinic service. The satisfaction will be measured quantitatively using a Likert-scale questionnaire related to their level of agreement or disagreement with statements related to information received, empathy shown by staff, technical competence of staff, attitudes of staff, access and continuity of care, and general satisfaction.

6. Availability of Services

- **Conceptually Defined:** Availability of services relates to the presence and readiness of health resources and services to fulfil the needs of a population at a specific time and place (World Health Organization, 2021a). This definition includes the existence of facilities, equipment, staff and specific service programs - and whether these are operating when needed.
- **Operationally Defined:** For this study, Availability of Services will be operationalized by students' perceptions of the presence and availability of specific clinic services at BCC when needed. This availability will be captured quantitatively using questionnaire items assessing students' perception of the presence and availability of services in monitoring and inspection, Emergency and First Aid management, Clinic confinement capacity, Referral systems, and home visitation possibility.

7. Information Supply

- **Conceptual Definition:** Information supply in healthcare is the straightforward, correct, and timely conveyance of pertinent health information, diagnosis, medical advice, and service information from one party, typically healthcare providers, to another party, in this case,

patients (Emanuel & Topol, 2019). Information supply is a crucial aspect of patient-focused care and enables informed choice and patient empowerment.

- **Operational Definition:** In this research, "Information Supply" is defined operationally based on students' perceptions of the clarity, completeness, and timing of the information received regarding their health status, available services, the referral process, and general health support from BCC clinic staff. This will be measured through specific items on the student satisfaction questionnaire.

8. Empathy (from staff)

- **Conceptually Defined:** Health care professionals are empathetic if they comprehend and sympathize with a patient's emotions and then convey that understanding in a genuine and supportive way (Decety & Cowell, 2018). Empathy is important for establishing trust, as well as improving the patient-provider relationship, and contributing to the patient's satisfaction and compliance with care.
- **Operationally Defined:** In this study, "Empathy from Staff" will be operationally defined in the context of the students' perceptions of the BCC clinic staff's ability to comprehend, acknowledge, and sympathetically respond to their concerns, feelings, and needs during their clinic experience. This will be assessed through specific Likert-scale items on the satisfaction questionnaire which measure their endorsement of statements illustrating the empathetic behaviors of the clinic personnel.

9. Technical Quality and Competence

- **Conceptually Defined:** In healthcare, technical quality and competence involve the use of a healthcare professional's clinical and scientific knowledge, skills, and judgment in order to achieve desirable patient health outcomes (Walshe & Smith, 2017). Technical quality and competence encompass the accuracy of a diagnosis, the appropriateness of treatment, the correct performance of procedures, and the overall professional expertise demonstrated.
- **Operationally Defined:** In this study, "Technical Quality and Competence" is operationally defined by the perceived ability, knowledge, and professionalism of the BCC Clinic staff perceived by students when providing services. Students will indicate through questionnaire items how confident they were in the ability of staff to assess health issues accurately within their scope, provide adequate first aid, address emergency situations, and perform medical procedures as warranted.

10. Attitude towards Patients

- **Conceptual Definitions:** Attitude towards Patients is defined conceptually as the disposition, demeanor, and general verbal and non-verbal behavior of

healthcare workers towards potential patients (Kim et al., 2022). At its best, a positive attitude consists of respect, courtesy, patience, and everything being non-judgmental which has substantial influence on the patients and their responses, as well as how likely they will engage in future relationships for care.

- **Operational Definitions:** For the purpose of this study "Attitude Towards Patients" was operationally defined by the students' evaluation of the general demeanor, politeness, respectfulness, and approachability of the BCC clinic staff in the students' former interactions. This was assessed quantitatively to assess subjective evaluations made on specific items in the student satisfaction questionnaire that ask about pleasantness, patience, and helpfulness in the clinic personnel.

Review of Related Literature and Studies

Quality of School Clinic Services: Comprehensive Care and Staff Competency

The quality of care provided by school clinic services is crucial to their success and based on the level of services offered and the competence of staff, or health personnel. A more recent study emphasizes that school health has shifted from providing basic first aid services to a broader definition, including preventive services, chronic health care, and mental health services. For example, Smith and Johnson (2019) explored school health services within education in their article published in the Journal of School Nursing. Their research included multiple areas of school health services across educational settings. They found strong and positive relationships between clinics that were staffed with adequate health personnel and offered a wide variety of service offerings, and student health outcomes, like improved attendance and improved achievement in academic topics. This study affirms that multiple offerings as a part of being a comprehensive service are important for overall student health.

In addition, the professional qualifications and ongoing training of school health staff play a significant part in ensuring quality care outside of programs. Brown, Green, and Adams (2021) pointed to the importance of ongoing professional development for school nurses in their study in the Journal of School Health, emphasizing that ongoing training in areas such as emergency preparedness, mental health first aid, and culturally competent care can positively impact the standard of service delivery. Ongoing professional development affects care quality and clearly influences the satisfaction of students and their parents with the health services provided by the school. This highlights the value of investing in human capital in school clinics.

Accessibility of School Clinic Services: Overcoming Physical and Systemic Barriers

Facilitating access to school clinic services for students is a complex issue that involves more than just distance. While

distance from a school clinic is the most obvious consideration, especially in larger schools, many other issues are influential. Davies and Evans (2018) studied the physical accessibility of school health services in an urban context. In their study, published in Health & Place, they identified that a centralized school clinic, although easier to staff, could adversely affect students located in distant classrooms or students with mobility challenges, and therefore by simply moving school health services or developing satellite service points would improve access.

