

Cooperation of Polish educational leaders with healthcare sector for student's comprehensive development

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Abstract

The school's mission should be not only to educate, but also to shape attitudes within the scope of widely understood development – in individual, organisational and social dimension. It is worth mentioning that health is one of the basic elements of human development. It is essential not only in the biological sense, but it also has a significant impact on holistic, individual human development, as well as on his organisational and social operation – this is why health education is so important. A well-designed program of health education requires cooperation of educational leaders with healthcare sector, whereas the potential of such cooperation in Poland does not seem to have been fully discovered yet.

Therefore, the aim of the study was to seek the views and attitudes of principals of Polish schools as regards cooperation with healthcare sector within the scope of health education. In order to achieve the intended result, I applied the qualitative methods, conducting standardized, partially structured, in-depth interviews with principals of Polish schools. The analysed study results not only helped in describing the present situation, but above all allowed to develop recommendations for both educational sector and healthcare sector within the scope of cooperation, in favour of comprehensive student's development.

Keywords: educational leadership, healthcare sector in Poland, social development.

1. Introduction

A young man spends almost a half of the day in school, learning to communicate effectively in his mother language, learning foreign languages, mathematical calculations and different laws of nature. However, in school he is not only taught scientific, encyclopedic knowledge, but also grows to live in the society through the process of upbringing and socialisation, i.e. supporting certain attitudes and behaviours. School is the institution, where the student should also learn how to care for his health properly.

But how does health education look in Polish schools? How do school principals, as people directly responsible for the given facility, organise this vital process? Do the leaders of Polish schools realise the scope of health education only as the basis required by the law or do they undertake additional pro-health initiatives and develops cooperation with the health sector for students' good. The following research sought answers to these questions.

Hence, the goal of the research was to hear the opinions and attitudes of Polish schools' principals as regards cooperation with healthcare sector within the scope of health education.

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2. Theoretical framework of health education in Poland

The school's mission should be not only to educate, but also shape attitudes within the scope of widely understood development: individual, organisational, as well as social development (Dorczak & Mazurkiewicz, 2015). It is vital then not only to pass on scientific knowledge, but also to raise, which is directly connected to the student's personality development, shape his social, moral and idealistic attitude; which develops empathy and tolerance, as well as prepares to active living in a society (Maniek, 2016). With student's comprehensive development in mind, one of the most important attitudes, which should be developed already on the stage of elementary education, is pro-health attitude.

Especially given that one of the basic elements of human development is health, which for years has been at the top of major values of Poles (GUS, 2017). It plays the key role not only in biological sense, but it also has a significant impact on individual human development, as well as organisational and social functioning of a man, that's why health education is so important and should be taught already at the basic stage of education.

But what is promotion of health and health education? Is it best to separate these two notions. The promotion of health 'is a social process of educational specific, which aims for improving the health condition of society (...). However, it is worth adding, that nowadays the promotion of health exceeds shaping the knowledge and skills in the field of health behaviours, which are also the object of health education, because the scope of the former notion comprises also forming pro-health environments (...). According to the rules of promotion of health, health should be improved with an active participation of every person and in close cooperation with social environment' (Korporowicz, 2015, p. 149-150) i.a. with school. On the other hand the health education is 'a process which involves providing persons and groups with basic skills and knowledge as regards health' (Korporowicz, 2015). 'In the scope of these activities it is necessary to teach the society, especially the young, the skill of coping with difficult situations, with stress, and at the same time protect them from falling into addictions or – what appeared in the recent years – from excessive embellishment of one's own body and medicalisation of social life' (Korporowicz, 2015, p. 153).

This topic is clearly very important and is more and more meaningful for the student's comprehensive development, and yet the results of the study show that in educational programmes applied in Polish schools there are only elements of health education; there is no comprehensive, coherent programme within that scope (Dorczak & Freund, 2017).

At the same time it is worth mentioning, that well-developed health education programme requires cooperation of educational leaders with healthcare sector, while in Poland the potential of such cooperation doesn't seem to have been fully discovered so far. The already initiated cooperation of education facilities with the medical environment regards mostly school hygienists and paediatricians or family physicians, according to the Polish law.

Preventive healthcare over children and young people in school is the responsibility of the educational environment nurse or school hygienist, usually as preventive healthcare and first aid practice on the school premises. Services of school nurse/hygienist include:

- preventive services, including performing and interpreting screening tests on schoolchildren;
- group preventive fluoride services among children between 1st and 6th grade of elementary school;
- leading the seeding tests and care for the students with positive results of the tests;
- active guidance for students with health problems and caring for students with protracted diseases and disability;
- provide first aid in case of unexpected illnesses, injuries, poisonings;
- advisory for the school's principle to the best of nurse's knowledge;
- participation in planning, realising and evaluating health education.

