

Determine School Principals' Satisfaction Toward School Health Services Provided by Primary Health Care Centers in Al-Numaniyah District, Iraq

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Abstract

Background: The delivery of school health services (SHS) is commonly considered to be one of the more crucial parts of the health program in schools, and they are responsible for the students' overall health. **Objectives:** To determine satisfaction of elementary school principals toward school health services provided by primary health care centers (PHCCs). Also, to identify the relationship between satisfaction of elementary school principals their socio-demographic characteristics. **Materials and Methods:** A cross-sectional study design consisting of 133 school principals selected by convenient sample distributed on six main PHCCs at Al-Numaniya District from July 5, 2022 to January 25, 2023. Questionnaire was created and prepared to be used for the study's aim after having revised the literature and comparable research data were collected by interviewing school principals. **Results:** The study showed 64.7% of the school principals expressed a moderately satisfied and 26.3% of the school principals expressed satisfied while only 9.0% expressed unsatisfied regarding elementary school health services in PHCCs. **Conclusions:** The study concludes that overall satisfaction of school principals were moderate regarding school health services in PHCCs and there is a significant relationship between satisfaction of school principals and their socio-demographic characteristics (age and training).

Keywords: Satisfaction, school health services, school principals

INTRODUCTION

School health services (SHS) are services that are offered by a health professional to children who are enrolled in elementary education. These services can be delivered to pupils either on the school grounds or at a health service that is located outside of the school. SHS exist in some form in almost all nations, but many of the programs designed to provide it are not founded on evidence, are not effectively executed, do not receive sufficient funding or have restricted reach and scope.^[1] The delivery of school health services SHS is commonly considered to be one of the more crucial parts of the health program in schools, and they are responsible for the students' overall health. Active school health services aid in the early detection and prevention of illnesses among students. SHS are those that are worried with the health and educational attainment of students at an appropriate age by providing direct services of health care to students in coordination

with the administration and staff of the school.^[2] School students spend a significant portion of their period as a human cluster in a constrained combined setting at school. In the least escalation in the environment of school elements might have both a temporary effect with high rates of illness occurrences and a lasting good outcome, as a result, during the school years, it is critical to build appropriate knowledge, experience, and a favorable attitude toward school health services. As a result, among the most important aspect of an overall school health program is the utilization of a variety of various school health measurements.^[3] A pleasant school atmosphere

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allows students to express their thoughts, ideas, and motivations, engage actively in school activities, meet their psychosocial needs, and solve issues in a way that combines the many components of their personality.^[4] School health education programs can help to minimize health-risk behaviors such as cigarette use, poor diet, lack of physical activity, and activities that promote stress, injury risk, and violence.^[5] School administration must play a part in striving to make the school environment a healthy one by improving cleanliness and involving students in health programs both inside and outside the school.^[6] As the principal's role in fostering a healthy, safe, and supportive learning environment is critical to promoting a sense of security and belonging to the school.^[7] Air quality in school buildings is very important for staff, teachers, and students. More than 53 million children and 6 million adults spend up to 6–8 h in school each day. In particular, children are at increased risk for a variety of reasons. Young children are more likely to spend time on or near the floor where toxins are likely to settle and use more hand-to-mouth behavior, and they take in more air per size than adults. While exposures can be the same as in the home, those who attend or work in schools are in the same air environment for 6–8 h or more where they are exposed to the toxins for long periods of time. Nurses who work in the school setting can access information through the Environment Protection Agency web site to aid in assessments and interventions to improve air quality in schools.^[8] Because school pupil may not have regular health care official visit throughout this time of life range, preventative and counseling services, it is important to be included into visits of healthcare or provided through the surveys of the school during this period. Among the issues, necessary to be monitored. Are the following: growth and development should be assessing, screening for any other anomalies, and reinforcement of healthy behaviors in terms of exercise, sleep, and diet.^[9]

MATERIALS AND METHODS

Study design and setting

A descriptive type of cross-sectional study design, conducted from July 5, 2022 to August 25, 2023, distrusted on six main primary health care centers (PHCCs) at Al-Numaniya District, Iraq.

