

Quality assurance for school health service providers at primary healthcare centers in Hillah (Iraq)

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ABSTRACT

This study aimed at evaluating the performance of school health providers at primary health centers in Al-Hilla City (Hillah) through the application of a quality assurance framework. A descriptive evaluation study was conducted from October 5, 2024 to March 25, 2025. A purposive sample of 63 individuals was selected using a non-probability sampling technique from 15 primary healthcare centers, drawn from two health sectors within the Al-Hilla City Center under the Babylon Health Directorate in Iraq. The sample comprised 20 members of the medical staff and 43 members of the nursing staff. A panel of thirteen experts participated in a pilot study in order to assess the reliability of the evaluation instrument through content validity and internal consistency metrics. The findings indicate a growing demand and a diminishing supply of workforce in primary health care. The quality assurance assessment of school health activities performed by medical and nursing staff revealed a fair overall performance. However, health education services provided to teaching staff and students were found to be suboptimal.

1. Introduction

Quality assurance is a continuous

process aimed at improving and maintaining optimal standards in healthcare services; it involves de-

Table 1. Quality assurance score distribution for the performance of school health providers in Hillah (Iraq).								
Quality assurance	Poor (10–19)		Fair (20–26)		Good (27+)		Total	
medical services	N	%	N	%	N	%	N	%
	6	30%	11	55%	3	15%	20	100%
Quality assurance	Poor (15–27)		Fair (28–41)		Good (42+)		Total	
nursing services	N	%	N	%	N	%	N	%
	13	30%	21	49%	9	21%	43	100%

veloping performance indicators, monitoring adherence to standards, and addressing systemic challenges through a team-based approach¹. In the context of school health services, quality assurance plays a pivotal role in confidential event reporting and data analysis systems. These mechanisms form the foundation for evidence-based practices and ongoing systemic improvements. In order to meet the evolving and complex health needs of today’s student populations, quality assurance must be integral to service delivery. Beyond facilitating appropriate referrals to healthcare providers, robust school healthcare systems safeguard and enhance the health and safety of students under their care².

Quality assurance in school health services is also recognized as a structured framework for promoting excellence at both individual and team levels; it equips health personnel with tools allowing them to assess current performance and foster continuous improvement. In doing so, students receive care from skilled providers. Conversely, failure to deliver quality services undermines trust and may lead students to engage with the health system only in urgent circumstances requiring preventive, curative, or promotive care³. Furthermore, quality assurance initiatives offer opportunities for professional development, elevating healthcare workers’ standing in their communities and improving job satisfaction, since service providers are ultimately the cornerstone of quality in healthcare delivery⁴.

In Iraq, data from the year 2000 indicated that 51% of the population was under the age of 15. Given that school health services address individuals from early childhood (i.e., age of 4 years) through university graduation, they serve a demo-

graphic spanning of over two decades, amounting to approximately one-third of the Iraqi population. School health services play a critical role in correcting health misconceptions and disseminating clear, practical health messages. As schools can be vectors for disease transmission, health education and intervention within school environments are essential for curbing the spread of communicable diseases⁵. The present study proposes a pathway for evaluating and enhancing school health services by assessing the performance of medical and nursing staff; the primary providers of these services.

2. Methodology

A descriptive evaluation study was conducted across primary healthcare centers in Al-Hilla City, Iraq, from October 5, 2024 to March 25, 2025. The objective was to assess the quality assurance performance of school health service providers operating within these centers. A multistage cluster sampling method was employed, resulting in a probability-based selection of 63 staff members, comprising 20 members of the medical staff and 43 members of the nursing personnel.

An evaluation instrument was designed based on the updated guidelines from the Quality Assurance Manual for School Health Services⁴, with contextual modifications tailored to the local healthcare setting. The tool consisted of three sections: (i) part I (examining the demographic characteristics of the care providers), (ii) part II (examining the training and professional development of the care providers), and (iii) part III (examining the activities and responsibilities of the medical and nursing staff).

In total, 43 items were included in the instrument. Reliability was verified through internal consistency measures, while validity was established via expert review by a panel of 13 professionals.

Quality assurance scores were computed using a quartile deviation test applied to the checklist assessing process standards, specifically staff activities and duties. Quartiles were categorized as follows: (i) first and second quartiles ($\leq 25\%$) as "poor", (ii) third quartile ($\approx 50\%$) as "fair", and (iii) fourth quartile ($\geq 75\%$) as "good"⁵. For the medical staff, performance thresholds were classified as "poor" (scores 10–19), "fair" (20–26), and "good" (≥ 27). For the nursing staff, thresholds were classified as "poor" (15–27), "fair" (28–41), and "good" (≥ 42). Data collection involved structured interviews guided by the evaluation tool, alongside documentation of contact records in order to facilitate sample access. Each interview lasted approximately 5 to 10 min. Data were gathered, coded, and analysed using the SPSS version 20.0 software for Windows.

Ethical approval was granted by the reviewing board of the College of Nursing of the Al-Mustaqbal University, following a full review of the research protocol, informed consent documentation, and supporting materials. The study adhered to the ethical principles of the Declaration of Helsinki, with formal approval recorded under document 1650 on October 2, 2024.

3. Results and Discussion

Analysis of the quality assurance data for school health providers' activities reveals that both medical services (55%) and nursing services (49%) were rated at a fair performance level (Table 1). These figures suggest that the primary health centers in Hillah (Iraq) fall short of meeting the desired standards for delivering acceptable school health services,

primarily due to deficiencies in one key component of quality assurance: the process dimension⁶. The underperformance of school health professionals appears to be a major contributor to this shortfall. Many providers operate across multiple roles within the primary healthcare centers, which may compromise the effectiveness of their school health service delivery⁷. This pattern of underperformance may also be attributed to insufficient oversight and follow-up by the Babylon Health Directorate and the Iraqi Ministry of Health. Without robust monitoring systems, staff performance has shown signs of deterioration.

4. Conclusion

Our study's overall evaluation indicates that the quality assurance performance of school health providers in the primary healthcare centers of Hillah (Iraq) is at a fair level.

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Conflicts of interest

None exist.

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