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From Dapitan to Contemporary Practice: A Rizal Inspired Framework for Community Health Nursing

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ABSTRACT

This study examined the public health practices of José Rizal during his exile in Dapitan and analyzed their relevance to contemporary community health nursing. Specifically, it aimed to identify the health problems encountered in Dapitan, describe Rizal's public health interventions, examine how these practices reflect principles of community based care, and develop a practice framework that can guide modern community health nursing.

A qualitative historical research design was employed using documentary analysis of primary and secondary sources, including Rizal's writings and established historical accounts. Data were analyzed using thematic analysis and interpreted through the lenses of Primary Health Care principles and community health nursing concepts.

Five major themes emerged: environmental and social determinants of health, integration of curative and preventive care, health education as empowerment, community participation, and ethical commitment to equity in healthcare access. These themes revealed that Rizal's health practices were holistic, preventive, participatory, and socially responsive. Through synthesis of these themes, the Rizal Inspired Community Health Nursing Practice Framework was developed. The framework presents a cyclical, community focused model consisting of community diagnosis, integrated care delivery, health education and empowerment, community participation, and ethical, equity focused care, guided by the Primary Health Care principles of prevention, participation, and equity.

The study concludes that Rizal's public health practices extend beyond historical significance and represent an early model of community health nursing. By translating these practices into a culturally grounded and practice oriented framework, the study bridges historical insight and contemporary application, offering guidance for community health nursing practice, education, and future research.

INTRODUCTION

José Rizal is widely recognized for his pivotal role in Philippine nationalism, literature, and social reform. Through *Noli Me Tangere* and *El Filibusterismo*, he exposed the social injustices of Spanish colonial rule and fostered Filipino national consciousness (Guerrero, 1963; Zaide & Zaide, 2008). While his political and literary contributions have been extensively examined, Rizal's work as a physician and his engagements in public health during his exile in Dapitan from 1892 to 1896 remain comparatively underexplored.

During this period, Rizal practiced medicine while implementing community-oriented initiatives addressing health, sanitation, and social welfare. Historical accounts describe his treatment of various illnesses, performance of surgical procedures, and involvement in environmental and infrastructural improvements such as sanitation measures, water system development, and informal health education (Craig, 1913; Ocampo, 2011). These activities suggest that Rizal's medical practice extended beyond curative care toward a holistic, community-focused approach to health.

Rizal's practices align closely with modern public health concepts that recognize the influence of environmental, social, and behavioral determinants of health. Blum's Health Field Model highlights the interaction of lifestyle, environment, biological factors, and healthcare systems

in shaping health outcomes (Blum, 1974). Similarly, the Primary Health Care (PHC) framework articulated in the Declaration of Alma-Ata emphasizes accessibility, prevention, health promotion, and community participation (World Health Organization, 1978). Notably, these principles are reflected in Rizal's documented activities in Dapitan, suggesting that his work anticipated essential elements of contemporary public health.

In community health nursing, these principles are operationalized through population-based care, preventive interventions, health education, and active community engagement. Nurses are expected to function not only as clinicians but also as educators, advocates, and facilitators of collective action. Rizal's emphasis on sanitation, education, and community involvement mirrors these professional roles, indicating strong conceptual parallels between his approach and modern community health nursing practice.

Despite acknowledgment of Rizal's medical and community work in historical literature (Guerrero, 1963; Schumacher, 1997; Ocampo, 2011), these contributions are largely described rather than systematically analyzed using contemporary public health and nursing frameworks. Few studies have attempted to synthesize his practices into a structured, practice-oriented model applicable to present-day community health nursing. Addressing this gap is particularly relevant in the

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Philippine context, where culturally grounded and community-centered approaches are essential to effective healthcare delivery. This study examines Rizal's public health practices during his exile in Dapitan through the lenses of Primary Health Care and community health nursing to translate their historical significance into contemporary practice. Specifically, it seeks to identify the health problems Rizal addressed, analyze the public health strategies he employed, examine their alignment with community-based care principles, and explore how these practices can inform modern community health nursing interventions.

