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## *Issue: Social and Health Intervention in Vulnerable Groups*

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- ✓ EXPANDED EDUCATION IN RESCUE IN PHYSIOTHERAPY AND NURSING IN V4 – ADAPTATION FOR REFUGEE CRISIS (LETTER)

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Issue 2/2018: Social Inclusion of Marginalized Communities  
Issue 3/2018: Social and Health Intervention in Vulnerable  
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Issue 4/2018: Variable Topic on Current Issues in the World

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## Editorial

In the autumn issue of the magazine *Clinical Social Work and Health Intervention* we pay attention to extremely sensitive issues. The authors did not skip the topic of the Islamic view on the relationship between the administrative system and national governmental organizations.

The aim of the study was to examine how a proper governmental system affects its national authority with an emphasis on the Islamic point of view.

The second study on the infection of soft tissues and wounds from a physiotherapeutic perspective that was carried out in a mobile health unit in a refugee camp in the northern Bosnia includes an analysis of the second wave of asylum-seekers who could not wait for the completion of the asylum process on Greek islands, or their applications were rejected.

The third contribution studies the selected factors that affect behavioral and psychological changes in the behavior of obstetricians and gynecologists at the maternal health center. We would like to bring this study to the attention of all health care professionals.

In the fourth paper on the roles of nurses with academic title Mgr. in the field of practical health and medical education in Ukraine, we shift our view to the socio-health issues in the Eastern Europe.

The fifth article studies the efficiency of the philosophical and educational program about the development of moral judgment, pro-social behavior and anger control of students. This research was conducted with the aim to determine the effectiveness of the educational program on development of moral judgment, pro social behavior and anger control among students.

It is followed by the publication: *Emergency Situations in the Migratory and Refugee Health 2015-2018 and The Role of a Healthy Lifestyle in the Prevention of Cardiovascular Diseases*. The aim of this study was to assess the adherence to a healthy lifestyle of men and women and to compare which gender is more interested in a healthy lifestyle.

In the eighth text, we come back to a multidisciplinary issue in *Rehabilitation and Nursing Homes*, the issue for the elderly and homeless - lessons not only for physiotherapy but also for epidemiology.

The ninth study deals with the current most actual social issues. It is the topic of migrants versus homeless in rehabilitation and physiotherapeutic facilities suffering from ectoparasites - scabies are not a medical but a social problem.

In the tenth text we come back to the medical issue of HIV treatment and its social aspects, the last one deals with the demand for the training courses for expert non-medical health care professionals.

The autumn issue is concluded with the article that focuses on the need to adapt to the challenges of the aging population as well as with a reminder for the need to extend the education for physiotherapy and nursing in V4 - a need to adapt to the refugee crisis.

This issue is again loaded with information from the field of clinical social work and health care as we perceive it in Europe. The authors of the studies have tried to shut “the metaphorical ever-expanding scissors” between social work and health care and put them into a multidisciplinary unit designed to help people living in the social exclusion.

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## Few words from the Editors-In-Chief

This journal brings authentic experiences of our social workers, doctors and teachers working for the International Scientific Group of Applied Preventive Medicine I-GAP Vienna in Austria, where we have been preparing students for the social practise over a number of years. Our goal is to create an appropriate studying programme for social workers, a programme which would help them to fully develop their knowledge, skills and qualification. The quality level in social work studying programme is increasing along with the growing demand for social workers.

Students want to grasp both: theoretical knowledge and also the practical models used in social work. And it is our obligation to present and help students understand the theory of social work as well as showing them how to use these theoretical findings in evaluating the current social situation, setting the right goals and planning their projects.

This is a multidimensional process including integration on many levels. Students must respect client's individuality, value the social work and ethics. They must be attentive to their client's problems and do their best in applying their theoretical knowledge into practice.

It is a challenge to deliver all this to our students. That is also why we have decided to start publishing our journal. We prefer to use the term 'clinical social work' rather than social work even though the second term mentioned is more common. There is some tension in the profession of a social worker coming from the incongruity about the aim of the actual social work practice. The question is whether its mission is a global change of society or an individual change within families. What we can agree on, is that our commitment is to help people reducing and solving the problems which result from their unfortunate social conditions. We believe that it is not only our professional but also ethical responsibility to provide therapeutic help to individual and families whose lives have been marked with serious social difficulties.

Finding answers and solutions to these problems should be a part of a free and independent discussion forum within this journal. We would like to encourage you – social workers, students, teachers and all who are interested, to express your opinions and ideas by publishing in our journal. Also, there is an individual category for students' projects.

In the past few years there have been a lot of talks about the language suitable for use in the field of the social work. According to Freud, a client may be understood as a patient and a therapist is to be seen as a doctor. Terminology used to describe the relationship between the two also depends on theoretical approach. Different theories use different vocabulary as you can see also on the pages of our journal.

Specialization of clinical social work programmes provides a wide range of education. We are determined to pass our knowledge to the students and train their skills so they can one day become professionals in the field of social work. Lately, we have been witnessing some crisis in the development of theories and methods used in clinical social work. All the contributions in this journal are expressing efforts to improve the current state. This issue of CWS Journal brings articles about social work, psychology and other social sciences.

Michael Olah  
Peter G. Fedor-Freybergh  
*Edition of the journal*





# The Relationship Between Performance of the Administrative System and National Authority of Governments: An Islamic Point of View

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Original Article

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## Abstract:

Each government consists of two dimensions: 1) a structural dimension that involves policy and decision making bodies and, 2) a functional dimension that is a set of government institutions and administrations. Also, national authority in a country is an outcome of three components, including legitimacy, acceptance, and efficiency of its government. The authority of governments is not merely limited to their structural legitimacy and acceptance; but, their functional dimension and the

performance of their administrations also play a crucial role in building and strengthening their legitimacy. Therefore, the aim of the present study is to investigate how the administrative system of a government affects its national authority, with an emphasis on the Islamic point of view. To do so, this research has been carried out within the framework of theoretical research with practical purpose. The research method of the current study was descriptive-analytical. In the present study, the relationship between two variables—namely, “administrative system” and “national authority”—has been investigated within the framework of causal research. Due to the theoretical nature of this study, the resources used mostly include documents and library resources. The results of this study indicate that there is a direct and causal relationship between the national authority of governments (effect) and the performance of their administrative system (cause). Also, this relationship reveals how the administrative system affects national authority.

## Introduction

A political system is an integrated entity that is formed specifically from both structural and functional dimensions. A set of factors and institutions that constitute the structural dimension of a government include a set of institutions, such as a parliament and other organizations. It is the responsibility of these institutions to formulate policies; policies and macroeconomic strategies as well as determining the principles of its political ideology. In contrast, a group of institutions and systems that undertake the implementation of the government plans and policies in the practical dimension, constitute the functional dimension of the political system. It must be noted that from the Islamic point of view, legitimacy of a political system is provided by two sources. Firstly, it arises from Divine Satisfaction and from the conformity of its ideological framework with religious standards. Secondly, the legitimacy of a political system is provided by the will of the people and the members of society. Hence, from the Islamic point of view, the legitimacy of the government systems has a dual foundation. However, from the non-religious perspectives, it is based solely on the popular and social acceptance of the governments.