Study participants and sampling

The sample of the study consisted (133) school principals selected by the use of nonprobability sampling approach (convenient sample). The school principals were involved instead of pupils due to the lack of pupils' awareness regarding school health services.

Data collection tool and technique

The questionnaire was developed and constructed after a rigorous review of literature and related studies

to use for the purpose of the study and according to the study by Manthour,^[10] it comprised two parts: Part one: demographic characteristics included information concerning the socio-demographic characteristics of school principals of age, gender, and education achievement and participated in an educational lecture on school health. Whereas second part consisted of 10 items concerning principals' satisfactions and acceptance for school health care services. The questionnaire was sent to 16 experts from diverse fields and institutions will assess the questionnaire's contents; most of them agreed that the questionnaire was clear, adequate, and relevant. Calculating Cronbach's α , which equals 0.76 was used to determine the dependability of the items based on the checklist's internal consistency. Data were gathered by distributing the questionnaire's Arabic version after it had been created and refined using validity and reliability and through interview technique with school principals, and each interview took approximately (10–15) min.

Statistical analysis

Through the use of a descriptive statistical data analysis technique, data are examined by frequencies, percentages, and statistical mean and is calculated by using tripartite Likert's scale which included (1) score to refuse of item (never), (2) score to neutral scale of item (sometime), and (3) score to accept of item (always). Cutoff point 0.66 for tripartite Likert's scale, in which the mean $M = 10$ –16.66 refers to unsatisfied, $M = 16.67$ –23.33 refers to somehow, $M = 23.34$ –30 refers to satisfied. Inferential approach using Chi square (χ^2) test: used to identify relationship between school administrative satisfaction and their socio-demographic characteristics.

Ethical consideration

First, ethical approval was obtained from the Ethical Research Committee at the Faculty of Nursing, Babylon University on July 5, 2022. Second approval: obtain official permission and facilities from the Ministry of Education/ Directorates of Educational at Al-Numaniya district on July 21, 2022. Finally, a voluntary verbal agreement was gained from the participants after explaining the purpose of the study.

RESULTS

Table 1 represents the descriptive statistics of socio-demographic information of the school principals in term of frequencies and percentage. Out of 133 subjects participating in this study, 63.9% were male, their age was above 50 years (48.8%) Teacher institute (49.6%), and had training (60.2%).

According to the statistical mean, Table 2 shows that the school principals expressed a fair satisfaction toward primary school health services as indicated by moderate

mean of scores ($M.s = 1.67-2.33$) at items of the (hearing examination, don't needs to visit another clinic for treatment your health problem, school environment screening and determine appropriate solutions and

checking school canteen). The school principals expressed a poor responses in terms of (provide medical glasses, provide hearing devices) as indicated by low mean of scores ($M.s \leq 1.66$), as well as, the good responses in terms of (school health teams are cooperative, provide vaccines, optometry and school canteen with healthy conditions) as indicated by high mean of scores ($M.s \geq 2.34$).

Table 3 shows that 64.7% of the school principals expressed a somehow satisfied toward elementary school health care services as described by moderate average, 26.3% from school principals expressed satisfied, whereas only 9.0% of them expressed unsatisfied which is equivalent to 21.16.

Table1: Distribution of studied sample by their socio-demographic variables (school principals) ($n = 133$)

Socio-demographic variables		f	%
Gender	Male	85	63.9
	Female	48	36.1
Age/years	<30 years old	3	2.3
	30–39 years old	30	22.6
	40–49 years old	35	26.3
	50 and older	65	48.8
Education level	Preparatory academy	2	1.5
	Teacher institute	66	49.6
	Bachelor	58	43.6
	Higher diploma	7	5.3
	Master and above	0	0
Training courses	Yes	80	60.2
	No	53	39.8

Table 3: Overall satisfaction and acceptance of school principals for school health services