LITERATURE REVIEW

Rizal's Medical Practice and Public Health Contributions Existing literature on José Rizal has largely emphasized his role as a nationalist, writer, and reformist. However, several historical accounts also document his work as a physician and community leader during his exile in Dapitan. According to Craig (1913), Rizal actively practiced medicine, treating a wide range of patients, particularly those suffering from ophthalmologic and infectious conditions. His clinical practice was not limited to curative care, as he also engaged in initiatives that addressed environmental and social determinants of health.

Guerrero (1963) further describes Rizal's approach as deeply humanitarian, noting that he often treated patients regardless of their ability to pay. This reflects an ethical commitment to equity in healthcare, a principle that remains central in modern health systems. Similarly, Ocampo (2011) highlights Rizal's multifaceted role in Dapitan, where he functioned not only as a physician but also as an educator, engineer, and community organizer. His involvement in the construction of a water system and promotion of sanitation practices demonstrates an early application of public health principles.

Schumacher (1997) situates Rizal's actions within the broader intellectual climate of the Propaganda Movement, emphasizing his exposure to European scientific and medical ideas. This background likely influenced his holistic understanding of health, which extended beyond individual treatment to include environmental and societal factors. These historical accounts collectively suggest that Rizal's medical work embodied principles that resonate with contemporary public health and community health nursing.

Public Health Frameworks and Social Determinants of Health

Modern public health literature emphasizes that health outcomes are shaped by a complex interaction of biological, environmental, social, and behavioral factors. Blum's Health Field Model (1974) identifies four major determinants of health: environment, lifestyle, heredity, and healthcare organization. Among these, environmental and lifestyle factors are often highlighted as key contributors to preventable diseases.

This perspective is reinforced by the Primary Health Care (PHC) framework established by the World Health Organization (1978), which advocates for accessible, community-based, and preventive healthcare. The Alma-Ata Declaration emphasizes essential elements such as health education, proper sanitation, safe water supply, maternal and child health, and community participation. These components are considered fundamental in achieving equitable health outcomes.

Recent studies in public health continue to support these principles. For instance, community-based interventions focusing on sanitation, health education, and preventive care have been shown to significantly reduce the burden of communicable diseases, particularly in low-resource settings. These findings highlight the enduring relevance of PHC principles and provide a useful lens for analyzing historical practices such as those of Rizal.

Community Health Nursing and Preventive Care

Community health nursing is grounded in the application of public health principles to nursing practice, with a strong emphasis on prevention, health promotion, and population-based care. According to standard nursing frameworks, community health nurses are expected to perform roles that include educator, advocate, collaborator, and community organizer.

Health education is a central component of community health nursing. Studies have consistently shown that increasing health literacy leads to improved health behaviors and outcomes. Nurses play a critical role in empowering individuals and communities by providing knowledge and facilitating behavior change. This aligns with Rizal's documented efforts to educate residents of Dapitan on hygiene and disease prevention (Ocampo, 2011).

Preventive care is another key aspect of community health nursing. Rather than focusing solely on treatment, nurses aim to reduce the incidence of disease through early intervention and risk reduction strategies. Rizal's integration of sanitation improvements and lifestyle guidance into his medical practice reflects this preventive orientation.

Community Participation and Empowerment

Community participation is widely recognized as a cornerstone of effective and sustainable health interventions. The World Health Organization (1978) emphasizes that communities should be actively involved in the planning, implementation, and evaluation of health programs. This participatory approach fosters a sense of ownership and increases the likelihood of long-term success.

In nursing practice, community engagement is essential for identifying local health needs and developing culturally appropriate interventions. Research shows that programs that involve community members in decision-making processes are more effective in improving health outcomes.

Historical accounts of Rizal's work in Dapitan reveal that he actively encouraged community involvement in projects such as infrastructure development. Zaide and Zaide (2008) note that Rizal's initiatives were not imposed on the community but were carried out with their cooperation. This reflects an early understanding of participatory health development, which remains a key principle in modern community health nursing.