Generally, according to the basics and principles of Islam, the efficiency of governments is not confined to their structural legitimacy and acceptance. But additionally, the functional dimension and the performance of the administrations play a crucial role in building and strengthening the legitimacy of a government. The functional dimension and the performance of the administrations also assure the permanency of the legitimacy and authority of the government over time. This is a truth, not only in Islamic systems, but also in all political systems and in all eras of history. If we accept the fact that people, as the main aspect of each political system, are the key to authority and survival of governments at any given time, and their assessment of the nature of the system is mainly focused on the performance and administration of the system, and that the performance and administration of the system is the criterion of judgment about the system, the efficiency of the political system will be more salient than the legitimacy and acceptance. There is no doubt that in a case of negligence towards the functional dimension of a political system (reflected in the performance of

its institutions and administrative bodies, and is the criterion of public satisfaction and acceptance), the structural legitimacy of the government will be negated naturally and the general authority of that political system will be abolished. Therefore, the purpose of the current study is to resolve this problem, because regardless of the ideological framework of governments, satisfaction of the people fulfilling their needs is the main component of authority and legitimacy of political systems. Therefore, according to what was explained above, in the present study, we examine how the administrative system of governments affects their national authority, with an emphasis on the Islamic point of view.

## Methodology

This research is a theoretical study due to its nature; however, it can be also an applied research in terms of its purpose. This research has been carried out using a descriptive-analytical method, in order to investigate the relationship between two variables (the administrative system and the national authority) within a causal-inferential framework. Due to the theoretical nature of this study, the resources used in it mostly include documents and library resources.

## Findings

Based on the basics and principles of Islam, the desirability of governments is not limited to their structural legitimacy, but is also affected by an axiom: *As one of the most important and influential factors of the desirability of governments, the importance of the functional dimension and performance of the administrative bodies has a crucial role in building, reinforcing and sustaining the authority of governments over time.* This axiom is true within all political systems, including both Islamic and non-Islamic political systems. In order to explain

this axiom, we firstly need to explain some of the administrative and executive managers' characteristics from the perspective of Islam. Afterwards, we will describe the concepts, principles, and components of the administrative system in Islam, based on the standpoint of Imam 'Ail (AS) as reflected in Nahj al-Balagha; we will describe two categories of factors, including structural and behavioral factors:

## The Characteristics of Administrative Managers from the Standpoint of Islam

### Knowledge and Faith

Science and knowledge are the keys to progress and survival of governments and to the security of communities (Movahedi Nejad, 2004:100). But, obviously, science cannot be the sole protector against deviance. But, expertise must be accompanied by commitment. According to the Qur'an, the management and leadership of the earth and its inhabitants should be in the hands of competent and faithful individuals (Al-Bahi, 1981:28). Virtue, meaning self-management, makes managers avoid violating the divine boundaries in favor of their personal desires.

### Conformity of Words and Actions

Regarding the contradictions between words and actions, the Qur'an says: *O you who have believed, why do you say what you do not do?* (Qur'an (61:2)). This verse revealed on the day of the Battle of Uhud, and is about Jihad and Muslims escaping the war; it refers to one of the worst disasters that may occur in an Islamic society.

### Consultation

In the Qur'an (Surah: Al Imran, Verse: 159), God addresses Prophet Muhammad

(AS) and says: consult with your men about the quality of war and act in accordance with the majority vote. Also, Imam Ali (AS) emphasizes on the principle of consultation and says: *Guidance leads to increased insight. Therefore, it is necessary for managers to pay special attention to the principle of consultation, so that they can make conscious and fair decisions.*

### **Precedence of Mercy over Wrath**

Among the attributes of God is his mercy. Although Allah has determined punishment for illegitimate actions, he considers “another chance” on the basis of his mercy and forgiveness (Hamed Moqadam, 1986:124-125). Regarding the verses of the Qur’an and Islamic Principles, it can be understood that reward and punishment play an effective role in the development of human personality. On-time application of these two factors can help managers to achieve constructive and productive management.

### **Openness to the principle of negotiation**

One of the management skills is the awareness of the texts of debates and negotiations. Utilizing these factors helps managers to be effective and productive (Fisher, 2003:13). Generally, the use of negotiation techniques is one of the most effective approaches for discovering facts and achieving better outcomes.

### **Politics**

In Islamic management, policy is equal to the practical methods which a manager uses to deal with his opponents. It must be mentioned that the Imam Ali’s goal in politics was beyond the achievement of political power, and the basis of the Imam Ali’s diplomacy was a deep commitment to ethical principles and values for performing the Islamic and divine commands (Derakhshe, 1992: 206).

### **Equality**

One of the most important requirements that each manager has to fulfil, is to recognize the facilities of organization and government institutions as the properties of the people and to avoid personal usage (Nabawi, 2011:229). Based on the ethics of all religions, violating equality is always regarded as a great oppression; those who are oppressive, will be defeated by God’s will.

## **Concepts, Principles and Components of the Administrative System in Islam, Based on the Standpoint of Imam Ali (AS) in his book, Nahj al-Balagha**

### **Structural Factors**

#### **Political Factors**

Since autocratic political systems are not selected through the people’s vote, they have no accountability to the people, and this is the most important factor for the development of corruption in administrative systems. Hence, in traditional approaches to the administration of government issues, the theory of separation of the administrative system from the political system in order to prevent the administrative system from being corrupted. According to this theory, managers and employees are not accountable to the people and society. But in the Islamic system, the political system is the basis of the administrative system; so correctness and corruption of the administrative system are the results of correctness and corruption in the political system. It should be said that as the public will and supervision affect the formation and sustainability of the divine political system, it also influence the decision-making process and the implementation of plans in the divine administrative system. Monitoring the performance of the

administrative system is necessary for preserving the correctness and sustainability of the system (Sheikhi, 2011: 117).

### Advisory decision-making

The logic of the Qur'an is that, even if the leader of the society has the highest position among humans (namely, the Prophet Muhammad (AS)), the Islamic community should not rely solely on him. In other words, this dependence should not be to an extent that could lead to destruction of the foundation of the society in case of Prophet Muhammad (AS) not being present (Agha Piroz *et al.*, 2015: 116). Therefore, it is obvious that individual decisions often lead to autocracy and eventually make the whole organization inefficient. Hence, Islam has emphasized advice and consultation with others, in order to undertake the administrative actions correctly. As stated by Imam Ali (AS), anyone who consults with the wise men, will be guided in the right way (Nahj al-Balagha, Saying 173). This indicates that regarding the standpoint of Islam in general and the standpoint of Imam Ali (AS) in particular, people should use opinions of experts and wise men, but final decision must be made by a single person.

### Rule of Law

The most important principle in administration is the adherence of all individuals and especially managers to the Law. Because the factor that sustains the correctness of governments and guarantees their public support is *adherence to the Law*. In this regard, during his deprivation of the government, Imam Ali (AS) reminded managers: *There are three things that if you honor them and act based on them, you don't need anything else; and if you neglect them, nothing else will benefit you. The three things are implementing the Law equally for yourself and strangers; following God's Principles*

*in happiness and anger; fair and equal distribution of wealth among black and white* (Al-Asqalani, 1946:227).

### Transparency

The concealment of issues and subjects from the sight of the people, underlies illegal and criminal actions. Generally, if all issues are clear, many problems such as: bribery; injustice; potential corruption in the Government; hidden and self-seeking relationships; hidden transactions that cannot be audited; etc. will be vanished and this increases the efficiency of the governance and management. In this regard, Imam Ali (AS) regarded the transparency of issues as the basis of government. In the beginning of his governance, Imam Ali (AS) stated: *I swear to Allah that I have never concealed any truth, and I have never lied* (Nahj al-Balagha, Sermon 16). He also stated: *It is your right and I promise that I will never hide a secret from you, unless during a war* (Nahj al-Balagha, Letter 50).