In addition, the human resource aspect, particularly the number of qualified health professionals available during hours of operation, directly affects accessibility. Lee and Chen (2020), published in Nursing Research, brought attention to the impacts of school nurse staffing ratios on accessibility to service and student outcomes. Their strong argument demonstrated that inadequate staffing could lead to longer wait times which can delay interventions and potentially limit the services that can be reasonably offered. Lee and Chen's (2020) research called for policies to promote optimal nurse-to-student ratios that would enhance accessibility, responsiveness, and quality of care. On top of a model that includes logistical factors, Garcia and Rodriguez (2022), published in the Journal of Adolescent Health emphasized the need for school staff, students and parents to be informed about the services available as well as destigmatizing seeking help. They found there could be as much as an increase in rate of use simply because the communication and evocation of a supportive culture facilitated the building of trust for students to approach the clinic without hesitation.

Technology Integration in Health Service Delivery: Enhancing Efficiency and Reach

Embracing technology in school health services has the potential to greatly enhance efficiency, improve access to care, and increase the quality of health services delivery. Digital applications and platforms can provide options for streamlining the administrative tasks that arise in this type of care, enhance communication, and make health information both accessible and available digitally to both students and families. White and Clark (2020) provided a detailed accounting of the benefits to schools for implementing electronic health record (EHR) systems in school-based clinics in the International Journal of Medical Informatics. Their study found that EHRs were associated with better accuracy of documentation, continuity of care following different health encounters, and stronger data analytics to understand health trends of students. Their findings also showed how EHR systems provide a reduction in administrative burden to school nurses so they can spend more time in direct care with students and managing their professional domain.

Beyond record-keeping, telemedicine strategies are emerging as a significant pathway for addressing accessibility gaps, particularly in contexts of limited access to specialized medical expertise. Kim and Park (2021) published an article in Telemedicine and e-Health that examined the potential for teleconsultations to be implemented in the school clinic context.

Their results demonstrate that teleconsultations could connect students with mental health professionals or specialists when an in-person assessment is not needed. This is particularly important when narrowing the geographic gap and providing timely access to specialized advice, as it increases the level of care attainable by students and ensures that specialized services do not have access limitations.

Health Development Programs in Schools: Fostering Holistic Well-being

Health development programs that are school-based can have lasting effects toward the health and well-being of students, involving health development and lifestyle change. Health development programs are usually comprehensive efforts including health education, physical activity promotion, nutrition education, and mental health awareness campaigns. Turner and Wright (2017) stated that the most successful health development programs are not simply interventions but are integrated into the curriculum and culture of the school. This study further noted that health development efforts would need to be collaborated with and involve everyone in the chain-educators, parents, community health organizations, etc.- to ensure this collaborative effort works as a system. This holistic ability to think critically about health and develop practical skills showed much better outcomes that were evidence of trying to ensure students were making sustainable healthy choices, not just short interventions. The study recognized the effectiveness of this approach.

Health development programs have begun to evolve their focus on mental health and social-emotional well-being, which relate so fundamentally to health as a whole. Roberts and Thompson (2022), in their article "Update on mental health in school psychology: Research and practice," published in the *Journal of School Psychology*, articulated that this recognition is gaining momentum and advocated for programs that address physical and mental health. Their research provided evidence that school-based counseling services, mindfulness practices, and strong anti-bullying programs positively impacted student mental health outcomes. This research contributes to the important understanding that for there to be effective health development programs at school, the individual and the interconnected needs of students must be taken into consideration, and priority must be placed on student mental health so that it is made a part of a whole health initiative.

Perceptions of Students and Parents on School Clinic Services

It is important to understand the perspectives of both students and parents about school clinics in order to evaluate their effectiveness and identify areas for improvement. Their perspectives offer invaluable information regarding the quality, access, and overall impact of school clinic services. Adams and Baker (2019) conducted surveys and focus groups with students to assess their awareness, comfort, and satisfaction with clinic

services in their study in the *Journal of School Health*. Compared to those who did not, students who perceived the clinic as a confidential and supportive environment were more likely to seek help for a variety of health concerns, including mental health. This demonstrates the importance of creating a trusting environment in school clinics.

In a similar manner, perceptions from parents have an impact on whether parents permit their children to use school health services. Chen and Wang (2020) examined parental satisfaction with school clinic services in an article for *Pediatric Nursing* and outlined important influences on satisfaction such as effective communication with clinic staff, perceived competence of nurses, and perceived health benefits to their children. They found that effective communication about clinic services, positive experiences with clinic staff, and visible improvements in children's wellbeing led to higher levels of satisfaction which enhanced trust in the school clinic. Together, the studies support the idea that positive perceptions from both students and parents are strong indicators of both successful and utilized school health programming.

The Role of School Nurses in Promoting Health and Well-being

School nurses are critical components of the comprehensive health services available in schools as health care providers, health educators, and advocates for students' health and well-being. School nurses are able to deliver the required direct basic health care services; however, the role of a school nurse is multi-dimensional, and there were aspects of their role that extend beyond the clinic during which health promotion and disease prevention could be implemented. Murphy and Kelly (2018), in the *Journal of School Nursing*, have more recently described the ways in which nurses' advanced practice school-based roles are evolving in relation to managing chronic health conditions, medication, and individualized health care plans. An established, trained school nurse can have a positive impact on the overall health of students with chronic conditions. They found school nurses are reducing absenteeism and ensuring students are able to participate and fully engage in wellness activities while meeting their grade level requirements.

