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Validation of the Rizal-Inspired Community Health Nursing Practice Framework: A Three-Round Delphi Study

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ABSTRACT

This study evaluated the content validity and expert consensus of the Rizal-Inspired Community Health Nursing Practice Framework through a three-round Delphi process. A purposive panel of 25 experts representing community and public health nursing, primary health care, nursing education and research, health policy and administration, and Philippine history and Rizal studies participated between January and March 2026. The questionnaire assessed 20 framework items across five domains: Community Diagnosis; Integrated Preventive and Curative Care; Health Education and Empowerment; Community Participation; and Ethical, Equity-Focused Care. Experts rated relevance, clarity, comprehensiveness, and applicability and provided narrative feedback. Item-level content validity indices (I-CVIs) were calculated using relevance ratings of 3 or 4. Twenty-three experts completed the final round. All 20 items met the predetermined I-CVI threshold of 0.78. Domain-level content validity indices ranged from 0.83 to 0.92, and the scale-level content validity index, calculated using the averaging method, was 0.884. Kendall's coefficient of concordance indicated substantial agreement among final-round experts ($W = 0.78$, $p < .01$). Across the first two rounds, 26 revisions were made in response to expert feedback; no further revisions were recommended after Round 3. The findings support the framework's content validity and expert acceptability. Further field testing is needed to assess its usability and effects in contemporary community health nursing practice.

INTRODUCTION

Community health nursing requires approaches that respond to population needs while integrating prevention, health promotion, treatment, community participation, and equitable access to care. In the Philippines, these priorities are reflected in primary health care and universal health care policies, which emphasize accessible, people-centered services and stronger community-level systems (Republic of the Philippines, 2019; World Health Organization [WHO] & UNICEF, 2020). Yet practice frameworks are most useful when they are both conceptually coherent and responsive to local history, values, and community realities.

José Rizal's medical and community activities during his exile in Dapitan from 1892 to 1896 provide a historically grounded perspective on community-oriented care. Accounts of his work describe clinical treatment alongside sanitation initiatives, practical education, and community development (Craig, 1913; Guerrero, 1963; Ocampo, 2011). These practices reflect themes relevant to contemporary community health nursing, including attention to environmental and social determinants, preventive and curative care, education, participation, and ethical service.

A prior historical analysis synthesized these themes into the Rizal-Inspired Community Health Nursing Practice Framework, comprising five interconnected domains: Community Diagnosis; Integrated Preventive and Curative Care; Health Education and Empowerment; Community Participation; and Ethical, Equity-Focused Care (Lucero & Dela Cruz, 2026). Before a proposed framework is recommended for broader educational or practice use, its content should be reviewed systematically by experts. The Delphi technique provides a structured means of obtaining and refining expert judgments across successive rounds, with reporting guided by established methodological recommendations (Diamond *et al.*, 2014; Jünger *et al.*, 2017).

This study aimed to establish the content validity and level of expert agreement for the Rizal-Inspired Community Health Nursing Practice Framework through a three-round Delphi process. Specifically, it sought to assess the relevance of framework items, quantify content validity at item and domain levels, examine agreement among experts, and refine the framework based on their recommendations.

LITERATURE REVIEW

Community-Oriented Primary Health Care

Primary health care places people and communities at the center of health systems and links health promotion, disease prevention, treatment, rehabilitation, and participation. The WHO and UNICEF operational framework emphasizes integrated services, empowered people and communities, and multisectoral action (WHO & UNICEF, 2020). The Philippine Universal Health Care Act likewise provides a policy basis for integrated and accessible health services (Republic of the Philippines,

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2019). These principles align with a community health nursing framework that connects assessment, service delivery, education, participation, and equity rather than treating them as isolated activities.

Historical Foundations of the Rizal-Inspired Framework

Historical accounts of Rizal's work in Dapitan describe medical practice alongside community initiatives and education. These activities can be examined through contemporary public health concepts without assuming that a nineteenth-century physician used modern nursing terminology. The framework therefore translates historically documented practices into present-day conceptual domains; it is a practice-oriented interpretation, not a claim that Rizal developed a modern nursing model himself (Craig, 1913; Guerrero, 1963; Ocampo, 2011). The earlier synthesis by Lucero and Dela Cruz (2026) proposed five domains that organize these connections for contemporary community health nursing.

