

## Administrative Effectiveness as Correlates of Quality School Health Services for the Handicapped in Akwa Ibom State, Nigeria

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### Abstract

*The study assessed the Administrative Effectiveness in relations to quality of school health service for the Handicapped in Akwa Ibom State. Descriptive survey design was used for the study. The population comprised 220 health workers in Akwa Ibom State public school services and community health extension workers. A sample of 48 health workers were randomly selected from schools in the 3 Senatorial Districts that made up the state. A self-constructed questionnaire was developed, validated by three experts in health education and tested for reliability where the index of .78 was obtained. The instrument was then used to collect data from the 48 health workers purposively sampled for the study. The data so obtained were analyzed using Pearson's Product Moment Correlation technique and the null hypotheses were tested at .05 alpha level. The result shows there is a significant positive relationship between proper planning and school health quality service for the handicapped. Also that there is a significant positive relationship between proper organizing and school health quality service for the handicapped and finally that there is a significant positive relationship between controlling and school health quality service for the handicapped in Akwa Ibom State. Based on the findings, recommendations that will help improve school health in Akwa Ibom State for the handicap were suggested.*

**Keywords:** Administrative Effectiveness, Quality School Health Services, Handicapped pupils.

### Introduction

There is need for an organized health services in schools, because school is the most important agency outside the home in shaping the health and personality of the child. Akinsola (2000) noted that protection of children's health in schools is a joint responsibility of the Ministry of Education and Health. Okafor (2000) noted that school health programme is a set of policies, procedures and activities designed to protect the health and wellbeing of students and Staff; which include school health services, healthful environment and health education. Mckenzie and Pinger (2000) noted that health services are all efforts of the school to conserve, protect and improve the health status of the school population.

Jatau (1992), a sociologist defines health as the ability to have harmonious function both physically and socially. Handicap is a disadvantage for a given individual which results from impairment of disability that limits or prevents the fulfillment of a rule that is normal (Tabar, 1993). Handicap can be grouped under physical handicap like blindness, dumbness, deafness and limb defect, and physiological handicap which include the divorce, the alcoholics and others.

Administration, according to Akpan (1995), is the co-ordination of human and material resources towards the attainment of set objectives. It is an art of organizing and managing man for goal attainments (Etuk, 1991; Akinpelu, 2003). Administrative effectiveness with respect to health services is the capacity of school administrators in providing quality school health services in terms of availability, affordability, provision of services by trained personnel as well as equity provision of health services to all students. A highly supportive administration is a necessity for quality of comprehensive school health services (McKenzie & Pinger, 2000).

The merits of school based health services system is numerous and far reaching. The school serves as the platform for reaching the young people and children who may not have access to health care at home/communities and are at high risk of public health hazards (Okafor 2000). School health services, according to McKenzie and Pinger (2000) provide a point of entry into health care system from the school. Many preventive services are provided; it is user friendly, as services are provided in the school environment. It is also convenient and accessible to the student/pupil. School health services help to achieve the aim of rehabilitation which is to bring about partial or total restoration of the clients, help them to adapt to their present physical or mental limitation, cushion or eliminate the effect of social stigma; help clients to be self reliant and maintain an optimal level of physical and social wellbeing with respect to their disability.

The school health team according to Topo-Ajayi (2004) is made up of physicians, Nurses, Dentist, Community health officers, social workers among others. There are obvious reasons why school children should be given special attention, including the following:

- i. School children are about  $\frac{1}{4}$  of the total population.
- ii. School children are still growing and developing, both mentally and physically.
- iii. Children need to be in good health for optimum performance.
- iv. They are leaders of tomorrow and as such we have to ensure that they remain healthy to be able to meet up with life challenges.
- v. Children are very pliable and moldable and should be taught new ideas to give them good foundation.
- vi. The school environment exposes children to dangers like infections, accidents, emotional and physical strain and stress.

The true foundation of any school health programme as identified by McKenzie and Pinger (2000) are a well organized school health that is genuinely interested in providing comprehensive programmes for the students, a school administrator that support such effect and School health policies.

The components of school health services are enumerated by Akinsola (2006) are thus, Health education, nutritional care, environmental sanitation, immunization services, screening services, counseling services, first aid or emergency services for the handicapped, dental health services, treatment and management of minor ailments.

### **Statement of the Problem**

The population of student/pupil in Akwa Ibom State public schools has greatly increased due to the introduction of free and compulsory education. The handicapped are also part of the school system. The increase in student population, therefore calls for proper planning, organizing, directing, and controlling the school health services (McKenzie and

Pinger (2000). These administrative functions would help institute quality school health services to cater for both the 'normal' and the handicapped. However, the researchers' field observation revealed that a secondary school health service for the handicapped is on a decline. The frequent crises due to physical discomfort and health problems of the handicapped (Field Observation, 2011) prompted the researcher to investigate whether administrative effectiveness influence secondary school health services for the handicapped in Akwa Ibom State.

