

Quality of School Health Services and Healthy School Environment In Some Settings in Egypt

Maha I. Khalifa* Howayda S. Abdel Hameed†

Abstract: High quality of school health services is one of the most important building blocks of the health care system. Therefore, the aims of this study were to assess the quality of school health services and healthy school environment in some urban and rural areas. The study utilized a descriptive design that was applied in some urban and rural areas. Urban areas included schools in Cairo, Damanhour and Banha. In rural areas, schools in El Giza, and Banha such as Warwara, Zamgara, Kafr Batta, Moshtohor and Daniello were included. The sample included 102 schools. Number of schools that were studied in urban areas was 72, while 30 schools were evaluated in rural areas. Three tools were designed by researchers for data collection. First tool included characteristics of schools. Second tool included assessment of quality of school health services. Third tool was used to assess healthy school environment. The study reflected that quality of school health services and healthy school environment were higher at private schools than governmental schools. It was concluded that quality of school health services and healthy school environment was higher at private than that at governmental schools.

INTRODUCTION

One of the most important challenges to decision makers is to achieve high quality of health services. In June 1992, the People's Assembly of Egypt passed law 99 expanding health insurance to cover all school children.¹ This initiative included a reform in a number of health delivery systems to ensure high quality of school health services. Quality could be defined as conformance to specifications.² Adherence to quality could

reduce the number malpractice suits, encourage everyone to make his contribution and improve job satisfaction.³ Quality of school health services is also the conformance to specifications of school health services that are determinant of quality of services related to disease prevention, health maintenance and health promotion.² School health services are critical resources for providing and coordinating health and medical services for children and

* Assistant Professor at Pediatric Nursing Department, Faculty of Nursing, Menoufia University

† Lecturer at Community Health Nursing Department, Faculty of Nursing, Zagazig University in Banha

adolescence. As such, they are an increasingly important component in a strategy to meet the comprehensive health, social, and educational needs of students and families.⁴

Keystones for high quality of school health program are administration, community, curricula, environment and school services. The first model for a school health program that was conceptualized in the early 1900s included three original components. These components are school health services, school health instruction and healthy school environment. All the following models for school health programs identify the important relationship between community system, school environment and family system.⁵ The recent conceptual model for wellbeing in schools takes into account the impact of pupils' homes and surrounding community on the wellbeing of pupils.⁶ The National Association of School Nurses encourages strategic planning for the new schools health environment.⁷

Failure to provide proper environmental

adjustments may lead to injuries⁷, and inability to participate in activities related to physical or social environment.⁸ Also, improper environment may predispose pupils to serious health problems like respiratory symptoms that are related to exposure to NO₂ gas. Other studies identified the significant interaction between self perceived anxiety, depression and school environment.⁹ Meanwhile, it is identified that quality of home and school environment affect the behavior of autistic children.¹⁰ Khalifa [2000]¹¹ indicated that nonoptimal school environment could lead to poor developmental milestones.

For this reason, the aim of this study is to assess the quality of school health services and healthy school environment.

MATERIAL AND METHODS

Setting: The study was conducted in urban and rural areas. Urban areas included Shobra and El Sharabya suburbs in Cairo. They also included Banha El Gadedda suburb in Banha and Shobra suburb in Damanhor. Rural areas included a village in El Giza and

other villages in Banha such as; Warwara, Zamgara, Kafr Batta, Moshtohor and Daniello.

Sample: A convenient sample of 102 schools was selected. The sample included 22 private schools in Cairo, 50 governmental schools in Cairo and Damanhor. It also included 30 governmental schools in rural areas.

Design: A descriptive comparative design was used.

Plan of the study: The plan included obtaining the permission of the Ministry of Education to perform the study at the previously specified settings. It also included a review of past and current literature and a consultation with experts in school health.

A pilot study was applied on a convenient sample of 10 schools to assess the reliability of the tools used for the assessment of quality of school health services and healthy school environment. The reliability of the second and third tools was estimated by Cronbach Alpha [$r = 0.90, 0.92$ respectively]. A panel of 4 experts of school health nursing

were asked to evaluate the tools and to establish content validity.

Data collection: Data was collected during a period of 3 months starting from September 2001 to November 2001. Researchers individually interviewed school health nurses and recorded their opinions about available school health services and healthy school environment. They also recorded their own observations about the physical environment of schools in an observation checklist. Therefore, an observation checklist tool was developed to assess the physical environment of schools.

Two data collection tools were developed by researchers according to the modified school health evaluation criteria which was established by Allensworth and Kolbe [1993] and the conceptual model of Konu and Rimpella [2002]. The first tool was divided into three parts.

First part included the assessment of the characteristics of schools such as name, address, governmental or private. Other characteristics included level of educational