Delphi Consensus and Content Validity

The Delphi technique uses structured, iterative consultation with a panel of knowledgeable participants. Repeated rounds let participants reconsider judgments after reviewing summarized feedback, while predefined criteria clarify when consensus is reached (Diamond *et al.*, 2014; Jünger *et al.*, 2017). Content validity assessment can quantify expert judgments about item relevance. The item-level content validity index (I-CVI) is commonly calculated as the proportion of experts rating an item as relevant, with ratings of 3 or 4 on a four-point relevance scale treated as favorable. Polit and colleagues discuss the interpretation and appropriate reporting of content validity indices and recommend considering item- and scale-level evidence together (Polit & Beck, 2006; Polit *et al.*, 2007). In the present study, Delphi consensus and content validity indices were used as complementary indicators of framework refinement and content adequacy.

MATERIALS AND METHODS

Design and Study Period

A three-round Delphi study was conducted from January to March 2026 to evaluate and refine the content of the Rizal-Inspired Community Health Nursing Practice Framework. The iterative design enabled experts to assess the framework, provide written feedback, and review revisions across successive rounds.

Expert Panel and Recruitment

A purposive panel of 25 experts was initially recruited based on professional knowledge or experience relevant to the framework. The panel comprised 10 experts in Community/Public Health Nursing, four in Public Health/Primary Health Care, four in Nursing Education/Research, three in Health Policy/Administration, and four in Philippine History/Rizal Studies. Five experts reported 5–10 years of experience, seven reported 11–15 years, six reported 16–20 years, and seven reported more than 20 years. Participation declined to 24 in Round 2 and 23 in Round 3.

Instrument

The questionnaire had two sections. Section I contained five items on participant profile. Section II contained 20 framework items, with four items assigned to each of the five domains, and five open-ended questions inviting narrative comments. Experts assessed items for relevance, clarity, comprehensiveness, and applicability. Relevance was rated on a four-point scale: 1 = not relevant, 2 = somewhat relevant, 3 = quite relevant, and 4 = highly relevant. The instrument was reviewed by three reviewers and pilot-tested with five participants; four revisions were made after pilot testing.

Delphi Procedure

In Round 1, experts rated the framework items and supplied narrative recommendations. The research team reviewed the ratings and comments, identified areas requiring clarification or conceptual refinement, and revised the framework before the next round. In Round 2, experts assessed the revised version and identified remaining concerns. A second set of revisions was incorporated for Round 3, which assessed the refined framework and whether additional changes were needed. Consensus was defined a priori as at least 80% favorable ratings, where favorable ratings were 3 or 4. Participation was voluntary, and completed questionnaires were treated as evidence of informed consent after participants received study information.

Data Analysis

Quantitative data were analyzed using IBM SPSS Statistics Version 29. Descriptive statistics summarized panel characteristics and response completion. Item-Level Content Validity Indices (I-CVIs) were calculated as the proportion of experts assigning relevance ratings of 3 or 4 to each item. Domain-level CVIs were calculated as the average of the four I-CVIs within each domain. The Scale-Level Content Validity Index using the averaging method (S-CVI/Ave) was calculated as the mean of the five domain-level CVIs. Calculations used unrounded item-level values before rounding the reported domain results. An I-CVI of at least 0.78 was used as the reference criterion for acceptable item content validity. Clarity, comprehensiveness, and applicability were also assessed but were not used to calculate I-CVIs.

Kendall's coefficient of concordance was calculated from complete Round 3 responses from the 23 experts. Tied ranks were retained and handled using the software's standard correction. Statistical significance was assessed at $\alpha = .05$, with 95% confidence as the reporting standard. Narrative comments were organized and coded to identify recurring recommendations and guide item revisions; theme counts represent the number of experts whose comments mentioned each theme.

Ethical Considerations

The study involved expert evaluation of a conceptual nursing framework and did not involve patients, clinical interventions, or access to identifiable health information. Institutional documentation supporting exemption from formal ethics review has been retained by the researchers and is available upon request. Prospective participants received an information sheet explaining the study objectives, procedures, confidentiality safeguards, voluntary nature of participation, and right to withdraw without penalty. Submission of completed Delphi questionnaires was accepted as evidence of informed consent.

RESULTS AND DISCUSSION

Panel Participation and Characteristics

The initial panel comprised 25 experts. Twenty-four completed Round 2, corresponding to 96% retention, and 23 completed Round 3, corresponding to 92% retention from the initial panel. One participant was lost between each successive round. The panel represented nursing practice, primary health care, education and research, health policy and administration, and Philippine history and Rizal studies. The range of professional backgrounds supported review of the framework's clinical, educational, policy, community, and historical dimensions.