### Accountability

Responsibility is a prerequisite of management. This means that everyone is accountable and responsible in accordance with their role. Imam Ali has said, *I recommend you to be afraid of God about what you do at your own responsibility, because you are pledged to it*. Every man has a commitment to his own achievement, says God. He says, *God warns you to beware of his punishment. Indeed, to him all will return*. Then he says, *Thus, swear to your God, I will ask all of them about what they were doing. O Servants of God, you know that God will ask you about your actions* (Majlesi, 1670: 543).

### Organizational Supervision

In order to prevent employees from violating the Laws and offending the rights of

the people, as well as to preserve the integrity of the administrative system, monitoring the administrations and the employees of the departments is essential. Imam Ali (AS) wrote a letter to one of his managers and told him: *I heard that you have destroyed useful lands and usurped as much as possible. Send me the details of your account immediately* (Nahj al-Balagha, Letter 40).

### **Improving the Livelihood of Employees**

Financial problems and poverty underlie many corruptions in the administrative systems. Therefore, one way to prevent administrative corruption from occurring is to improve the livelihood of employees and government managers. In the management methods provided by Imam Ali (AS), this important issue has been considered. Imam Ali (AS) told his commander (Malek Ashtar): *Pay them (employees) enough, because it supports them for correcting and improving themselves. This way, they don't need to steal any amount of the public funds, and if they defy your orders or betray you, they will have no justification* (Nahj al-Balagha, Letter 53).

## **Behavioral Factors**

### **Impact of People on the Correctness of the Administrative System**

From the standpoint of Islam, without the participation of the people, the administrative system is not properly managed and its correctness cannot be guaranteed (Delshad Tehrani, 2000 b: 111). Islamic government is able to flourish only by the stability of the people and their full participation in the society. Imam Ali (AS) has tried to keep people away from dominative and submissive positions and to make them have a real presence in all areas (Delshad Tehrani, 2000 a: 111). He said: *Don't speak with me the way people speak to arrogant kings. Don't walk away from me, as you walk away from*

*angry people, and don't behave with duplicity and falsification. Don't think that if you express a truth, I'm going to get upset and don't think I'm trying to seem great. Someone who cannot tolerate hearing the truth or a complaint against injustice, would have much more difficulty for acting based on truth and justice. Therefore, don't avoid saying the truth or counseling for justice; because I don't think that I am protected from making mistakes, unless God protects me* (Nahj al-Balagha, sermon 216).

### **Institutionalizing the Culture of Criticism and Openness to Criticism**

In order to nurture the culture of criticism among the people, Imam Ali (AS) recommended his employees to get closer to the individuals who have more explicitness in speaking the truth and give constructive criticism, rather than glorifying the current actions and plans (Mohammadi Rey Shahri, 2008: 42-43). Promoting the culture of criticism against managers and organizations will lead to disclosure (and correction) of possible shortcomings and corruptions.

### **Adherence to Justice**

According to *procedural justice*, when current procedures of decision-making for the allocation of resources are considered fair by individuals, they will have more motivation for improving their performance (Rezaian, 2014:49). *Procedural justice* can be also an important factor for getting the people to cooperate and have a profound impact on one's work attitudes in the workplace (Ibid:49).

The *principle of justice* was one of the most important principles of administration in the management methods offered by Imam Ali (AS). The *principle of justice* is the criterion of everything; and without acting in accordance with justice, the goals of the Islamic government cannot be achieved.

It is the most important principle in social management (Delshad Tehrani, 2000 b: 246). From the standpoint of Imam Ali (AS), justice is important in managing the affairs of administration and he considered justice as the *criterion of policy* (Tamimi Amedi, 1999: 116). *Justice is the criterion of administration* means that all employees are provided with equal facilities to make progress. Also, in the formulation and implementation of the Law, justice and equality must be considered and the differences and advantages must be evaluated on the basis of qualifications and competencies (Delshad Tehrani, 2000 b: 253).

### Education

In each society, education has a direct impact on beliefs, ethics, and generally, on behaviors (Mesbah, 2012: 337). In general, education plays a crucial role in informing the people of the corruption of values; malignancy of the powerful individuals; their misuse of power; as well as informing them of desirable circumstances, values and goals (Ibid:64). In other words, training the employees of the administrations has a central role in the positive development of the administrative system. Imam Ali (AS) said that the origin of any material and spiritual goodness is knowledge; and he considers ignorance as one of the key causes of corruption in any social environment. *Knowledge is the basis of any goodness* (Hakimi, 2001: 96), *and ignorance is the root of all evils* (Ibid:64).

### Meritocracy

To achieve efficiency in administrations, employees have to acquire some features such as skills, knowledge, and beliefs. In other words, if incompetent people undertake the management of the administrative system, efficiency of the administrations will be reduced. From the standpoint of Islam,

managers are trustees for the people. Assigning responsibility and administrative authority to competent individuals is one of the important examples of this trusteeship. As God says in Qur'an, *Indeed, Allah commands you to render trusts to whom they are due and when you judge between people to judge with justice* (Qur'an, 4:58). Furthermore, one of the most important principles of administrative management from the standpoint of Imam Ali (AS) was to consider competence in the process of assigning a responsibility to an individual. Imam Ali (AS) stated that assigning responsibilities to incompetent individuals leads to failure and disaster. Imam Ali (AS) addresses the judge appointed by himself and says: *Government is a trust, and anyone who betrays in this trusteeship will be damned by God until the doomsday, and Muhammad (AS) hates anyone who employs a traitor in this world and in the world hereafter* (Mahmoodi, 1997: 36).

### Punishment and Reward

The evaluation of employee performance, rewarding competent employees and punishing offenders, collectively cause the growth and advancement of committed individuals and correction of the offenders. In a recommendation, Imam Ali (AS) told one of his commanders: *Recognize their efforts through an accurate assessment and never reward someone because of someone else's efforts. Don't underrate the value of their services. The honor and dignity of individuals should not lead to overrating their works, and anonymity of some individuals should not cause you to misprize their great work* (Nahj al-Balagha, letter 53).

Generally, other behavioral factors that promote correctness and improve performance of the administrative system are as follows:

- **Respecting the clients:** Showing respectful and pleasant behavior toward clients;

- Face-to-face communication with people: Administrative managers in an Islamic system are obligated to investigate people's problems directly and closely. In this regard, Imam Ali (AS) says: *Authorities hiding from the people are the origins of lack of awareness among the authorities* (Nahj al-Balagha, letter 53);
- **Public Monitoring:** From the standpoint of Islam and Nahj al-Balagha, the most effective form of monitoring the performance of administrations is the robust supervision carried out by social masses who believe in Islam and the Islamic government. Hence, social differences, social classes, the type of ideological attitudes, and other factors should not prevent people from monitoring the performance of administrations and authorities;
- **Judicial factors:** fair judgment prevent employees from carrying out violations. In this relation, the religion of Islam has emphasized the provision of operators' rights in the judiciary system and monitoring their performance in order to preserve the correctness of the judiciary and administrative systems.