Health Equity and Ethical Practice

Health equity is a fundamental goal of contemporary healthcare systems. It involves ensuring that all individuals have access to necessary health services regardless of socioeconomic status. Ethical principles such as justice, beneficence, and respect for persons guide healthcare professionals in achieving this goal.

Rizal's practice of treating patients without regard to their financial capacity demonstrates a strong commitment to equity (Guerrero, 1963). His actions align with modern ethical standards in nursing, which emphasize the responsibility to care for vulnerable and underserved populations.

Current literature highlights persistent health disparities, particularly in low- and middle-income countries. Addressing these disparities requires not only clinical interventions but also systemic efforts to improve access, education, and social conditions. Rizal's work provides a historical example of how healthcare providers can advocate for and implement equitable practices at the community level.

MATERIALS AND METHODS

Research Design

This study employed a qualitative historical research design with an applied interpretive orientation. Historical research was appropriate as the study sought to examine and interpret the public health practices of José Rizal during his exile in Dapitan from 1892 to 1896. Rather than measuring variables or outcomes quantitatively, the study focused on understanding meanings, patterns, and implications embedded in historical texts related to Rizal's medical and community health activities.

The interpretive orientation of the design allowed the researcher to move beyond descriptive historical narration and examine how Rizal's documented practices may be understood within the context of contemporary community health nursing and Primary Health Care principles. This approach also supported the synthesis of historical findings into a practice oriented framework that could guide modern community health nursing.

Data Sources

The study utilized both primary and secondary historical sources. Primary sources included Rizal's letters, writings, and documented correspondences that provided direct insight into his medical practice, observations on community conditions, and engagement in health related activities during his exile in Dapitan. These materials were

essential in understanding Rizal's firsthand experiences and perspectives on health and illness.

Secondary sources consisted of scholarly biographies and historical analyses authored by recognized Rizal scholars, including Craig (1913), Guerrero (1963), Schumacher (1997), Ocampo (2011), and Zaide and Zaide (2008). These sources were selected to ensure historical accuracy, contextual depth, and triangulation of interpretations. The combined use of primary and secondary data strengthened the credibility of the analysis and supported the systematic interpretation of Rizal's public health practices.

Data Collection Procedure

Data collection involved systematic documentary review of historical texts related to Rizal's medical practice, community engagement, and public health related initiatives in Dapitan. Documents were read multiple times to ensure familiarity and to capture both explicit descriptions and implicit meanings relevant to healthcare delivery, disease prevention, sanitation, education, and community participation.

Relevant excerpts were identified, extracted, and organized thematically. Attention was given to actions, practices, and values related to community health rather than biographical details alone. This process allowed the researcher to identify recurring patterns that could be meaningfully interpreted within modern community health nursing contexts.

Data Analysis

Data were analyzed using thematic analysis guided by a qualitative interpretive approach. Initial coding involved identifying meaningful units of text that reflected health related interventions, beliefs, and community practices. These codes were compared, refined, and grouped into broader categories based on similarity of meaning.

Through iterative analysis, five major themes emerged: environmental and social determinants of health, integration of curative and preventive care, health education as empowerment, community participation, and ethical commitment to equity in healthcare access. These themes were subsequently interpreted through the Primary Health Care framework of the World Health Organization and established concepts in community health nursing.

Following thematic interpretation, the identified themes were synthesized into the Rizal Inspired Community Health Nursing Practice Framework. This synthesis involved organizing the themes into interconnected components that reflect the cyclical and dynamic nature of community health nursing practice. The framework thus represents an analytical integration of historical evidence rather than an extrapolation beyond the data.

Trustworthiness of the Study

To ensure rigor and trustworthiness, the study adhered to established criteria for qualitative research. Credibility

was strengthened through triangulation of multiple historical sources and consistent thematic patterns across texts. Dependability was maintained by systematically documenting the analytical process, including coding decisions and theme development. Confirmability was ensured by grounding interpretations in documented historical evidence rather than researcher assumptions. Transferability was supported through detailed description of Rizal's practices, enabling readers to assess their applicability to contemporary community health nursing contexts.