Outcome	Freq.	%	Total mean
Unsatisfied ($M = 10-16.66$)	12	9.0	21.16
Somehow ($M = 16.67-23.33$)	86	64.7	
Satisfied ($M = 23.34-30$)	35	26.3	
Total	133	100.0	

Table 2: Satisfaction and acceptance of school principals for school health services ($n = 133$)

List	Items	Responses	No.	%	M.s	Ass.
1	School health teams are cooperative	Never	0	0.0	2.67	Good
		Sometime	48	36.1		
		Always	85	63.9		
2	Provide Vaccines	Never	41	30.8	2.78	Good
		Sometime	33	24.8		
		Always	59	44.4		
3	Optometry	Never	38	28.6	2.62	Good
		Sometime	36	27.1		
		Always	59	44.3		
4	Provide medical glasses	Never	105	78.9	1.23	Poor
		Sometime	26	19.5		
		Always	2	1.5		
5	Hearing examination	Never	46	34.6	1.94	Fair
		Sometime	59	44.4		
		Always	28	21.0		
6	Provide hearing devices	Never	108	81.2	1.24	Poor
		Sometime	23	17.3		
		Always	2	1.5		
7	Don't needs to visit another clinic for treatment your health problem	Never	17	12.8	2.14	Fair
		Sometime	82	61.7		
		Always	34	25.5		
8	School environment screening and determine appropriate solutions	Always	69	51.9	1.92	Fair
		Sometime	46	34.6		
		Never	18	13.5		
9	Checking school canteen	Never	44	33.1	2.27	Fair
		Sometime	29	21.8		
		Always	60	45.1		
10	School canteen with healthy conditions	Never	26	19.5	2.35	Good
		Sometime	32	24.1		
		Always	75	56.4		

Level of assessment (poor = 1–1.66; fair = 1.67–2.33; good = 2.34–3)

Table 4: Significant relationship between school administrative satisfaction and their socio-demographic characteristics

Socio-demographic variable		Outcome			Total	d.f	Sig.
		Unsatisfied	Somewhat	Satisfied			
Gender	Male	20	51	14	85	2	$\chi^2 = 2.526$ $P\text{-value} = 0.283$
	Female	17	26	5	48		
	Total	37	77	19	133		
Age	<30	0	3	0	3	6	$\chi^2 = 16.976$ $P\text{-value} = 0.009$
	30–39	3	27	0	30		
	40–49	3	21	11	35		
	50 and older	6	35	24	65		
	Total	12	86	35	133		
Educated	Preparatory academy	0	0	2	2	8	$\chi^2 = 11.860$ $P\text{-value} = 0.065$
	Teacher institute	5	40	21	66		
	Bachelor	7	39	12	58		
	Higher diploma	0	7	0	7		
	Master and above	0	0	0	0		
	Total	12	86	35	133		
Training	Yes	2	50	28	80	2	$\chi^2 = 15.364$ $P\text{-value} = 0.00$
	No	10	36	7	53		
	Total	12	86	35	133		

χ^2 = Chi-square, Df = degree of freedom, $P\text{-value}$ = probability value, S = significant, NS = non significant

Table 4 indicates that there was no relationship between school administrative satisfaction toward primary school health services in PHCCs and their socio-demographic characteristics (gender and educated) at $P\text{-value} > 0.05$.

But there is a significant relationship between school administrative satisfaction toward primary school health services in PHCCs and their socio-demographic characteristics (age and training) at $P\text{ value} > 0.05$.

DISCUSSION

Result of present study showed in Table 1 that the majority of participating in this study were men 63.9% their age above 50 years old 48.9%. This result agrees with the result obtained by Elywy and Kassim,^[11] that stated 59% were men and 42% of them were within 40–49 years old. Also, in the same table shows that majority of the school principals teacher institute 49.6% and had training 60.2%. Whereas the study of Abdulla *et al.*,^[12] in that they studied evaluation of school health services for primary school students, in which their finding indicated that most of the study sample were 45.3% bachelor graduated, 41.2% of them had training course related school health services. According to my opinion there is a lack of interest by some schools' principals regarding the health aspect and lack of follow-up of health factors because knowing the health aspects is one of the most factors that help the student and the parents to continue in school and achieve good performance and good grades.