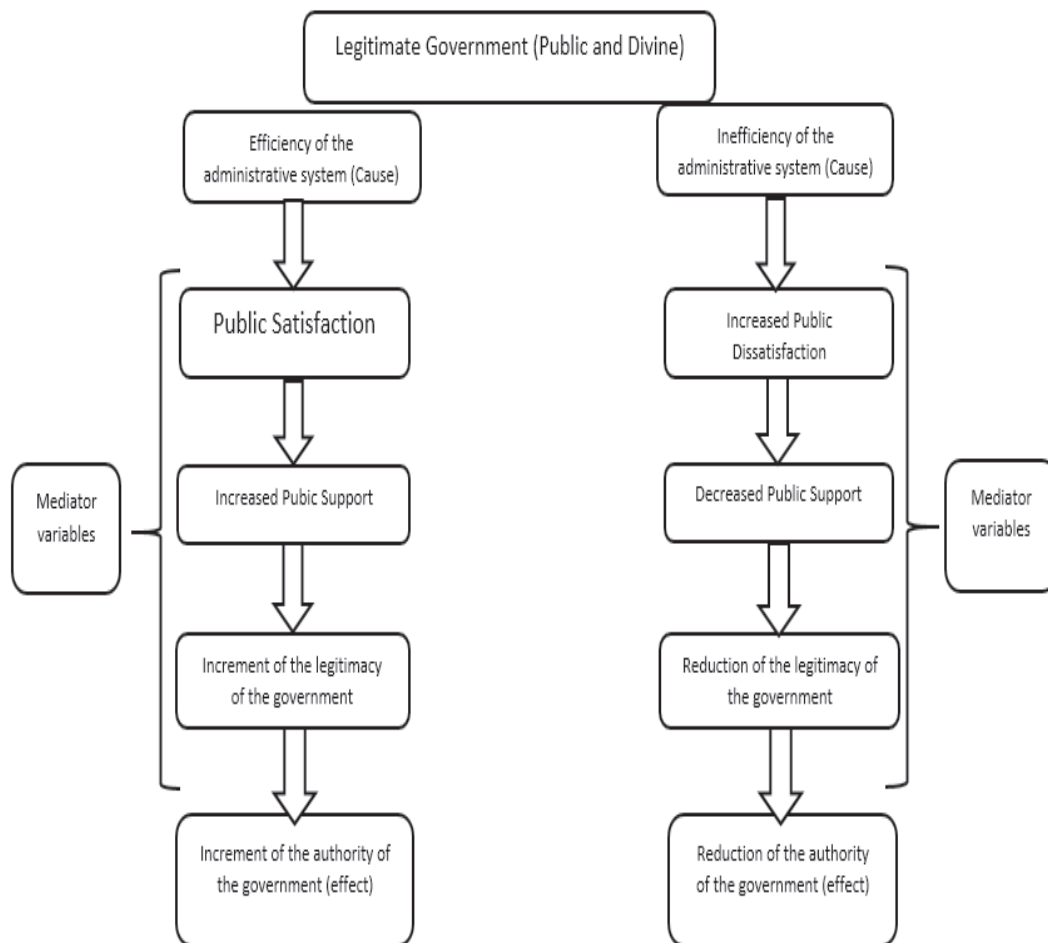
From the standpoint of Nahj al-Balagha, the government is a sociopolitical system which is assigned to the ruler or the

Governing Council by God and the people, so that social order and improvement will be realized towards material and spiritual well-being of the individual and the society (Navaei and SeyedMoosavi, 2011: 76). Imam Ali (AS) has told the rulers: *Don't say that I am a king and you must obey me as this leads to a retrogression and destruction of the government.* Based on the principle that proper and correct management leads to the evolution of individuals, society and government in addition to establishing a political system, Islam has defined the characteristics of administrative managers and the components governing the administrative system. In accordance with what was presented in this section of the study, these characteristics and components are as follows:

**Characteristics of the Administrative Managers:** A principled and ethical diplomacy; commitment and expertise; advisory decision-making; appropriate encouragement and punishment in accordance with the principles of Islam; with respect to human dignity; dignity as well as the propagation and promotion of justice.

We describe the Components Governing the administrative system in the following conceptual model:





**Figure 1:** Conceptual model of the relationship between performance of the administrative systems in governments and national authority of the governments. (Figure 1: Author)

**Components governing the administrative system:** Rule of Law; the correctness and corruption in the government affecting the correctness and corruption of the administrative system; transparency; accountability; organizational supervision; improving the income of employees; the role of people in the correctness of administrative system; institutionalization of criticism and openness to criticism; meritocracy.

Therefore, considering the Islamic Principles required for the realization of an efficient political system that causes the development and improvement of the individual and society, we can understand the role of

functional dimension and the performance of the administrative system in realizing, strengthening and sustaining the desirability of governments over time. Also, we believe that there is a direct and causal relationship between the administrative system (as the Cause and the Independent Variable) and the national authority of governments (as the Effect and the Dependent Variable); so that increasing the quality of performance of the administrative system leads to increased national authority of governments and, decreasing quality of the performance of the administrative system leads to decreased national authority of governments.

## Conclusion

Based on the results of the current study, we found that one of the factors for building legitimacy is the positive performance and efficiency of governments. But it must be explained that according to Islamic Teachings and Principles, legitimacy and desirability of governments are not confined to the structural legitimacy of the governments. Therefore, since the governments implement their programs and actions through their functional dimension and administrative bodies, it can be stated that the legitimacy of a government depends on both structural and functional dimensions of the government. We discovered a direct causal relationship between the two variables, including the performance of the administrative system (cause) and the national authority of governments (effect). We used the diagram above to describe how the administrative system influences the national authority of governments (Fig. 1).

It must be mentioned that in a significant number of Islamic countries, despite the existence of Islamic Principles provided for monitoring the performance of administrative systems, there are deficiencies such as the lack of transparency; accountability; reward and punishment system; meritocracy; as well as the weakness of the regulatory structures; the unfair distribution of wealth; etc. In regard to the understanding the cause of these problems in the administrative system of all countries, including both Islamic and non-Islamic, we can mention the basis of the legitimacy of governments. Jean-Jacques Rousseau believes that *if a government and authority is delegated to an individual by the public will, it is legitimate; however, other routes for transmitting the political power are not legitimate*. But from the standpoint of Nahj al-Balagha, people cannot be the sole origin of legitimacy. Because a society may suffer from intellectual, ethical and practical deviations; the people's

ideas may not be rational, logical, and divine; corruption may be embodied in the intellectual bases of the community. Indeed, such an issue is quite evident in many of past and current societies. Obviously, these problems will lead to a reduction in the efficiency, acceptance, legitimacy, and finally the national authority of governments.

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## Joint, Soft Tissue and Wound Infections in Physiotherapy Patients from a Mobile Health Care Unit in a Refugee Camp in Northern Bosnia

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Original Article

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**Abstract:**

**Background:** This is a study about a refugee population of a “hidden” second wave of silent people who did not wait or could not wait for their asylum process to be completed on the Greek Island UNHCR camps or in those whose applications have been rejected (since they originated outside Syria and Iraq, and had little chance to get asylum in Greece, such as refugees from Afghanistan, Bangladesh, India, Pakistan, Iran).

**Material and Methods:** The aim of this survey was to detect etiology and describe our experience with treatment possibilities of physiotherapy related wound infections on skin and soft tissue in injured extremities, joints, bones, during long “food based” travel between Greece and North Bosnia (800-1200 km). About 500-800 refugees of armed conflicts from Syria (80%), Iran, Afghanistan, Iraq and Pakistan (20%) with zero attendance from North Africa have been observed in permanent transit and moved from July 7 to August 15, 2018.