Ethical Considerations

Although the study did not involve human participants, ethical standards in historical research were observed. All sources were properly cited to acknowledge original authorship and avoid plagiarism. Interpretations were conducted with respect for historical accuracy and contextual integrity, ensuring that Rizal's actions were presented faithfully and without distortion. Care was taken to avoid speculative claims not supported by documentary evidence.

RESULTS AND DISCUSSION

This study analyzed documentary and historical sources related to the medical and community health work of José Rizal during his exile in Dapitan from 1892 to 1896. The analysis revealed that Rizal's public health activities constituted a coherent and integrated approach to community-based healthcare rather than isolated acts of medical service. Through thematic analysis, five major themes emerged that describe the nature of the health problems encountered, the strategies Rizal employed, and their relevance to contemporary community health nursing practice. These themes further served as the foundation for the development of the Rizal-Inspired Community Health Nursing Practice Framework (R-CHNPF), which addresses the fifth research question of this study.

Theme 1: Illness as a Reflection of Environmental and Social Conditions

Findings indicate that the health problems encountered by Rizal in Dapitan were predominantly preventable and closely linked to environmental and social conditions. Historical accounts document the presence of eye diseases, infections, and other illnesses associated with poor sanitation, unsafe water sources, and limited health knowledge. Rizal's writings and reported observations demonstrate that he interpreted illness not merely as an individual condition but as a reflection of broader environmental and social determinants.

This perspective reveals an early form of community diagnosis, wherein health problems were understood within the context of living conditions and collective behaviors. Such an approach parallels contemporary community health nursing practices that emphasize population-based assessment and the identification of

environmental risk factors at the community level.

Theme 2: Integration of Curative and Preventive Care

The second theme highlights Rizal's holistic approach to healthcare delivery. Rather than separating treatment from prevention, Rizal consistently integrated curative medical care with preventive and environmental interventions. He treated illnesses while simultaneously promoting sanitation improvements, healthy habits, and disease prevention strategies.

This integration demonstrates an understanding of health as a continuum requiring both immediate intervention and long-term preventive measures. From a modern perspective, this theme aligns with the core functions of community health nursing, where clinical care is complemented by health promotion and disease prevention to achieve sustainable health outcomes.

Theme 3: Health Education as Empowerment

Health education emerged as a central component of Rizal's public health practice. Historical accounts show that Rizal actively engaged patients and community members in discussions about hygiene, cleanliness, and healthy living. Education was not delivered as a one-time activity but as an ongoing process aimed at empowering individuals to take responsibility for their own health.

This finding underscores the role of education as both a preventive measure and an empowerment strategy. In contemporary community health nursing, this reflects the nurse's role as an educator who promotes health literacy and facilitates informed decision-making at the individual and community levels.

Theme 4: Community Participation as a Foundation for Sustainable Health

Another major theme identified was Rizal's emphasis on community participation. Health-related initiatives in Dapitan, such as the development of a local water system, were implemented through collective effort rather than individual action. Rizal engaged community members in planning and execution, fostering a sense of ownership and shared responsibility.

This participatory approach demonstrates an understanding that sustainable health improvements depend on community involvement. It is consistent with current Primary Health Care principles and community health nursing practices that prioritize community engagement and partnership in program planning and implementation.

Theme 5: Ethical Commitment to Equity in Healthcare Access

The final theme highlights Rizal's ethical commitment to providing care regardless of patients' socioeconomic status. Historical records consistently indicate that he treated individuals who were unable to pay, guided by compassion and social responsibility rather than financial

considerations.

This ethical stance reflects a strong commitment to equity and justice in healthcare. In modern community health nursing, such values remain central, particularly in advocating for underserved and marginalized populations.

Synthesis of Findings and Development of the Practice Framework

The five themes were synthesized into the Rizal-Inspired

Community Health Nursing Practice Framework (R-CHNPF). The framework (Figure 1) organizes Rizal's public health practices into five interconnected components: community diagnosis, integrated curative and preventive care, health education and empowerment, community participation, and ethical equity-focused practice.