The school nurse takes care of the children and youth till the last class of secondary school. The children, who fulfil the obligatory one year of pre-school preparation at the school premises are covered with healthcare by a nurse or school hygienist. The nurse or school hygienist i.a. performs and interprets seeding tests, which make it possible to timely discover abnormalities of physical development, motor system, eyesight, hearing, blood pressure. Moreover, by performing the seeding tests, the school nurse performs students indicative evaluation of the body statics and speech defects.

Preventive medical examinations (health checks) for children and school youth up to the age of 19, as well as mandatory protective vaccinations are performed by doctors, to whom the people are registered. A detailed description of health checks and seeding tests in particular age groups is included in the provisions of the decree of the Minister of Health dated the 24th of September 2013, regarding the guaranteed services of the basic medical care (Dz.U. dated 2013., p. 1248, as amended) (NFZ, 2015).

This the cooperation of school principals with education environment nurses and school hygienists and, in limited scope, with paediatricians or general practitioners results mainly from the provisions of Polish law. This is an absolute minimum, which must be guaranteed by the school principals, while it is worth to remember, that effective principals-leaders go beyond the schemes and base on innovative solutions (Kaczmarek-Śliwińska & Szczudlińska-Kanoś, 2015), including: the scope of health education, e.g. by initiating a real, stable and committed cooperation of school leader with healthcare sector for the sake of students' comprehensive development.

3. Methodology

To realise the pre-set goals of the designed tests qualitative method was used. It was performed as an on-line form with standardised interview dedicated to directors of Polish schools: elementary schools, secondary schools and high schools. The form consisted of three 3 open-ended questions:

- How would you define a health education?
- In which ways health education is implemented in your school?
- What do you think about cooperation of schools with healthcare institutions?

The research was conducted in August and September 2017. An overall number of 20 elementary schools, secondary schools and high school, both men and women, with different experience on the said post from different Voivodships of Poland, took part in it.

4. Results

The results of the research on broadly understood health education of students and the cooperation with medical sector from the perspective of the leaders of Polish schools, are presented below.

4.1. Health education definition according to principals of Polish schools

A vast majority of the surveyed principals of Polish schools responded to the open-ended question on the understanding of health education only by speaking only about physical health aspects, e.g. pointing out the importance of moving and physical fitness (sports), healthy diet or preventing addictions.

There were though a couple of principals of Polish schools, who understood the health education much more broadly, i.e. as care for both the physical and mental, as well as even social, aspect of health. Two most interesting utterances of the principles can be cited as an example:

'I understand the notion of health education as influencing every aspect of life, which will allow for shaping a unit, who is able to function well in the surrounding world, in physical, mental, social

and spiritual aspect. Thus the educational influence has to be represented in shaping attitudes, systems of value and introducing a healthy lifestyle'

Health education means „actions to educate and develop, which include spreading knowledge about health, guidance on health hazards, building a high self-esteem and independence.

The principal of one of the Polish schools concluded briefly and meaningfully, that the health education in Poland is fiction.

To sum up, health education is defined as:

- taking care of physical health: **15 answers**
 - holistic approach to a human being as physical, mental and social creature: 4 answers
 - fiction in Polish educational system: 1 answer
- = 20 answers

4.2. Implementation of health education in Polish schools

As the answer to the open-ended question regarding the realisation of health education in Polish schools, the principals generally specified more than one action adopted.

Most of the surveyed schools organise classes, courses, trainings and workshops in the scope of health education. Such answers as e.g. 'pro-health education in general education and physical education classes', „during lessons with biology, chemistry teachers', 'health education is in the core curriculum and realised in the scope of lessons. In the first stage of education as integrated teaching, and later on science, biology, technology, physical education classes and during the hours at the disposal of the class teacher', 'trainings for teachers and students' appeared.

The information about the schools' participation in different national, and even European, programs and projects related to promotion of health, was almost equally frequent. Some of them design and realise their own school programs of prophylaxis. The responses included e.g. 'prophylaxis programs – *fruit and vegetables in school, glass of milk*', 'through realising the program of a *Health-promoting school*, the participation in the project *nutrition- and physical activity friendly school, Stay fit*'.