Therefore, the purpose of the study was to assess the impact of administrative effectiveness on the quality of school health services for the handicapped. In order to achieve the study purpose three research questions and accompany null hypotheses were formulated to guide the study thus:

### **Objective of the Study**

1. To examine the relationship between administrative planning and quality of school health services for the handicapped.
2. To examine the relationship between administrative controlling and quality of school health services for the handicapped.
3. To examine the relationship between administrative organization and quality of school health services for the handicapped.

### **Null Hypotheses**

1. There is no statically significant relationship between proper planning and equality of school services for the handicapped.
2. There is no statistically significant relationship between administrative organizing and quality of school services for the handicapped.
3. There is no statically significant relationship between administrative controlling and quality of school services for the handicapped.

### **Methodology**

Correlation design was used for the study. It involves collection of data (information) from a sample in order to determine the measure of strength and direction of relationship between two variables under study ,and the findings are then generalized to a large population being studied (Udontre, 2004). The population for the study comprised all 220 health workers in the Akwa Ibom State public secondary school services comprising of male and female nurses and community health worker was randomly selected from (3) schools in each of the three senatorial district of Akwa Ibom State which are Uyo, Ikot Ekpene and Eket making a total of nine schools. the sample size is 48 and purposive sampling technique was employed for the study.

Two Instruments Administrative Effectiveness Questionnaires (AEQ) and Quality School Health Service Questionnaire (QSHSQ) were self-constructed on a rating scale of Strongly Agreed (SA), Agreed (A), Disagree (D), and Strongly Disagree and used for data collection. The questionnaires were given to three validates: one health educator, one school administrator and one expert in test and measurement for face validity as well as checking the relatedness of the question to the areas of study. The questionnaire was administered to 10 health workers from Abak Local Government Area. The scores were analyzed using Conbach's Alpha, where the reliability index of 0.78 was obtained.

The researchers, with two trained research assistants administered the questionnaire on one to one basis to the respondents. Forty-four out of forty-eight copies of the questionnaire were properly filled and retrieved from the respondents. The data so obtained were analyzed using Pearson’s Product Moment Correlation coefficients technique the null hypotheses were treated at .05 alpha level.

**Results**

**Null Hypothesis 1:** There is no statistically significant relationship between proper planning and quality of school health services for the handicap.

Table 1: PPMC Relationship Analysis of Planning and Quality School Health Service

Variable	X Y	X <sup>2</sup> Y <sup>2</sup>	XY	df	r-cal	r-crit	Decision
Administrative planning (X)	121	363	383	43	0.563	0.304	*
Quality school health service (Y)	133	433					

\*Correlation is significant at the 0.05 level; df = 43; critical – r = .304`

Table 1 reveals the strength of the relationship between proper planning and school health quality service. Pearson’s Correlation coefficient r value of .563 indicates a high positive relationship between proper planning and school health quality service for the handicapped in Akwa Ibom State. The table also shows that the calculated-r value .563 is greater than the critical-r value of.304 at .05 alpha level with 43 degree of freedom. This result is significant, hence the null hypothesis that there is no significant relationship between planning and school health quality service is rejected in favour of the alternate one. The result means that there is a significant positive relationship between proper planning and school health quality service for the handicapped in Akwa Ibom State.

**Null Hypothesis 2:** There is no statistically significant relationship between organizing and quality of school services for the handicapped.

Table 2: PPMC Relationship analysis for the relationship between organizing and quality school health service

Variable	X Y	X <sup>2</sup> Y <sup>2</sup>	XY	df	r-cal	r-crit	Decision
Administrative Organizing (X)	131	419	422	43	0.868	0.304	*
Quality school health service (Y)	133	433					

\*Correlation is significant at the 0.05 level.

Table 2 reveals the strength of the relationship between organizing and school health quality service. Pearson’s Correlation coefficient r value of.868 indicates a very high positive relationship between proper organizing and school health quality service for the handicapped

Akwa Ibom State. The table also shows that the calculated-r value of .868 is greater than the critical-r value of .304 at .05 alpha level with 43 degree of freedom. This result is significant hence the null hypothesis that there is no significant relationship between organizing and school health quality service is rejected in favour of the alternate. The result means that there is a significant positive relationship between proper organizing and school health quality service for the handicapped in Akwa Ibom State.

**Null Hypothesis 3:** There is no statistically significant influence of controlling on quality of school health services for the handicap.

**Table 3:** PPMC Relationship analysis of administrative controlling and quality school health service

variable	X Y	X <sup>2</sup> Y <sup>2</sup>	XY	df	r-cal	r-crit	Decision
Administrative controlling (X)	124	374	392	43	0.623	0.304	*
Quality school health service (Y)	133	433					

\*Correlation is significant at the 0.05 level.

Table 3 shows the summary of the Pearson’s product moment Correlation coefficient r value of 0.623, indicating a very high positive relationship between administrativecontrolling and school health quality service for the handicapped Akwa Ibom State. The table also shows that the calculated-r value of .623 is greater than the critical-r value of .304 at .05 alpha level with 43 degree of freedom, the null hypothesis is rejected. The result means that there is a significant positive relationship between controlling and school health quality service for the handicapped in Akwa Ibom State.