**Results:** Within 144 patients who presented themselves in the Physiotherapy and Wound Unit of the Health Post in Velika Kladusa on the Bosnia/Croatia border, the majority had skin, soft tissue, joint and bone diseases, with majority presenting contaminated wounds after long walking, injuries, animal bites and accidents. Cultures were obtained in those who agreed and 51 cases were recorded and could be evaluated. 45 patients in field the Physiotherapy Ward Wound Unit had an invasive highly pathogenic bacterial pathogen including clostridium perfringens, MRSA, MSSA, P. aeruginosa, etc. In about 20% these were mixed with fungal and in more than 50% with parasitic infection or mixed bacterial and or fungal pathogens *Sarcoptes scabiei* plus other organism.

**Conclusion:** In a non-refugee and non-migrant population in peace conditions, the majority of skin infections require minor debridement and local therapy with iodine, silver or alcohol based antiseptics. However in the immunocompromised population on long time of foot travel, systemic antibiotics, antifungals and anti-parasitic drugs may be required.

**Running title:** Joint, skin and wound infections in long walking refugees on the Balkan Route.

**Introduction**

Refugee pathways in the Balkan Route changed in 2018 and the main flow blocked in Greece resulted to sublegal movement of small independent groups from Greece via Bosnia and Hercegovina directing via

Croatia to Schengen Space in Slovenia and Austria. This is a study on a refugee population of a “hidden” second wave of a silent group of those who did not wait or could not wait for asylum process to be completed

on the Greek Island UNHCR camps or in those whom applications have been rejected (since they originated outside Syria and Iraq, and had little chance to get asylum in Greece, such as refugees from Afghanistan, Bangladesh, India, Pakistan, Iran). Exact number of this “silent” second Balkan “flow” is unknown since those small groups of 5-20 families move weeks, mainly early morning or night in woods and outside the roads to escape visibility of UN armed forces and local police in Bosnia.

## Patients and Methods

The mobile refugee camp in Velika Kladusa belongs to several inconstant acute camps where those who are preparing to cross the Schengen border to Slovenia are seeking temporary shelter and rest before the final battle for freedom escaping from war. In Velika Kladusa, Bosnia and Herzegovina border to EU (Croatia and Slovenia).

The conditions in temporary camps are depressing, drinking water was used from a pipeline at a nearby football stadium or streams in the wood; no food supply; no assistance by international refugee based organizations therefore could be provided, such as UNHCR regular assistance; MSF support; WFP support; etc. Because of the predominant Muslim religion in Bosnia, the civil population was positive and supportive in finding cross boundary paths, small roads and also small food supplies. However, no health care could be provided apart from temporary visits of NGO Health Care Teams. For some days, one mobile Red Cross (IRC) Unit was observed to assist.

## Results and Discussion

All but 6, approximately. 80% of culture positive cases, 45 patients in Field Physiotherapy Ward Wound Unit had an invasive of highly pathogenic bacterial pathogen

- clostridium perfringens, MRSA, MSSA, P. aeruginosa, etc. In about 20% these were mixed with fungal and in more than 50% with parasitic infection or mixed bacterial and or fungal pathogens such as sarcoptes scabiei plus other organism. Apart from serious pathogens such as clostridium, MRSA, MSSA S aureus, P.aeruginosa etc. less known pathogen infections of the human organism from the environment such as from water and soil, reflect in contamination from soil and animal bites (Kocuria species, Achromobacter spp, Pantoea spp, Clostridium spp, known to colonize oral cavity of dogs, in those reporting dog bites during police or border guards violence in migrants, reported in about 10 percent of those who were returned from Croatia, Serbia or Hungary).

Acute wound, joint, bone, skin and soft tissue infections in 51 of 144 patients were cultured and 31 swabs were positive for bacteria and 20 for ectoparasites (scabies secondary contaminated), in 10 cases mixed infection occurred (Tabl 1).

Concerning Therapy, in most cases with only superficial infections, local debridement of necrotic tissues, pus or fluid evacuation and local antiseptics of iodine or alcohol base were performed. In cases with animal bite or injury, tetanic toxoid was given muscularly. As we assumed that police dogs are vaccinated against rabies in all OECD member states, no anti-rabic prophylaxis was given. In addition, if an animal bite was reported, systemic antimicrobials, doxycycline plus amoxicillin was given. In non-bite deep infections such as cellulitis, abscess, arthritis, osteomyelitis, co-trimoxazol with or without ciprofloxacin was administered for 7-10 days.

When comparing the therapy practices in other studies on refugee and migrant health in Greece, Italy, Malta, Syria and Iraq, our

finding was similar with environmental microbes firstly colonizing and after deeper immunosuppression related to long travel by foot, sometimes 800-1200km - we had a family walking 1,150km, those environmental organisms usually non-fermenting gram-negative soil and water contaminants, may cause severe coinfections in children and the elderly, since humans apart from animals and plants do not possess acquired or innate immunity to those organisms.

Assessing antimicrobial susceptibility in those environmentally originated bacteria, co-trimoxazol and doxycycline were the most active compounds, therefore we recommend in those exposed to animal-bite organisms, and soil-plant-water related gram-negative bacteria, the use of a combination of co-trimoxazol plus amoxicillin in children and potentially pregnant women, and in others co-trimoxazol in combination with ciprofloxacin, or doxycycline with ofloxacin, covering most organisms described from wounds of migrants refugees, animal bites, environmental contamination injuries. Second commonest ID was scabies., Therefore, antiscarptic ointment is useful to decrease transmission due to swelling within a single patient or patient-to-patient (children among themselves) transmission of MRSA or MSSA. In about 20%, when candida or other fungal skin infection is present, clotrimazole or fluconazole ointment is mandatory as local therapy as well. (3)

## Conclusion

In a non-refugee and non-migrant population in peace conditions, a majority of skin infections require minor debridement and local therapy with iodine, silver or alcohol based antiseptics. However in this immunocompromised population after long time foot travel, systemic antibiotics antifungals

and antiparasitic drugs were required. In about one third of patients combination therapy of all three types of agents - antibiotic, antifungal and antiscarptic antiparasitic agents locally, and about in 20% of systemic antibiotic therapy is required, in addition surgical debridement, or pus or fluid evacuation are mandatory as well with subsequent local and systemic remedial therapy. Physiotherapy is required in about 20-30 patients with relaxation techniques, massages, combined with hydrotherapy and local antiscarptic ointments, in injured ankles, or exhausted extremities after long walk travel.

The best prevention of such type of injuries and SSTI are not medical or health measurements but ultimately a stop to current ongoing armed conflicts in Syria and Yemen, with country health infrastructure rehabilitation.

**Table 1**

<b>Typical SSTI (wound) pathogens</b>	<b>Total</b>
C. faecalis	3
S. aureus	7
• MRSA	3
• MSSA	4
Pseudomonaceae	2
• Ps. Aeruginosa	2
Enterobacteriaceae	8
• E. agglomerans	4
• K. pneumoniae	2
C. perfringens	1
C. albicans	6
<b>Soil / water / environment pathogens</b>	<b>7</b>
Citrobacter braakii	
Achromobacter xylosoxidans	
Kocuria rosea	
Acietobacter baumani	
Stingomonas paucimobilis	
Stenotrophomonas maltophilia	
Pseudomonas fluorescens	



**Fungal**

*C. albicans* 6

**Parasitic**

*Sarcoptes scabiei* 24

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## Explore the Factors Affecting Behavioral and Psychological Changes On Obstetricians/Gynecologists in Maternal Health Care Center

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### Abstract:

**Background:** The quality of Doctors' services (informally or formally) due to behavioral and psychological changes is a scorching issue. In this study, Obstetricians/Gynecologists experiences are examined in maternal health settings to find out the factors affecting the behavioral and psychological health of the Doctors.