Moreover, almost half of the surveyed school principals pointed out the great meaning of the cooperation with the school nurse in the scope of health education. Answers like e.g. 'the school nurse has an important part in it;', 'the school employs a nurse, who performs periodic reviews of children and youth health, performs a health check of children and youth, prepares the statistics on diseases' can be cited.

The distribution of answers of respective school principals is presented in table number 1.

It is worth mentioning though, that even though the above answers (in the Table no 1) were the most frequent, and thus grouped and highlighted, these are not all the activities of these schools as regard promotion and health education. Other initiatives of the surveyed schools have been cited below:

- 'we show films about health, (also we have) leaflets, posters, wall displays, individual talks';
- 'we are the initiators and inventors of the 1st municipal Prophylaxy Contest. Even the ancient people knew, that the prevention is better than the cure';
- 'the health education problem concerns also the school principal's activity regarding creating the school space, where the students can feel safe and can care for their good mood, e.g. creativity, learning and relaxation areas';
- 'school psychologist advises the youth and their parents and talks to them in cases of: mood decrease, school phobias, problems with learning, anorexia, suicidal attempts etc. The school psychologist activities regard enhancing the self-esteem and building the identity of the children and youth'.

Table 1.

School	Courses, trainings, workshops concerning health	Participation in health programmes and projects	Cooperation with a nurse
A	0	0	1
B	0	0	1
C	1	0	1
D	1	0	0
E	1	1	0
F	0	1	0
G	0	1	0
H	1	0	1
I	0	1	0
J	1	1	0
K	1	1	0
L	1	0	0
M	1	1	1
N	1	1	1
O	1	1	1
P	0	1	0
R	1	1	1
S	1	1	0
T	1	0	1
U	1	1	0
	= 14/20	= 13/20	= 9/20

Source: own work.

4.3. Opinion of schools' directors as regards cooperation with healthcare institutions

The vast majority of the surveyed educational leaders is content with the cooperation with medical sector. Such answers like e.g. '(the cooperation) is sufficient, very good, with the local sanitary-epidemiological station', 'the cooperation with the healthcare institutions is going well' can be cited.

There was though a couple of school principals, who expressed their discontent with the cooperation with medical sector. Such answers like e.g. 'the cooperation is occasional, while it should be systematically developed', 'at the moment (the cooperation) is of residual nature', '(the cooperation) leaves much to be desired, especially in case of village schools – many schools do not have a school nurse or offers such care, but in a very limited scope of several hours a week. It is very difficult to convince specialised doctors to cooperation (of course gratuitously, because the school has no funds for this), although they would occasionally agree to conduct lectures or speeches for the students, parents' can be cited.

To conclude, opinion of schools' directors as regards cooperation with healthcare institutions:

- Adequate to needs and satisfactory: **14 answers**
- Does not meet all school's needs, as well as unsatisfactory: 6 answers

= 20 answers

Among these 20 answers one very valuable opinion of a school principle appeared, where he mentioned, i.a. that ‘the cooperation of healthcare institutions is a fundamental part of the school’s plan. It allows us to point the children towards the right actions and stimulates the need of taking care for oneself in them in an attractive and professional manner’, which seems to be vital for their later development.

5. Discussion

The conclusions from the results of the research allow us to formulate instructions, especially useful to the school leaders in order to create a safe, students’ comprehensive development-oriented, educational environment. Below the most important related ideas are presented

The results of the conducted research show, that health education is narrowly defined by the majority of principals, as taking care for physical health (15/20). Meanwhile, in health education definition mental and social dimensions for comprehensive development of a student should be involved.

At the same time it is worth mentioning, that in the majority of schools several forms of health promotion are combined. In 14 schools, which participated in the study, there are courses concerning health education, 13 of them participate in major health projects, and 9 of them point out a permanent cooperation with a nurse. Moreover, it should be highlighted, that apart from residual health education in elements of subjects teaching, the schools try to organise various events, days, games and plays as regards promotion and health prophylaxis. Here it should be pointed out that the health prophylaxis should be promoted not only among children and youth, but also in the entire school environment. It is recommendable, that all the people in the school environment, i.e. principals, teachers, administrative workers, as well as parents, should be oriented at pro-health attitudes, behaviours and actions for the sake of the students’ comprehensive development.

What may be quite surprising, the majority (14/20) of schools directors is satisfied with the cooperation with healthcare institutions, but village schools point out the obvious lack of cooperation with medical staff (medical doctors, nurses), thus a systematic cooperation of medical doctors and nurses with schools should be increased and intensified.

In conclusion, we must remember that

‘educational impact should be reflected in shaping the attitudes, values systems, as well as introductions to a healthy life style’

(a principle of a school).

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