Beyond their clinical responsibilities, school nurses are gaining recognition for their important work in mental health support and intervention. Patel and Sharma (2021), writing for the *Journal of Pediatric Psychology*, explored the role of school nurses in assessing and assisting students with mental health issues. Their investigation found that school nurses play a key role in identifying students in psychological distress or impending difficulties, and many students share their psychological experiences with their school nurses first, before other school staff or mental health providers. In most cases, school nurses are well-connected to resources for mental health support within the district and community. The role of school nurses as a connector of students to their support systems—

classified as antecedent work—further emphasizes the critical importance of having adequate training, organizational support, and system-level resources available for school nurses as they address the rising mental health needs of youth in their schools.

Impact of School Health Programs on Academic Performance

It is widely recognized that schools' health programs are imperative for students' health and success. The direct need for health programs in schools has a corresponding relationship with academic success; healthy students are better learners. Healthy students demonstrate better focus, attendance, and participation in schools, indicating students' health has a significant impact on academic achievement. Harris and Davies (2019) conducted research on the relationship between student involvement in comprehensive school health programs and academic achievement published in the *Journal of Educational Psychology*. The Harris and Davies study found that schools with robust health initiatives that included nutrition education, physical activity, and accessible school clinic features reported higher student attendance rates and improved results on province-wide standardized tests than schools without robust health initiatives. Thus, when schools invest in health, it positively impacts academic success.

Additionally, addressing particular health barriers through school clinic services can substantially reduce their adverse effects on learning. Nguyen and Tran (2020), writing in the *American Journal of Public Health*, researched school clinics' provision of timely interventions for common childhood illnesses and chronic conditions as the result of school clinic services; as these illnesses were treated, the authors examined how students missed less school. They reasoned that proper medical attention from a school clinic for conditions that required prompt medical intervention (e.g., exacerbations of asthma, infections, etc.) reduced the number of days absent from school, allowing access to instructional time and ultimately preventing academic deficiencies. This evidence supports the assumption that well-managed school clinic services are an essential part of a learning environment that leads to student learning and school success.

Ethical Considerations in School Health Service Delivery

Providing school health services entails a unique set of ethics, especially around student privacy, confidentiality and informed consent. Balancing the rights of students with the obligations of school staff and parents is a difficult undertaking when working through ethical principles. In 2017, Miller and Davis published an article titled, *Maintaining Student Confidentiality* in the *Journal of School Health*. They examined the complications of protecting student confidentiality when working with sensitive issues such as sexual health, substance addiction or mental health difficulties. Their research highlighted the need for explicit policies and explicitly training school health personnel on the ethical guidelines to protect

student privacy while promoting their own safety and wellbeing.

Furthermore, issues of informed consent, particularly concerning minors, present different ethical considerations. Whitehead and Foster (2022), writing in the *Journal of Medical Ethics*, examined the different ethical and legal frameworks surrounding a minor's ability to consent to health services in schools. Their determination described the need for school clinics to create policies that simultaneously maximize a student's autonomy while also considering parents or guardians to an appropriate extent, particularly for more serious medical interventions or for the ongoing delivery of care. These ethical considerations require that school clinic services be undertaken with a focus on the rights and welfare of the student.

Online Systems for Health Management: Data Security and User Adoption

After researching the feasibility of a web-based system for school clinic services, security and user adoption considerations are critical because of the sensitive nature of health data. Protection of student health data as a standard record with confidentiality and integrity is vital. Chang and Lee (2018) article in *JMIR Medical Informatics* examined the concerns and measures schools can use to protect electronic health records. They recommended strong encryption, access controls, and regular security audits, as well as to protect sensitive student health records from unauthorized access or breach. The authors warned that if not addressed, security controversies could lead to trust problems and impede school clinic users from realizing effective online health systems.

Any online system must also be user-friendly and well-accepted by clinic stakeholders, including students and parents (where applicable), clinic staff, etc. Nguyen and Schmidt (2020) in the *Journal of Biomedical Informatics* published an interesting theoretical article regarding determinants that influence user acceptance of health information systems (HIS) in schools. They argued that a user-friendly interface, training for staff, and clear communication with stakeholders regarding the benefits of the system must be pursued if full user acceptance is to be achieved. The lack of acceptance of new technology can diminish the anticipated returns of an online system, so developing an appropriate implementation plan that considers the needs and fears of users is extremely important.

Stakeholder Collaboration in School Health Program Development

Developing effective school health programs and implementing new services or systems involves active engagement with many stakeholders. Working with these stakeholders enhances the overall comprehensiveness of programs, cultural appropriateness, and the ability to meet the diverse needs of students. In their research published in the *Journal of School Health*, Peterson and Gomez (2017) emphasized the importance not only of school administrators,

teachers, and parents, but also students, community health organizations, and local government units in planning and implementing health programs. Peterson and Gomez further reported that programs that were developed simultaneously by partners representing multiple stakeholders are more sustainable and have more impact on student health outcomes, largely due to the diversity of perspectives and assets.

Also, it is important for those involved in the evaluation and improvement of school health programs (i.e., stakeholders) to remain engaged. Lopez and Kim (2021) from Health Education Research, examined the importance of feedback forums for students and parents and how this type of feedback could both inform modifications to current health services and development of new interventions. Again, their analysis stated that collecting feedback from the end-users of the school clinic and acting on that feedback leads to the program being more effective and relevant. By providing an opportunity for stakeholder engagement, you would establish an iterative and collaborative approach that remains aligned to the developmental needs of the school community and holds the public accountable to improve program and service quality and access.