**Method:** The current study is based on qualitative method in which *the Case study approach* is adopted. Ten interviews are conducted from obstetricians/gynecologist at their workplace.

**Result:** Through qualitative interviews, the findings revealed that Obstetricians/Gynecologists deal with social pressure, excessive workload, social isolation, financial constraints and cultural adjustment. Our study discovered that such changes result in severe burn out, dissatisfaction, frustration, which results in diminishing the performance of Doctors, and ultimately influencing the service quality provided in Maternal Health Care Centers.

**Conclusion:** It suggests that policy makers, government and hospital's management should understand the requirements and demands of Doctors before preparing the service structure. In addition, it is recommended that the training sessions and seminar specifically designed to address the issues highlighted in the paper to help Doctors in improving their services.

### **What do we already know about this topic?**

The Factors affect the behavioral and psychological changes on Practitioners is a scorching issue and need detailed investigation to improve the quality of service.

### **How does your research contribute to the field?**

It introduced a new concept that, quality of service cannot be improved without knowing and improving the practitioner's mental health condition.

### **What are your research's implications towards theory, practice, or policy?**

Theoretical: Introduced a new concept of Practitioners' mental health has impact on the quality of the service.

### **Practical or Policy:**

1. Incorporate Physical activity
2. Encourage open communication
3. Arrange seminars and workshops to improve the commitment and attitude

## **Introduction**

Maternity Care Centers hire trained professionals for perinatal health care and delivery of newborns. Their professional team includes trained and experienced Obstetricians/Gynecologists, Nurses, Midwives and other associative staff. Maternity Care Centers are mainly developed to provide full time availability, easy accessibility and acceptability of pre-delivery, and post-delivery services (Arulkumaran, 2010). Guerini, La Rocca, Runfola, & Snehota (2014) proposed that the quality of these services can be standardized and improved mainly

by having an effective Doctor-patient relationship. Obstetricians/Gynecologists are Specialists in the area of reproductive health care in women. The infinitesimal difference between an Obstetrician and Gynecologist is that Obstetrics deals especially with pregnancy and birth related issues while Gynecology is the study of women's reproductive system as a whole.

The term *Clinical Governance* can be defined as "a framework which holds the health service providers and health organizations accountable for continuous evolution and

improvement of the health services quality and safety according to high standards by maintaining an atmosphere where clinical care quality will evolve” (Raghupathi & Raghupathi, 2014). Horvath et al. (2011) combined the organizational, managerial and the clinical approaches in order to improve the clinical care quality by making such systems and procedures which would be helpful in maintenance of present good clinical practices, while allowing the policy makers to make improvements in the general health care structures.

The most crucial part constituting *Clinical Governance* is „Doctors“. Licata & Klein (2010) concluded the clinical monarchy-based relationship between a Doctor and a patient is usually viewed as *benevolent paternalism* having factors like attitude, behavior and language as the key relationship elements. According to McCabe (2004), to establish a trustworthy Doctor-patient relationship, empathetic listening and effective communication are the essential factors. It thus leads to building a connection which allows the patients the expression of their feelings, emotions and thoughts. In turn, the transmission of the diagnostics, suggestions, recommendations and the appropriate treatment can be done in an effective way. Proper attention, care and vigilance towards Doctors may cause changes in their emotional and psychological aspects. It becomes crucial to strap the parent-Doctor relationship in Maternity Centers where emotional and behavioral changes may affect the relationship in an inappropriate manner.

Health psychology is the term which deals with the mental and behavioral procedures in health and illness. Avery & Patterson (2017) stated that *health psychology* also deals with the way in which psychological and behavioral elements contribute to physical health and physical illness. Psychological elements can have direct effects

on health. (Kowpak & Gillis, 2015) stated that appropriate health policies for the general public requires proper attention on the mental health of Doctors. This paper argues the importance of mental health of both Doctors and Specialists. A Doctor’s mental health should be given importance for the following main reasons. First, being a major contributor in providing the health facilities, Doctors should have a healthy mind in order to give a healthy output. Secondly, the nature of Doctors’ work is very sensitive because the life and health of the patient is in their hands and even a single mistake may result into unforgettable casualty. Third, the satisfaction and impact of a Doctor services is a blessing for those women who are in a life-threatening stage. This study aims to find out and discuss the factors that have influence on the psychological and the behavioral health of a Doctor and also provides suggestions to address these influences.

## Literature Review

Pakistan lies sixth of most populated countries of the world having a population of more than 201 million people. About 48.63% of this population is constituted by women. According to the World Bank collection of development indicators as published in 2015, only one Health Care Center is available for 500 persons on average. The Maternal mortality ratio is 178 for per 100,000 births (WHO, 2016). According to WBDI (2014), on average only six Midwife/Nurse are available for almost 1,000 people in Pakistan. These statistics show the alarming situation.

There are many challenges faced by the system of Maternal Healthcare in Pakistan. Some of these challenges are: ensuring the availability of trained staff in Maternal Health Care Units; expansion and improvement of the services provided to mothers and their children; appropriate managerial

skills to address the attitude and other psychological problems in Doctors as well as patients; collection of adequate funds for Maternal Health Care Services. Doctor to patient ratio is very small which in turn increases the work load on Doctors causing frustration, aggression and other attitude problems in them. Many complaints have been registered by the patients about rude and inappropriate behavior of Doctors particularly in Maternity Centers.

It is very obvious that the life of a Doctor, especially a Gynecologist or Obstetrician which is very busy and complex, as he has to be on duty for a very long time; has to deal with critical situations; has to sacrifice their personal life; emotions and thoughts remain unexpressed (Balch *et al.*, 2009). He/she works in a complex medical atmosphere where his/her behavior and psychological health is badly affected. Research shows that the passion and commitment of a person to himself and his life domains reveals his psychological health (Kashdan & Rottenberg, 2010). According to Lazarus and Folkman (1984), the relationship between the environment and individuals in which an individual respond through emotional, behavioral and physiological mechanism is called *stress*. Poor psychological health is due to *mental stress*; this process involves variables and controlling factors associated with coping and appraisal processes. Although, the majority of Doctors honestly put patients' care at first priority instead of profit but there are a number of incidents where patients told about the illegal practices of the Doctors for monetary purposes.

Various studies on the mental health of Doctors suggest the psychological health of Doctors is usually low compared to other professions (Kinman, 2001). Human psychological and behavioral changes are long or short processes and not just an event, hence it is vigorous to comprehend what elements stimulate such changes; how

such changes occur; what elements trigger them (Holmes, 2010). Many studies suggest different names for the psychological health such as *ego-resiliency* (Block, 1961), *self-regulation* (Muraven & Baumeister, 2000) and *executive control* (Posner & Rothbart, 1998). The societal shifts during the last few decades lead to the empowerment of individuals in comparison to institutions and government authorities, initiating the rights-based movements like patients' rights; women's rights; consumers' rights; minority groups' rights; etc.. Doctors and Specialists used to feel that their rights still need attention, even though many people think of Doctor as a "Priest" and their attitude hurts the feelings and ego of such people. Davis, Campbell, Hildon, Hobbs & Michie (2015) explained that to maximize the latent effectiveness of interferences it is essential to comprehend behavior and behavioral changes. In simple words, the complete understanding of behavioral changes.