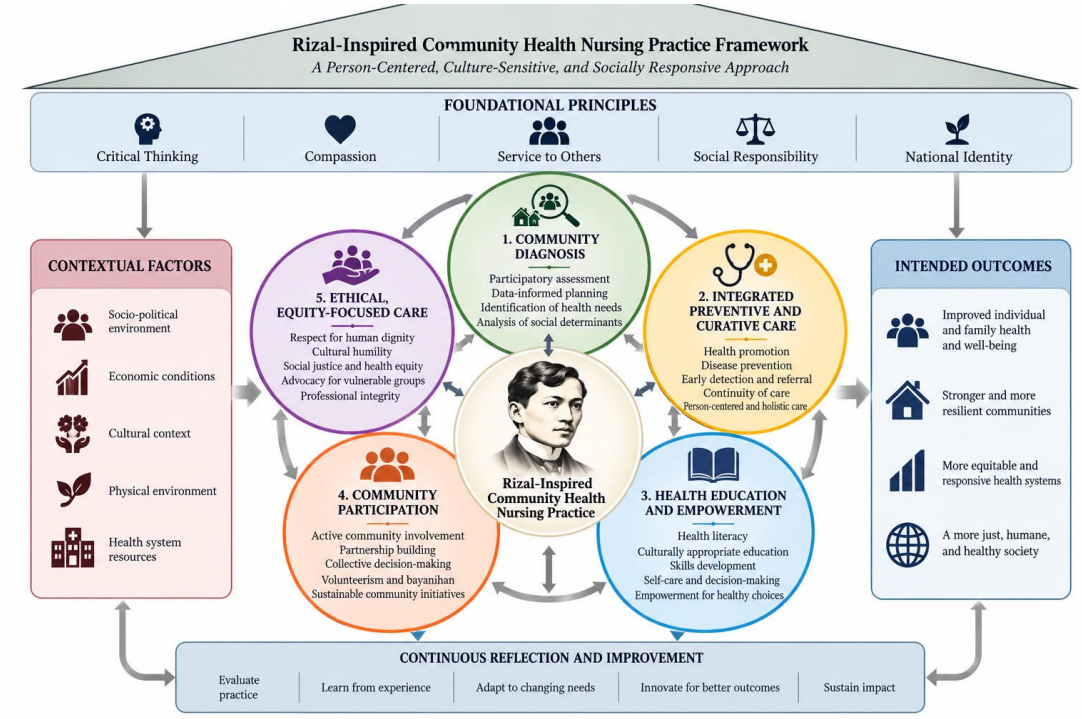


Figure 1: Rizal-inspired Community Health Nursing Practice Framework validated through a three-round Delphi study

Content Validity of the Framework

All 20 framework items met the predetermined I-CVI threshold of 0.78, with item-level values ranging from 0.80 to 1.00. Domain-level CVIs ranged from 0.83 to 0.92. The S-CVI/Ave was 0.884, indicating acceptable overall content validity based on the study's prespecified approach. Table 1 presents the domain-level values.

Table 1: Domain-level content validity indices of the framework

Framework domain	Domain-level CVI	Interpretation against 0.78 criterion
Community Diagnosis	0.83	Meets criterion
Integrated Preventive and Curative Care	0.88	Meets criterion
Health Education and Empowerment	0.92	Meets criterion
Community Participation	0.90	Meets criterion
Ethical, Equity-Focused Care	0.89	Meets criterion
S-CVI/Ave	0.884	Acceptable scale-level value

Note. Domain-level CVIs were calculated as the average of the four unrounded I-CVIs within each domain. The S-CVI/Ave was calculated as the mean of the five domain-level CVIs.

Agreement and Iterative Refinement

Kendall's coefficient of concordance for the 23 experts who completed Round 3 was W = 0.78 ($p < .01$), indicating substantial agreement in the final-round assessments. The result supports convergence of expert judgments after iterative review. The Delphi process also produced concrete revisions: 17 changes followed Round 1 and nine followed Round 2, for a total of 26 revisions. Eight were major conceptual revisions and 18 involved wording or clarity. All five framework domains were modified during refinement; no additional revisions were recommended after Round 3, and all 23 final-round respondents recommended retaining the framework.