Synthesis

While there is a substantial, anecdotally useful body of literature outlining the multitude of health benefits and accessibility of school clinic services, several gaps exist that need to be researched more deeply, especially in terms of applying technology. Most of the literature mentions school health programs generally; while there is an abundance of studies discussing the benefits of school health programs and the role of nurses, there is less emphasis on studying specific modules in a meaningful way beyond rating satisfaction, that is connected to quality and accessibility from the viewpoint of a user, in a given school. In addition, while the literature does talk about technology, there is currently little in-depth research regarding the practical operational aspects and facilitators for developing and implementing online systems relative to the particular environment of school clinics, with respect to user uses, and pertinent features which, at a minimum, enhance access and delivery of services and thereby improve health and educational outcomes. The majority of the literature refers to what (i.e., benefits of EHRs), however less regards how (with respect to specific functionalities needed for online systems in a school clinic) and little comprehensive study in the literature evaluates the impact of these systems have on health development, holistic, and educational outcomes of students.

This study is therefore timely and warranted to fill these gaps by offering a localized, in-depth evaluation of the quality and accessibility of school clinic services at a specific institution. Contrary to wider studies, this research aims to conduct a comprehensive review of the existing service provision, and map the current strengths and weaknesses as perceived by students, parents, and clinic staff. Importantly, this evaluation will provide the empirical evidence for creating a localized online system, instead of industrialized technological

developments related to schools, to target the outcomes and challenges identified in the evaluation. Any associated technological component is examined through the lens of innovative utilization, rather than a means to an end, for the planning, implementation, and evaluation of new interventions to address the identified access challenges within a clearly defined and bounded context. This will ensure that, not only is the element (online system) a political/digital addition to existing services, but it is also knowledge-based, and responsive to the specifically identified access challenges, thus enabling a more effective approach to health- related development.

CHAPTER II

METHOD AND PROCEDURES

This chapter will include the following sections: Research Design, Locale and Population, Instrumentation and Data Collection, Tools for Data analysis, and Ethical Considerations.

A quantitative research design will be used in the proposed study, specifically a descriptive-evaluative research design. The rationale for choosing a descriptive-evaluative design to systematically describe and evaluate the status of services provided in terms of service quality and access in school clinics. The quantitative design will collect numerical data using standardized instrumentation, allowing for statistical analysis that describes patterns, frequencies, and correlations among variables related to service provision. The observational component of the method will provide comprehensive descriptions of the existing status while the evaluation will compare current conditions to benchmarks or ideal perceptions and used to identify deficiencies in service delivery. The design allows for the gathering of data from a larger sample size that can provide some generalizability for the findings in the specific school group and provides statistical measures that will help guide the development of the online health development program.

In the quantitative phase, I will be distributing a structured survey questionnaire for data collection from a sample of students and students' parents within the school. The survey questionnaire will be used to measure the perceptions and evaluations of various aspects of school clinic service quality and accessibility. The quality items will measure perceptions related to: staff professionalism, professionalism of the clinic staff, staff responsiveness, medical supplies and medical equipment available, cleanliness of school clinic, and clarity of health information provided. The accessibility items will measure perceptions related to: physical proximity to the clinic, wait/appointment times, availability of staff during the school day, and knowledge of the services offered at the clinic. Most of the items will use a Likert scale to quantify perceptions (1-Strongly Disagree to 5-Strongly Agree). I will also collect demographic questions (e.g., etc. quality of school clinic survey, grade level, number of times visiting the clinic). The survey will collect data to help maintain the anonymity and confidentiality of the survey respondents so participants feel

comfortable providing honest feedback.

The impact and use of a standardized survey makes it possible to collect information about a research sample is cumbersome and/or has a large number of subjects that allows for a statistical analysis such as descriptive statistics (means, standard deviations, frequencies, percentages) to accurately represent the survey subjects and assess trends within the population of survey subjects. This method is effective for achieving a consolidated, objective report of the actual school clinic services, based on the contributions of the primary subjects of the school clinic services and their guardians.

The rationale for adopting a purely quantitative research design in this study is to provide a precise, measured, and standardized assessment of the current quality and availability of school clinic services, which will ultimately serve as a sound empirical basis for the planned online system development. Quantitative studies are useful in identifying specific service areas that are performing well or require significant improvement using evidence to support the effects rather than anecdotes. For example, if the results from the survey substantiate that a high percentage of students believe that long wait times are an issue, this provides a rationale for an online system that incorporates appointment scheduling and/or remote consultation. The aim is that by measuring students' and parents' perceptions of the school clinic, the study will identify trends in perceptions and findings that can be acted upon systematically, so that any actions taken on behalf of school health will have a wider impact across the school population.

This systematic, data-focused perspective assures that the "A Basis for Developing an Online Access System" was developed using reliable, verifiable evidence, ensuring that the subsequent development of the online system is highly focused and effectively targeting the immediately important considerations within satisfactory service and access associated with equitable services. The use of quantitative analysis is an effective means of assessing current services at a large scale and offers objectified and quantifiable indicators necessary for the planning and development of a program or allocation of resources.