Table 2 demonstrates that the school principals expressed a fair satisfaction toward SHS provided by primary school health centers as indicated by moderate mean of scores ($M.s = 1.67\text{--}2.33$) at items of the (hearing examination, don't needs to visit another clinic for treatment your health

problem, school environment screening and determine appropriate solutions and checking school canteen). School principals expressed a poor responses in terms of (provide medical glasses, provide hearing devices) as indicated by low mean of scores ($M.s \leq 1.66$), as well as, the good responses in terms of (school health teams are cooperative, provide vaccines, optometry and school canteen with healthy conditions) as indicated by high mean of scores ($M.s \geq 2.34$). That means the highest MS appear at item (provide vaccines), whereas lowest MS appear at item (provide medical glasses and provide hearing devices).

These results agree with that of Nasser's study in Missan Governorate, Iraq, 2013 to Assessment of School Health Programs which showed that only 6.3% of PHCCs do hearing examination.^[13] While Manthour's study in Babylon Governorate, Iraq 2014, which showed that there is a statistically significant regarding providing vaccinations in primary health care centers.^[10]

While regarding overall satisfaction of school principals for school health services showed in Table 3 which revealed that (64.7%) of administrators were somewhat satisfied with primary school health care services as characterized by a moderate average, and 26.3% were Satisfied. While just 9.0% of them were unsatisfied. This result consistent with the results studied by Al-Sairairah and Al-Rashidi,^[14] in the State of Kuwait showed that the level of school health from the point of view of female teachers was moderate. Also, our result agrees with the results of the study Al Suabe,^[15] which indicated that there was a moderate level of school health among the study sample. Additionally, our results were corresponding to Elywy and Kassim,^[11] which showed that the schools principals' overall responses about availability of the school health

services were partially satisfied at all domains of school health services. Al-Kerety^[16] in Holy Karbala Governorate conducted study to determination the quality assurance for Primary Health Care Services shows that more than half 59% of consumers were dissatisfied. While Raddam, 2017 in AL-Najaf AL-Ashraf Governorate conducted study to identify quality assurance of essential primary health care services indicated that (40%) of consumers surveyed said they were satisfied about services provided.^[17]

There was no relationship between school administration satisfaction with school health services in PHCCs and their socio-demographic features (gender and educated) at P -value > 0.05 . Nonetheless, there is a significant relationship with P value > 0.05 between school administration satisfaction with primary school health services in PHCCs and their socio-demographic characteristics (age and training). The result of this study was similar to that recorded by Elywy and Kassim,^[11] in that she mentioned no significant association between the school's principal's satisfaction with school health services and the demographic data of the principals.

Furthermore, Abdulla *et al.*^[12] showed that there was no statistically significant correlation between the overall satisfaction regarding school health services and the demographic characteristics of participant principals; age, gender, and school type, having a training courses related school health or number of the training sessions.

Also, our result agrees with findings of Abdulwahid^[18] in Basra City, Iraq, which demonstrated that there were no significant differences in consumers' satisfaction with PHCCs regarding their age groups, gender, and education level. Additionally, Radhi^[19] in Babylon Governorate study, which showed that there is no significant statistical link between consumer satisfaction with healthcare providers' demographic data. While the study performed by Manthour,^[10] in Babylon Governorate, Iraq. Regarding school health services showed the consumer's satisfaction, with school health services, has been influenced by their age.

CONCLUSIONS

The study concluded that overall satisfaction and acceptance of school principals expressed a somehow satisfied toward elementary school health care services. There is no medical glasses for pupils at the PHCCs. There is a significant relationship between school administrative satisfaction toward school health services in PHCCs and their socio-demographic characteristics (age and training).

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Conflicts of interest

There are no conflicts of interest.

Authors contribution

Washi GA (first author), introduction writer, methodologist, main researcher, statistical analyst, and discussion writer (80%); Saadoon N J (second author), introduction writer, methodologist, and assistant researcher (20%).

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