The findings demonstrate that the framework functions as a cyclical guide rather than a linear process, reflecting

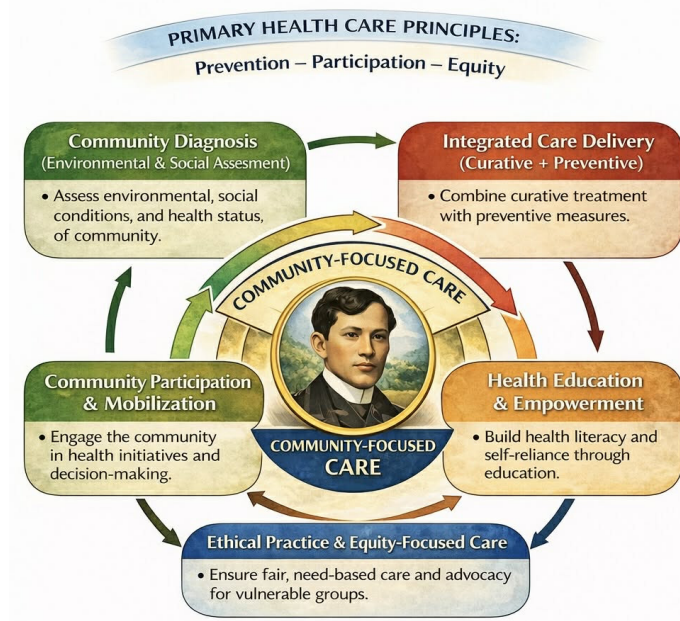


Figure 1: Rizal Inspired Community Health Nursing Practice Framework

the ongoing and dynamic nature of community health nursing. By structuring historical practices into a coherent model, the framework provides a practical guide for contemporary nurses, translating Rizal's approach into actionable strategies for modern community health settings.

Discussion

The findings of this study demonstrate that José Rizal's public health practices during his exile in Dapitan reflect enduring principles of community based care that remain relevant to contemporary community health nursing. Historical accounts consistently indicate that the health problems prevalent in Dapitan were largely preventable and closely linked to environmental and social conditions, including poor sanitation, unsafe water sources, and limited health knowledge (Craig, 1913; Guerrero, 1963). These conditions mirror what are now recognized as social determinants of health, reinforcing the importance of addressing population level risks rather than focusing solely on individual illness.

Rizal's response to these health conditions was characterized by a holistic orientation to care. He combined clinical treatment with sanitation initiatives, health education, and community development activities, reflecting an integrative approach to health care delivery

(Schumacher, 1997; Ocampo, 2011). Such integration aligns with contemporary community health nursing practice, wherein nurses are expected to address immediate health needs while promoting prevention and long term well being. This holistic approach highlights the continuity between Rizal's practices and modern concepts of comprehensive, community focused nursing care.

The study further demonstrates that Rizal's practices embodied key principles of community based care, including prevention, community participation, and equity. His emphasis on health education as a preventive strategy underscores the role of knowledge in sustaining health outcomes, consistent with modern health promotion models. Moreover, his engagement of community members in collective initiatives illustrates participatory approaches that are central to Primary Health Care, formally articulated in the Declaration of Alma Ata (World Health Organization [WHO], 1978). These findings suggest that Rizal intuitively applied principles that later became foundational to global public health and community nursing practice.

Translating these historically grounded practices into contemporary nursing contexts underscores their continued applicability. Rizal's emphasis on community diagnosis, preventive care, health education, and advocacy

for underserved populations offers culturally relevant guidance for present day community health nurses, particularly in resource limited settings. This translation bridges historical analysis and modern practice, demonstrating that historically informed approaches can strengthen contemporary responses to persistent public health challenges. The continued relevance of these practices is further supported by national health policy, as the Philippine Universal Health Care Act (Republic Act No. 11223) emphasizes primary care, health promotion, community participation, and equitable access to services, principles that are strongly reflected in the Rizal Inspired Community Health Nursing Practice Framework (Republic of the Philippines, 2019)

A central contribution of this study is the development of the Rizal Inspired Community Health Nursing Practice Framework, which synthesizes the findings into a cyclical, community focused model. The framework integrates community diagnosis, integrated curative and preventive care, health education and empowerment, community participation, and ethical, equity focused practice. Its cyclical structure reflects the dynamic nature of community health nursing, wherein assessment, intervention, and evaluation continuously inform one another rather than proceeding linearly (Stanhope & Lancaster, 2020).