Research Design

The research employed numerical research and quantitative analysis, and descriptive and correlational design. The research clearly had two identified variables that were taken from the same group of participants and the study was attempting to find out if there was a relationship between the two variables, the availability of the clinic service and students' satisfaction with the clinic service; therefore, the research design was very appropriate because the study was going to generate numerical data or data that can be converted into usable statistics. Thus, it recognizes that quantitative methods would be used to highlight objective measurements and the statistical, mathematical, or numeric analysis of collected data from the questionnaire on random students.

Sources of Data

Locale and Population of Study

The population of this study was composed of students of Bacolod City College because they are the ones who are the beneficiaries of clinic services. Nonprobability Convenient sampling was used in this study. Convenience sampling strategy involves selecting participants based on their accessibility and availability to the researcher. Rather than being drawn at random from a bigger population, participants in this strategy are picked because they are easily available to the research. To determine the sample size the researcher requested the official total number of enrolled college students of Bacolod City College from the school registrars. The total number of enrolled students for the first semester of the S.Y. 2024-2025 was 4005 students. For the sample size for e calculator.net was used.

Calculator.net Sample Size: Sample size: 351

The margin of error: 5% Confidence Level= 95 % Population: 4005

A questionnaire served mostly as the main tool to gather data on student satisfaction as well as the accessibility of school clinic services. This approach is consistent with the study done at Candon National High School, which also used a survey to evaluate how well their school clinic treatments worked. To gauge pupils' opinions of clinic service availability and pleasure, the questionnaire in this study includes a 1–5 grading scale. Adapted from the already created device used at Candon National High School, it guarantees relevance while adding particular features pertinent to the present research goals.

As questionnaires are a cheap and effective way of gathering information from a vast sample of participants, this technique corresponds with recognized research approaches.

Reliability and validity of the questionnaire.

The survey applied in this study was modified from a formerly validated tool used in studies done at Candon National High School. The adapted questionnaire was evaluated and authorized by a panel of specialists, including science instructors with experience in medicine or clinic service delivery and the school nurse from Candon National High School, therefore guaranteeing content validity. Item retention threshold was set as a content validity index (CVI) of 3.5 or more. Internal consistency of the tool was shown by a reliability coefficient calculated using the Kuder-Richardson 21 (KR-21) formula on a pilot sample of 20 STEM 3 class students.

Tools for Data Analysis

Careful analysis of data gathered from questionnaires revealed student availability and satisfaction with school clinic services. The mean was calculated for each particular variable to ascertain the average level of availability and satisfaction. Technopedia (2017) defines the mean as the average of a collection of data determined by adding all data points and

dividing by the whole count of data points.

The Pearson Product-Moment Correlation (Pearson R) was used to evaluate the link between availability and satisfaction. Pearson R is a statistical tool measuring the strength and orientation of the correlation between two factors, as McCallister (2017) describes. This study guided calculation of the degree to which student use of these services related to their satisfaction with clinic services.

Data Categorization

The following point scales were employed to evaluate student answers:

Clinic Service Availability:

- 51–5: Very Very Available (Power)
- 3.51–4.5: Very Available (Strength)
- 2.51–3.5: Moderately Available (Weakness)
- 1.51–2.5: Insufficiently Available (Weakness)
- 1–1.5: Very Badly Available (Weakness)

Student Happiness:

- 4.51–5: Really highly satisfied (Strength)
- 3.51–4.5: Very Happy (Strength)
- 2.51–3.5: Moderately Satisfied (Weakness)
- 1.51–2.5: Badly Satisfied; Weakness
- 1–1.5: Very Poorly Satisfied (Weakness)

Correlation:

- 0.61–0.8: Highly Related
- 0.41–0.6: Middle Connection
- 0.21–0.4: Bad Relationship
- 0.01–0.2: Very Terrible Relationship

These scales helped to clarify the degree of student happiness and the link between availability of service and satisfaction as well as to interpret the results.

Using Results for Health Development Program

- The conclusions obtained from these thorough studies will offer vital, empirical evidence needed to "Evaluating the Quality and Accessibility of School Clinic Services: A Basis for Developing an Online Access System."
- High-scoring measures—that is, both availability and satisfaction—will help to draw attention to BCC's current strengths in its clinic services, therefore revealing which

components are running well and ought to be kept or leveraged in subsequent upgrades.

- Low-scoring dimensions will clearly identify regions needing immediate attention and improvement, therefore offering specific targets for intervention. These particular gaps in availability and happiness will directly inform the strategic design of the planned online clinic service access system. For example, if "Clinic Confinement" availability is low, the online system might focus on improving communication for potential referrals or alternative care options. Should "Access and Continuity" happiness be poor, the online system might add capabilities such as online appointment booking, digital health records for smooth care transitions, or real-time contact with clinic staff
- The association between seen availability and satisfaction will be uncovered via correlation analysis. A strong positive correlation would highlight how likely efforts to improve service availability via the online system are to greatly increase student happiness. This evidence-based understanding is vital for appropriately directing the strategic design and successful development of an online clinic service access system that really addresses identified gaps, improves user experience, and eventually optimizes health service delivery for the entire BCC population.
- Ethical Consideration The following steps were followed to guarantee ethical research standards:
 - **Confidentiality:** Participants' anonymity was kept throughout the investigation.
 - **Voluntary Participation:** Participation in the project was strictly voluntary.
 - **Informed Consent:** Prior to their involvement, participants received a brief summary of the goals of the research. Informed consent

These steps were implemented to protect participant privacy and guarantee their informed voluntary involvement in the study.

Evaluating the Quality and Accessibility of School Clinic Services: A Basis for Developing an Online Access System.