Medical experts can't neglect the changes they face while serving in Maternal Care Centers. These changes happen in biological, psychological and behavioral areas. (Sallis, Owen & Fisher 2015) suggested a *Social Ecological Model* (SEM) for understanding the psychological and behavioral changes among Doctors; he says that multi-faceted and interactive influences of personal and atmospheric elements can be employed to find the changes in behavior. *Social ecology* deals with the relations between human beings and their active context and settings. Human behavior is influenced by multiple levels: intrapersonal (including biological and psychological); interpersonal (including cultural and social); physical surrounding; organizational community; policies. Helping the progress of more comprehensive interventions through explicit consideration of multiple levels of influences, is the core concept of social ecological model (Golden & Earp, 2012). Several

researchers suggest that the psychological well-being can be earned from traditional and egalitarian values and satisfaction of the competence and autonomy requirements (Deci & Ryan, 2008). Social forces and interpersonal environment influence motivation (controlled and autonomous). Young and Koopsen (2010), elaborated physical and mental health is important; a holistic approach towards health would focus on emotional states, spiritual aspects and social circumstances. Good health provides an ability to meet life's challenges, opportunities and maintain a level of functioning that has a positive influence on well-being.

Psychological flexibility increases human capabilities to: maintain the work-life balance; make commitment towards their values; be open minded; have cognitive abilities and increased emotional intelligence (Kashdan & Rottenberg, 2010).

The philosophy of Health Care encourages the Health Care Team to treat patients with respect, honor, dignity and compassion; thus, making a trustworthy and strong relationship with patients and caretakers. This paper includes interviews from several Doctors to discover the factors which cause psychological and behavioral changes in them. Behaviors in reality, increase the well-being, whereas others do not.

The investigation of this study's focal phenomena warranted an holistic approach and the use of combined research methods i.e. semi-structured interviews and observations. Such insights may best be facilitated through a case study design. This form of enquiry investigates contemporary phenomenon within its real life context. It is particularly useful in settings such as Health Care, where boundaries between phenomenon and context are unclear, and where contextual conditions are also highly pertinent.

## Method

**Study Setting:** To investigate the research question where contextual conditions are highly pertinent and boundaries between phenomenon and context are unclear (Yin 2015, Yin & Davis 2007) semi-structured interviews and observations may be the best method to warrant an holistic approach (Eisenhardt 1989). Here the Case Study approach is employed as the research aims to discover the factors that affect the service quality in Maternal Care Centers in Pakistan. Case Study being an appropriate method is focused on collecting experiential knowledge and influence of its political, social and other contexts (Crowe *et al.*, 2011).

Ten Gynecologist/Obstetrician are identified who are appointed in Maternal Health Care Centers of the Punjab. Using

**Table 1:**

	Pseudonyms	Length of service	Gender	Age	Posting	Residual
1	R1	10	F	40	RahimYar Khan	Lahore
2	R2	8	F	35	Multan	Lahore
3	R3	14	F	40	Bahwalnagr	Gujranwala
4	R4	4	F	34	Gujranwala	Sahiwal
5	R5	10	F	40	Bahawapur	Bahawalpur
6	R6	15	M	41	Lahore	Bahawalnagar
7	R7	5	F	34	Lahore	Bahawalnagar
8	R8	10	F	40	Sahiwal	Multan
9	R9	15	M	41	Bahawalpur	Lahore
10	R10	12	M	38	Lahore	Lahore

convenience sampling, representativeness is limited in this study. However, demographic variables are controlled. For example, participants are selected from different cities, such as, Lahore, Dera Ghazi Khan, Bahawalpur, Sahiwal and Lahore. Based on convenience sampling, it was experienced that participants are more open and it helped us to gather in depth data. We met them at their workplace according to their convenience. Interview sessions were held at the workplace or participant's home as per their convenience. Each interview lasted 70 minutes and all Interviews were audio-taped. The interview questions were mainly related to the experiences of Doctors since they joined a Maternal Health Care Unit. We adopted the semi-structured interview in this study. Thus, each participant replied to the same research questions and information was explored on the basis of their responses. This approach is fixated on the respondent's point of view rather than making generalizations about behavior. Interviews were conducted primarily in English and transcribed immediately afterwards.

Notes and researcher's reflections were also prepared to cross check with interview transcripts later.

The data obtained over in-depth interview was thematically analyzed using NVivo 10. The main themes were extracted after thematic analysis and content analysis was also made to confirm these themes.

## Results

The findings revealed that there are many factors which influence the psychological and behavioral changes in medical experts serving in Maternal Health Care Units. They are facing a continuous battle to deal with the changes in order to perform their duties. Four main themes are generated related to the factors that affect the behavioral and psychological changes.

## Communication

Researchers' evidence shows that communication among the healthcare team with the patients and their attendants is considered to be the most crucial and highly emphasized factor in order to improve the quality of services in the Maternal Health Care Centers (Mooney *et al.*, 2009).

*"I always avoid to talk on non-clinical issues, even though most of the times the main source of problems are the non-clinical issues."* (R1)

According to (Huntington & Kuhn 2003) the biggest malpractice in Health Care is a communication gap between Doctors and their patients. The same concern was expressed by many of the respondents.

*"Sometimes the communication gap makes me upset. In a Maternity Ward a patient can communicate with us directly as the one who can listen to their non-clinical issues and give them better suggestions. But I feel patients avoid to discuss non-clinical issues with me due to family restrictions as I am appointed in the Rural Health Care Centers. My patients mostly are illiterate. At the start, I tried again and again to facilitate them, but now I leave it and just focus on the clinical issue."* (R3)

Another respondent stated in this respect:

*"Well, culturally people are very rigid here and they don't want to come out. I have many female patient who do not want to talk. They are always trying to influence the Doctor and deceive them. It's very difficult for me to communicate with them."* (R2)

*"Patients never tell the exact history and never accept her/his mistake that they had consulted any quakes; use any folk method;*

*mostly believes that he knows more than me and always argue unnecessarily to show her/his knowledge so that mostly irritates me.”(R6)*

The interview data highlights that strong communication is necessary between the patient and his Doctor, otherwise stress is generated which leads to medical error.

### **Excessive Workload**

Workload is linked with various harmful psychological reactions like emotional exhaustion and lowered worked efficiency (Himle, Jayaratne, & Thyness 1991); (Greenglass, Burke, & Moore 2003, Himle *et al.*, 1991).

*“I don’t want to tired but I become tired. Sometimes I checked more than 30 patients in a day and it diminished my performance.” (R9)*

Walker (1996) stated that high workload causes stress, cynicism, frustration, and burnout. Burnout leads to health problems; circadian misalignment during shift work; impaired social life; sleep disorders (Åkerstedt & Wright 2009).