**Discussion of Findings**

The findings in Table 1 were on planning and quality school health services. It reveals that there is a strong positive relationship between planning and quality school health services. The result implies that quality school health services would improve in response to proper planning. It also implies that if there is a decrease in planning, the quality school health services for the handicapped would decrease. This result is attributed to the fact that planning entails establishing goals and objectives and then determining the resource and strategies needed to achieve them. Therefore, if for instance, the programme of events to each session is not drawn up for school health services and no provision made for handicap services, while there is also no monthly imprest given for the running of the school health clinic, the quality of school health services will be on a decline; but if those things are on ground, the quality will improve. Hence, it is very necessary to plan properly in order to improve the quality of school health services provided for the handicap. The findings of the study agree with McKenzie’s and Pinger’s (2000) assertion that a highly supportive administration is a necessity for quality of comprehensive school health services.

In order word, a good planning will enhance the provision of quality health staff, functional clinic, good health policies for the operation of school health services and monthly imprest for quality running of school health services. On organizing and quality school health

services, the result was significant. The result means that there is a significant positive relationship between organizing and school health quality services. This implies that school health quality services (SHOS) will increase due to increase in organizing, and will decrease when (SHOS) decreases.

In specific terms, organizing will influence the delegation of function or grouping of work in the clinic, provision of trained staff, provision of equipment and drugs for use in the clinic and update of scientific knowledge by health workers through seminars and workshops. The findings are in consonance with the assertion of Etuk (1991), Akpan (1995), and Akinpelu (2003) that organizing of human and material resources would enhance attainment of organizational goals. Therefore, it is necessary that (SHOS) be improved by ensuring that both human and material resources are properly organized by the school leader.

The testing of null hypothesis three on controlling and QSHS for the handicap revealed that this is a significant positive relationship between the two variables. This result implies that QSHS for the handicapped increases in a corresponding linear direction with controlling. The result implies that controlling influences school supervisory visit, communication of current scientific activities, attendant to sick student and generally performing to meet the accepted standard of the school set goals and objectives.

This finding is in line with the assertion by Akpan (1995) that controlling enhances effective supervision of activities and a two-way flow of information in the organization. This means that there is need for the school leader to control the activities of his subordinates in order to improve quality school health service for the handicapped in Akwa Ibom State.

### **Conclusion**

Based on the findings of the study, it was concluded that there is a significant positive relationship between administrative effectiveness (in terms of planning, organizing and controlling) and quality school health services for the handicapped in Akwa Ibom State, Nigeria. This means that when administrative functions are effectively carried out, quality schools services improves and reduces when the functions are otherwise administered.

### **Recommendations**

Based on the outcome of this study and within the limitations, the researchers recommend the following.

1. The school administrator in collaboration with state government should establish more functional school health service in general to cater for teeming school population especially in the local government area where it is lacking and in the rural areas as well as provision also made for handicap services.
2. The ministry of health should liaise with non-governmental agencies to organize seminars, workshop for the update of knowledge following new trends and discoveries.
3. There should be proper integration of school health services into primary health care services (PHC) in practice and not only in principles.



4. The services of the school health should include screening, laboratory testing, and counseling in order to provide comprehensive health services along with other cadres of health workers.
5. The heads of each school health clinic should be empowered financially to assist in the upkeep of this place. Drugs as well as other equipment like diagnostic equipment should be provided.
6. Akwa Ibom State Government should integrate handicap specific services into school health services.

### Reference

- Akinsola, H. A. (2006). *A-Z of community Health in Medical Nursing and Health Education practice*. Ibadan: College Press and Publisher Ltd.
- Akinpelu, M. O. (2003). *The Circle of Management*. Ijebu-Ode: Yom-Yemi Press.
- Akpan, R. J. (1995). *Education Administration in Nigeria*. Owerri: Executive Publishers.
- Etuk, E.J. (1991). *Foundations of Modern Business Management*. Calabar: University of Calabar Press.
- Ejifugha A. U. (2004). *Fundamental of Research in Health Education*. Owerri: Juso Publishers.
- Federal Republic of Nigeria (2013). *National Policy on Education*. Lagos; NERDC Press.
- McKenzie, J. F. and Pinger R. R. (2000) *An introduction to community health*. UK: Jones Barlett Publishers.
- Jatua, I. M. (1992). *A sociology of medical practice*. Lagos: Promms Ltd.
- Okafor, J. O. (2002) *Principles of healthful living* (2<sup>nd</sup> Ed). Onitsha: Erudite Publishers.
- Idowo, B., Adeogun J. and Dansu A. (2003). *Condom use among adolescents: An antidote to the prevention of HIV/AIDS*. Halicize.
- Taber, F. A. (1993). *Tabers Cyclopedia Medical Dictionary*. Inc Rhomas (Ed) Philadelphia: Davis Company.