CHAPTER III

RESULTS AND DISCUSSION

This chapter presents the statistical analysis and interpretation of gathered data.

Level of Availability of School Clinic Services

The first problem considered in the study dealt with the level of availability of the clinic services at Bacolod City

College.

The overall mean score for all the services is 4.3, which falls within the **"Highly Available (Strength)"** category. This indicates that, in general, students perceive the school clinic services to be highly effective and readily available.

Service-wise Interpretation:

Monitoring and Inspection:

Both statements under this category ("The clinic gives proper information about some illnesses to the students" and "The clinic provides safety measures in case of inevitable events") have a mean score of 4.4, falling within the **"Highly Available (Strength)"** category. This suggests that students perceive the clinic to be effective in monitoring and inspecting for potential health risks.

Clinic Confinement:

- All three statements under this category ("The clinic offers 2-3 hours of rest...", "The clinic gives certification as proof of confinement...", and "The nurse suggests immediate confinement...") have mean scores ranging from 4.3 to 4.5, all falling within the **"Highly Available (Strength)"** category. This indicates that students are generally satisfied with the clinic's procedures for managing student

confinements.

Emergency and First Aid Management:

- Both statements under this category ("The clinic offers medicines to the students" and "The nurse bandages the wounds properly") have mean scores of 4.5 and 4.3, respectively, both falling within the **"Highly Available (Strength)"** category. This suggests that students perceive the clinic's emergency and first aid management services to be highly effective.

Referral:

- Both statements under this category ("The nurse informed the people involved about the condition of the patient" and "The nurse suggests immediate action to send the patient to the nearest medical facility") have mean scores of 4.3 and 4.4, respectively, both falling within the **"Highly Available (Strength)"** category. This indicates that students are satisfied with the clinic's referral procedures for students requiring further medical attention.

Overall, the data suggests that students perceive the school clinic services to be highly available and effective in various aspects, including monitoring and inspection, confinement procedures, emergency and first aid management, and referral services.

Table 1

AVAILABILITY OF SCHOOL CLINIC SERVICES							
A. Monitoring and Inspection	5	4	3	2	1	Mean	Interpretation
The clinic gives proper information about some illnesses to the students.	216	101	23	7		4.4	Highly Available
The clinic provides safety measures in case of inevitable events	203	118	18	7	5	4.4	Highly Available
B. Clinic Confinement							
The clinic offers 2-3 hours of rest for a patient with some medical conditions of a student.	193	109	38	7	4	4.3	Highly Available
The clinic gives certification as proof of confinement for the concerned teacher	210	119	12	8	2	4.5	Highly Available
The nurse suggests immediate confinement for some cases.	199	113	33	3	3	4.4	Highly Available
C. Emergency and First Aid Management							

The clinic offers medicines to the students.	243	74	22	8	4	4.5	Highly Available
The nurse bandages the wounds properly.	188	118	37	4	4	4.3	Highly Available
D. Referral							
The nurse informed the people involved about the condition of the patient.	186	121	36	5	3	4.3	Highly Available
The nurse suggests immediate action to send the patient to the nearest medical facility.	195	120	25	5	6	4.4	Highly Available

Overall Mean= 4.3

Level of Student Satisfaction with the Clinic Services

With average scores between 4.3 and 4.5 over all categories, students seem mostly very happy with the school clinic services. Most statements belong under the 'Highly Available (Strength)' and 'Highly Satisfied (Strength)' categories, hence pointing to a favorable general impression of the clinic's performance.

Specific Observations:

- **High Satisfaction in Several Aspects:** Students show great happiness with different facets of the clinic's services, including:
- **Information Provision:** Students feel they get thorough explanations of their diseases, medications, and treatments.
- **Empathy and Patient-Centered Care:** Students believe the clinic staff is empathetic and really cares about their well-being.
- **Technical competence:** Students see the clinic staff as

well-versed, capable, and meticulous in their treatment.

- **Access and Continuity:** Students love the continuity of treatment given by familiar personnel and find the clinic simple to access.
- **General Satisfaction:** Students say they are quite satisfied with the treatment they get at the clinic.

Areas for Potential Improvement:

Although general satisfaction is high, there are a few fields where small improvements could be taken into consideration.

- Although generally well-received, there is opportunity for improvement in particular aspects pertaining to clinic confinement processes as seen by marginally lower average scores for some statements in this section.

On average, students believe the school clinic services to be effective, accessible, and supportive and are quite happy with them. Keeping and improving the quality of treatment provided by the school clinic depend on ongoing assessment and initiatives for improvement.

Table 2

STUDENTS SATISFACTION WITH SCHOOL CLINIC SERVICES							
A. Giving Information							
I'm always given a clear explanation of why I am having tests done.	185	127	33	3	3	4.3	Highly Available

I am told everything I want to know about the given drug.	187	111	39	9	5	4.3	Highly Available
During my consultation, I am given little or no medical explanation about my condition.	175	104	52	17	3	4.2	Highly Available
The side effects of tablets are discussed in my consultation.	195	109	38	7	2	4.3	Highly Available
I am given good advice on how to cope with my medication.	210	112	21	6	2	4.4	Highly Available
I am told why I need to take drugs and vaccines. My questions are answered in words that I understand.	236	85	19	7	4	4.5	Highly Available
I am given all the information about my illness.	182	135	27	5	2	4.3	Highly Available
I am encouraged to ask questions about my medication.	183	128	27	6	7	4.3	Highly Available
Prescriptions for new tablets are given with an explanation.	188	123	30	5	5	4.3	Highly Available
I am usually told what the possible side effects of the tablets could be.	222	90	33	3	3	4.4	Highly Available
When I attend the clinic, I am told everything about when and how to take medicines.	198	123	22	4	4	4.4	Highly Available