Qualitative Recommendations

Narrative feedback most frequently addressed sustainability and equity, mentioned by 19 experts (76% of the initial panel); relationships among domains, mentioned by 18 (72%); community partnerships, mentioned by 17 (68%); and interprofessional collaboration, mentioned by 15 (60%). Recommendations after Round 1 included clarifying domain definitions, explaining relationships among domains, strengthening interprofessional collaboration and community partnerships, and adding examples related to sustainability and equity. Round 2 comments focused on integration among components, stakeholder participation, implementation guidance, and terminology. These recommendations indicate that expert validation concerned not only item-level relevance but also the framework's coherence and practical interpretation.

Interpretation and Implications

The results provide evidence of content validity and expert acceptability for a framework that translates historically grounded practices into five contemporary domains of community health nursing. The CVI results indicate that the items were considered relevant by the panel, while the final-round concordance statistic suggests substantial agreement among experts. These indicators are complementary: CVIs summarize relevance judgments, whereas Kendall's W describes the degree of concordance in the ranked assessments. Neither measure alone demonstrates that the framework improves patient or population outcomes.

The framework's domains are consistent with primary health care priorities, including community assessment, integrated preventive and curative services, health education, participation, and equity (Republic of the Philippines, 2019; WHO & UNICEF, 2020). Its Rizal-inspired orientation may offer a culturally situated resource for teaching and practice in Philippine nursing. The findings should nevertheless be interpreted within the limits of expert-based validation. The panel was purposively selected, two participants did not complete all rounds, and the study did not test the framework with practicing nurses or communities. Future research should examine usability, implementation feasibility, and outcomes in varied community settings before claims about effectiveness are made.

CONCLUSION

The three-round Delphi study established content-validity evidence and substantial expert agreement for the Rizal-Inspired Community Health Nursing Practice Framework. All 20 items met the prespecified I-CVI threshold, the S-CVI/Ave was 0.884, and final-round agreement was substantial (Kendall's W = 0.78, $p < .01$). Expert feedback informed 26 revisions across the five domains, and no additional changes were recommended after the final round. The framework offers a historically grounded and culturally relevant structure for community health nursing education and practice, particularly for organizing community diagnosis, integrated care, health education, participation, and ethically and equity-focused care. Because the study assessed expert judgment rather than field performance, further usability testing and empirical evaluation in real community health settings are recommended.

REFERENCES

Craig, A. C. (1913). *Lineage, life and labors of José Rizal*. Philippine Education Company.

Diamond, I. R., Grant, R. C., Feldman, B. M., Pencharz, P. B., Ling, S. C., Moore, A. M., & Wales, P. W. (2014). Defining consensus: A systematic review recommends methodologic criteria for reporting of Delphi studies. *Journal of Clinical Epidemiology, 67*(4), 401–409. https://doi.org/10.1016/j.jclinepi.2013.12.002

Guerrero, L. M. (1963). *The first Filipino: A biography of José Rizal*. National Historical Commission.

Jünger, S., Payne, S. A., Brine, J., Radbruch, L., & Brearley, S. G. (2017). Guidance on conducting and reporting Delphi studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. *Palliative Medicine, 31*(8), 684–706. https://doi.org/10.1177/0269216317690685

Lucero, J. A., & Dela Cruz, M. C. E. C. (2026). From Dapitan to contemporary practice: A Rizal-inspired framework for community health nursing. *American Journal of Medicine and Health Care, 1*(2), 9–15. https://doi.org/10.54536/ajmhc.v1i2.7517

Ocampo, A. R. (2011). *Rizal without the overcoat* (Expanded ed.). Anvil Publishing.

Polit, D. F., & Beck, C. T. (2006). The content validity index: Are you sure you know what's being reported? Critique and recommendations. *Research in Nursing & Health, 29*(5), 489–497. https://doi.org/10.1002/nur.20147

Polit, D. F., Beck, C. T., & Owen, S. V. (2007). Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Research in Nursing & Health, 30*(4), 459–467. https://doi.org/10.1002/nur.20199

Republic of the Philippines. (2019). *Republic Act No. 11223: Universal Health Care Act*. https://lawphil.net/statutes/repacts/ra2019/ra2019_11223_2019.html

World Health Organization. (1978). *Declaration of Alma-Ata*. https://www.who.int/teams/social-determinants-of-health/declaration-of-alma-ata

World Health Organization. (2020). *Community engagement: A health promotion guide for universal health coverage in the hands of the people*. https://www.who.int/publications/i/item/9789240010529

World Health Organization, & United Nations Children's Fund. (2020). *Operational framework for primary health care: Transforming vision into action*. World Health Organization. https://www.who.int/publications/i/item/9789240017832