The framework is grounded on the assumption that health is shaped by environmental, social, and behavioral factors; that effective community health nursing requires the integration of curative, preventive, and promotive care; that education empowers individuals and communities; that community participation is essential for sustainable health outcomes; and that ethical responsibility and equity are fundamental to nursing practice. These assumptions are consistent with contemporary community health nursing theory and Primary Health Care principles (WHO, 1978; Stanhope & Lancaster, 2020).

The findings affirm that Rizal's public health practices extend beyond historical significance and represent an early model of community health nursing. By organizing these practices into a structured and culturally grounded framework, the study contributes a practical guide for contemporary community health nursing practice, education, and future research, reinforcing the value of holistic, participatory, and equity oriented approaches to community health care.

CONCLUSIONS

This study examined the public health practices of José Rizal during his exile in Dapitan and demonstrated their enduring relevance to contemporary community health nursing. The findings reveal that the health problems encountered during this period were largely preventable and closely associated with environmental, social, and educational conditions. In response, Rizal implemented a holistic approach that integrated curative care, disease prevention, health education, community participation, and ethical service delivery.

Beyond identifying thematic parallels with modern community-based care, a central contribution of this study is the development of the Rizal-Inspired Community Health Nursing Practice Framework. Synthesized from historical evidence, the framework organizes Rizal's public health practices into a cyclical, community-focused model encompassing community diagnosis, integrated care delivery, health education and empowerment, community participation, and ethical, equity-focused care. Guided by the Primary Health Care principles of prevention, participation, and equity, the framework provides a structured and culturally grounded guide for contemporary community health nursing practice.

The framework illustrates that Rizal's work was not merely of historical significance but represents an early model of community health nursing that remains applicable in addressing current public health challenges. By translating historically grounded practices into a coherent practice framework, the study bridges historical inquiry and modern nursing application, contributing to community health nursing practice, education, and policy. Ultimately, the Rizal-Inspired Community Health Nursing Practice Framework affirms the continuing value of culturally rooted, holistic, and equity-oriented approaches to community health care.

Recommendations

In light of the findings and the development of the Rizal Inspired Community Health Nursing Practice Framework, the following recommendations are proposed to strengthen the application of historically grounded and community centered approaches in contemporary health care.

Community health nurses and primary care practitioners are encouraged to utilize the Rizal Inspired Community Health Nursing Practice Framework as a guide for community based practice. The framework may be applied in conducting community diagnosis, integrating curative and preventive care, delivering health education, mobilizing community participation, and ensuring ethical and equity focused service delivery. Its cyclical structure supports continuous assessment and intervention, making it suitable for dynamic community health settings. Nursing education institutions may incorporate the framework into community health nursing curricula. Integrating Rizal's public health practices through this structured model can provide students with a culturally grounded understanding of Primary Health Care principles, reinforce holistic and participatory approaches, and strengthen appreciation for ethical and equity oriented nursing practice. The framework may be used as a teaching tool in community immersion programs, case analyses, and practice simulations.

Healthcare administrators and policymakers may consider the framework when designing or strengthening community based health programs. Its alignment with Primary Health Care principles of prevention, participation, and equity makes it particularly relevant

in primary care and universal health care initiatives. Adopting the framework can support the development of programs that are responsive to local health needs while promoting sustainability and community ownership. Future research is recommended to further examine the application of the Rizal Inspired Community Health Nursing Practice Framework in contemporary settings. Empirical studies, action research, or pilot implementations may be conducted to assess its effectiveness in improving community health outcomes, enhancing community participation, and supporting ethical nursing practice. Comparative studies may also explore how historically grounded frameworks contribute to culturally relevant health care delivery. Collectively, these recommendations aim to ensure that the framework serves not only as a conceptual contribution but as a practical and educational guide that strengthens contemporary community health nursing practice.

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