B. Empathy with the Patient							
The person I see in the clinic takes an interest in my family.	187	102	81	8	3	4.5	Highly Available
Visiting the clinic is not a stressful occasion.	200	98	41	7	5	4.3	Highly Available
I find it easy to talk about things that concern me when I am in the clinic.	203	97	37	7	7	4.3	Highly Available

The person I see in the clinic has an interest in the effect My disease has on my family	174	122	47	4	4	4.3	Highly Available
The person I see in the clinic seems to know how it feels to have medical sickness.	175	127	38	5	6	4.3	Highly Available
The person I see in the clinic understands what it is like to suffer from a medical illness.	188	101	52	6	4	4.3	Highly Available
I am asked which treatments I would prefer.	180	120	39	5	7	4.3	Highly Available
My feelings about my treatment are taken into consideration.	198	117	28	4	4	4.4	Highly Available

C. Technical Quality and Competence							
I feel that I am in good hands when I come to the clinic.	199	114	30	3	5	4.4	Highly Available
The person I see in the clinic knows what he/she is talking about.	206	111	26	5	3	4.4	Highly Available
The person I see in the clinic always appears certain about what they are doing	186	124	33	5	3	4.3	Highly Available
The person I see in the clinic is as thorough as he/she should be.	205	111	27	2	6	4.4	Highly Available
I have full confidence in the person who is treating me.	205	107	31	4	4	4.4	Highly Available
Checked out when I came to the clinic.	201	110	29	8	3	4.4	Highly Available
The person I see in the clinic appears skillful at their job.	220	101	25	4	1	4.5	Highly Available

The person I see in the clinic always makes sense.	207	122	17	3	2	4.5	Highly Available
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D. Attitude towards the Patient							
The nurse listens to anything I tell her/him during my consultation.	204	115	27	2	3	4.4	Highly Available
No matter how long I have to wait in the clinic, it is worth it.	205	108	30	6	2	4.4	Highly Available
I am given as much time as I need for my consultation.	207	114	20	5	5	4.4	Highly Available
I feel that I am treated as a person rather than a disease.	200	115	28	5	3	4.4	Highly Available
The person I see in the clinic spends enough time with me.	204	115	27	2	3	4.4	Highly Available
I have not kept waiting for a long time in the waiting area.	178	128	39	3	3	4.3	Highly Available

E. Access and Continuity							
There is always one I have to get in touch with at the clinic if I have a problem.	188	115	35	6	7	4.3	Highly Available
It is easy to get an appointment if I need to come back to the clinic.	204	105	33	6	3	4.4	Highly Available
If I have a problem, it is very easy to get someone to speak to over the phone.	216	104	26	3	2	4.5	Highly Available

If I had a problem with my medication, I would find it easy to get advice over the phone.	211	110	21	6	3	4.4	Highly Available
I am encouraged to contact the person I see in the clinic if I have a problem with my condition	210	116	19	3	3	4.5	Highly Available
I see the same person when I come for my appointment.	207	118	15	7	4	4.4	Highly Available
I see the same person when I come for my appointment.	210	116	19	3	3	4.5	Highly Available
I see the same person nearly every time I come to the clinic.	214	98	31	4	4	4.4	Highly Available
It is quick to get an appointment if I need it quickly.	200	119	25	3	4	4.4	Highly Available

F. General Satisfaction							
There are only little and negligible things about my care in the clinic that could be improved.	171	131	40	6	3	4.3	Highly Available
I'm satisfied with the care I receive in the clinic. The care I receive in the clinic is perfect.	210	109	23	4	5	4.4	Highly Available

Overall Mean: 4.4

Correlation between the availability of the clinic services and the level of satisfaction of the students from the services of the clinic.

Since both the overall mean for Availability (4.3) and

the projected overall mean for Student Satisfaction (which will likely be high based on the individual statement means) fall respectively under the categories "Highly Available (Strength)" and "Highly Satisfied (Strength)", we can suppose a strong positive link between the two.

Table 3

Overall Mean Availability:	4.3
Mean Satisfaction:	
Giving Information:	4.3
Empathy with the Patient:	4.3
Technical Quality and Competence:	4.4
Attitude towards the Patient:	4.3
Access and Continuity	4.4
General Satisfaction:	4.3
Overall Mean Satisfaction:	4.4

Conclusion

This chapter presents the statistical analysis and interpretation of data gathered to evaluate the quality and accessibility of school clinic services at Bacolod City College.

Level of Availability: The study showed great student satisfaction with the availability of clinic services across all evaluated regions. The mean score across all services was 4.3, which falls within the 'Highly Available (Strength)' category. Particularly in locations such as monitoring and inspection, clinic confinement practices, emergency and first aid management, and referral services, students saw great degrees of availability.

Level of Student Satisfaction: The results reveal a great degree of student pleasure with different components of the school clinic services. Students were pleased with the simplicity of access to services, the empathy and compassion shown by clinic employees, the technical skill of medical professionals, and the clarity of information provided. Particularly in locations such as monitoring and inspection, clinic confinement practices, emergency and first aid management, and referral services, students saw great degrees of availability.

Areas for Potential Improvement:

While overall satisfaction levels are high, minor areas for improvement were identified, such as certain aspects of clinic confinement procedures.

Correlation between Availability and Satisfaction:

The study aimed to investigate the relationship between the availability of clinic services and student satisfaction. Although high amounts of both availability and happiness were thought to produce a strong positive correlation,

more investigation is needed to establish the real intensity and direction of this connection. All things considered, the study's that pupils find the school clinic service at Bacolod City College to be really successful, approachable, and encouraging. These results highlight how crucial it is to uphold and improve the standard of school health services in order to guarantee the ongoing well-being and academic success of students.

Recommendations for Health Development Program at Bacolod City College

According to the results of this assessment, students at Bacolod City College (BCC) view the current school clinic services as very available (mean = 4.3) and report high satisfaction (mean = 4.4) over several facets.

This favorable viewpoint forms a solid basis for future health growth projects and is a major benefit. Though the link analysis between availability and satisfaction still needs to be completely quantified, the consistently high scores suggest a likely positive relationship, wherein easily available services help to student contentment.

Building on these strong results, the following recommendations are made to use current advantages and carefully create an online clinic service access system, therefore improving BCC's health development initiative.

1. Leverage Existing Strengths in the Online System Design

Given the mostly favorable views of Monitoring and Inspection, Clinic Confinement, Emergency and First Aid Management, and Referral services, the online system should first emphasize integration and improvement of these much-appreciated features.

- **Information Administration:** Online system has

subsection for Health information based on what clinic claims to be good at simplifying illness, medications and safety This can consist of FAQs, health tip sheets to download and links to trustworthy health info.

- **On-line referral pathways:** Take advantage of the perception that current Emergency and First Aid Management and Referral are effective with step-by-step instructions for online system to formally upload emergency (e.g. transportation information) referral processes. This could involve telephone numbers to emergency services and several contact forms for referrals (including digital forms for non-emergencies) as well as locations of nearby health providers.

- **Clinic-Inhouse (Clinic Confinement Information):** Although well ranked this could continue to be high value to candidates by crystalizing clinic confinement procedures with expectable communication plan, confinement protocols and consequently issues you should be attaching documentation (including digital certificates request), post-capture care recommendations.

2. Strategic Enhancement of "Access and Continuity" through Online Features

Mean 4.4 (high satisfaction) for Access and Continuity (overall), reflecting students' preference of clinic reachability and ongoing care. This is going to be magnified even more in the online system.

- **Online Booking of Appointments:** A back-office management bundle for online clinic visits bridges the gap with future visits as students can book appointments (except emergencies) and that could potentially not only shorten the wait times but it may improve access convenience.

- **Digital Channels of CH:** Being that students respond well to over the phone consultations, our online system may introduce messaging or chat for non-emergency health queries, follow- ups and medication advice through continuity of care.

- **For better continuity of care and personal health management:** Create an online secure platform of health information for the students to view basic patient records without having to visit the clinic (such as vaccination history, clinic summary of visits etc., EAP legally with appropriate consent mechanism); This might even be connected to health forms as well for the benefit of quick access.

3. Maintain and Reinforce Positive Patient Experience Attributes

The high scores in Empathy with the Patient, Technical Quality and Competence, and Attitude towards the Patients of BCC's clinic service reflect a very high human element in these health care options. The online system can only enhance, not supplant these aspects.

- **Interactive Touchpoints:** Make sure the online system works to enhance, not kill-off the student-clinic staff relationship. (i.e., staff profiles for direct messaging nurses, etc. where possible or personalized post-internships feedback framed by online interactions.

- **Invoicing System:** embed an option to provide feedback anonymously using the same invoicing system, students give constant experience of clinic services including empathy and attitude. The never-ending loop helps in keeping the bar high and any minor deviations are immediately rectified.

- **Training of Staff and Digital Literacy:** High technical competency, but keep on training clinic staff in using the new online system properly. This will keep their implied ability to operate in a digital space and assure smooth blend of online/in-person service.

4. Monitor and Address Minor Improvement Areas

Despite the rather high praise ratings, note that "Confinement Procedures" as a touch area for possible small improvements should be meant for targeted online enhancement within the walls.

- **Confinement information [online]:** The online system can elaborate meticulously and also make accurate, conveyable confinement policies and also standards for sudden relaxation, confinement diploma standards. That would potentially clarify any pedantic gray areas that students are unclear on.

- **Continuous support (Idea):** Introduce functionalities to allow clinic staff to follow-up with students after confinement, given through either automated reminders or secure messaging in the online system and thus improving continuity.

5. Utilize Correlation Analysis to Drive Future System Development

When the correlation analysis of availability and satisfaction is done in a formal manner, that finding will be crucial.

- If a significant positive correlation is validated, then orthogonally to this output will be a strong argument to leverage upon the development of system features that are embedded within the online interface and directly enhance perceived availability (e.g., service directories becoming more precise, hours of operation available online, virtual meetings etc.) as Availability-boosting features.

- Deal with the other satisfaction drivers: If [the correlation] is not so high, it may indicate that other things (the human aspect of empathy and attitude, for instance choice) matter almost as much to satisfaction as availability. Unless this is the case — when, in such an example, interaction design

merely routes or magnifies these interactions of the human among themselves (e.g. through secured chat features, or more open channels for direct clinic/staff calls).

Through these implementation recommendations, BCC can skillfully leverage its already- existing competencies in organizing for minor-known vulnerabilities and to effectively create an online clinic service access system that will truly improve student health, development, knowledge and commitment to life-long engagement (with high quality and availability at the college-wide level).

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