*“Excessive work had raised my family conflicts. Sometimes, I referred my patient for some test because I did not have time to evaluate the patient’s condition.” (R7)*

*“Excessive workload causes stress in me. To cope with the stress, I used to smoke (after a burst of laughter) I know I am a Doctor, but this is my only solution to deal with stress” (R10)*

*“Health scenario of Pakistan BHU and RHC and DHQ’s are not fully functional so patients with minor illness also come to tertiary care hospitals which are meant to deal*

*with advanced diseases. Doctors working there are overburdened to deal with those patients” (R3)*

*“As the Doctor to patient ratio in our practice is in the negative, our Doctors have to spend 24 hour duties in emergencies and this decreases efficiency and makes me frustrated” (R1)*

*“My duty hours are mostly from 8 to 3 that really tired me and these are the theoretical timings. But practically being a Gynecologist, I am on duty all the time which results in aggressive and rude behavior. To cope with all this, I mostly use tea like water but that is also of no use now”. (R5)*

### **Cultural Adjustment/Social Isolation**

Many researchers reported that social isolation produces neurochemical, psychological and behavioral influences (Bitterman 1965; File, Mabbutt & Toth 1990); (Fulford, Butler, Heal, Kendall, & Marsden, 1994).

*“I am in a phase of social isolation. I belong to Lahore, and in D G Khan there is no proper place for outing, hotel, park or shopping mall. As my husband is also a government employee in Multan I felt myself alien when I come out without him. I have to go out to perform various tasks such as drop off and pick up my children in school; get groceries; and..., etc.,. He used to visit us on holidays”(R1)*

Ali, Van der Zee & Sanders (2003) suggest that the process of adaptation is dealing with cross-cultural transitions while its outcome is adjustment. General adaptation refers to expatriates’ degree of psychological comfort with regard to several aspects such as Health Care, climate, food and accommodation; however communication



adaptation evaluates expatriates' efforts to founding relationships with the locals.

*"My main problem is making friends in this new city. My family and friends are from Lahore. It's difficult for me to settle my family in this city (Sahiwal). I am waiting for holidays to go to Lahore and spend time with my family and friends"* (R4)

*"I tried my best for my appointment in my own city but I failed. It is difficult to bear the cost of living in Lahore, as I lived in a joint family system. My family lived with my parents in Bahawalnagar. I am performing two jobs in a day. That's why I have no time for friendship."* (R2)

*"Due to long working hours I find no time for me and my family as much as should be. I have no time for friends and hangouts. Due to this I am mostly frustrated that really effects my life. I am always in a hurry to complete my work at home so that I can get to hospital on time. That's some time that makes me want to quit."* (R8)

### **Limited Availability of Resources**

Schaufeli & Enzmann (1998) concluded that without adequate resources and support, psychological contract with their employees has been eroded.

*"In hospital resources such as wheel chairs, ambulances, medicines, surgical instruments and etc. are limited. The hospital has three ambulances but they are constantly breaking down."* (R6)

*"Water shortage is the most acute problem in the hospital since it is constructed on high ground and WASA is failing to pump enough water. There are limited beds in the maternity ward and many times we settle two patients on a single bed."* (R3)

*"We are short of surgical instruments. Due to unavailability of required equipment most of cases are referred to the District Hospital which is 75km away. At times, patients die while traveling ng there. That's why in this hospital, the death ratio of female patients is more than males."* (R5)

*"There is an ultrasound problem, so I refer them to do the scan privately. I feel bad for the patients as most of them are poor."* (R1)

*"We are short of surgical instruments, medicine and proper environment that sometimes badly effects the case and patient dies due to non-availability. Because of all this, patients mostly prefer to go to private clinics."* (R8)

### **Discussion:**

Based on the findings of this study, recommendations can be made for the Doctors and policy makers in Pakistan to take effective steps in order minimize the factors discovered above, which are adversely influencing the psychological and behavioral changes in Maternal Health Care Centers.

Communication is the main theme of this research which can directly influence the service quality of Doctors. It's the responsibility of both the Doctors and patients to communicate with each other in all the stages of service delivery. Developing communication and managing emotions may reduce amygdala activation integrated with reduced emotional dysregulation and highlighting the possible neural impact of satisfaction (Kozłowska, Walker, McLean & Carrive (2015). Language is the main barrier with any communication, therefore Doctors should not be appointed far from their hometowns. Additionally, appointment of Doctors in nearby premises may also solve many problems of cultural adjustment

and social isolation. Another solution is to appoint more local Lady Health Visitors (LHV) and Midwives because they are well aware of the culture and language of local population. Cross cultural adaptation, social network and integration into behavior and values are the most important facilitators (Étémé, Girard, Massé & Sercia, 2016).

The study result also discovers that excessive workload and poor working environment causes stress, work-family conflicts and burnout which ultimately influence the quality of service. Two broader dimensions of a working environment are work and context. Work comprises all the different physiognomies of the job like task activities training; the way a job is carried out and completed; a sense of achievement from work; control on one's own job related activities; diversity in tasks; the central value for a task (Gazioglu & Tansel 2006; Skalli, Theodossiou & Vasileiou 2008; Sousa-Poza & Sousa-Poza, 2000). To overcome this problem, human resource management programs should be initiated at the national level. It is necessary for management to improve the working conditions for the satisfaction of employees working under difficult working conditions. This will satisfy them and in return overall performances will increase. The motivational factors (acknowledgement or appreciation; the sense of achievement from their work; the nature of work; opportunities for personal growth and advancement; the responsibility that is granted to them) help employees to find the value, respect and worth given to them by their organization (Dartey-Baah & Amoako, 2011; Raziq & Maulabakhsh, 2015)

Educational programs including motivation, stress management, emotional intelligence and work-life balance should be started at the national level. Continuous training and seminars can also prove helpful to improve psychological and behavioral health. The impact of training is higher for

the white collar jobs because of less effectiveness of materialistic output (Ackerberg, Caves & Frazer (2006). Availability of the required resources in Maternity Health Care Centers is the prime responsibility of the government; policy makers should focus on the utilization, maintenance and distribution of these resources.

## **Conclusion:**

By employing the qualitative research method, the factors which influence the psychological and behavioral changes are explored in this research. The findings indicate that Obstetricians/Gynecologists in Maternal Health Care Hospitals deal with a series of factors that affect their behavior. The effect of these factors can be minimized by changing their lifestyle; by revising the work strategy; by adopting a positive attitude and commitment towards work. The governments' responsibility is to provide the required resources to the Doctors and help them to address these influencing factors. Government and policy makers need to focus these factors faced by Doctors and provide appropriate support to them.

The study employed a small sample of Ten Obstetricians/Gynecologists from Pakistan. The validity of the study is contingent upon the interpretation of interviews; it only focused the problems faced by Obstetricians/Gynecologists in hospital settings; however, by including family issues being faced by Obstetricians/Gynecologists into the study more vital themes can emerge. The main limitation of this research is population size and sampling strategy; despite these limitations, the results have the impetus to contribute in the development of Health Care reforms providing data and information on the factors that influence psychological and behavioral changes in Doctors.

**Abbreviations:****OB / GYN:** Obstetricians/Gynecologists**LHV:** Lady Health Visitor

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**Consent for publication:** After fully explaining the details of the study, written consent was obtained from all the study participants for the interview, tape recording, and for publication. Participants were not reimbursed for participating in the study.

**Ethics approval and consent to participate:** After the approval of the research proposal from ANCRD (Azra Naheed Center for Research and Development), the researchers were advised to first obtain ethical approval from the Azra Naheed Health Committee (University Teaching and Research Ethic Committee). Approval was given by the Committee to the manuscript *Explore the Factors affect the behavioral and psychological changes on Obstetricians/Gynecologists in Maternal Health Care Center* (Protocol Number Sp-222). After fully explaining the details of the study, written consent was obtained from all study participants for interviews, tape recording, and for publication. All respondents agreed to allow recording.

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## Role and Place of Nurses with Master's Degree in Practical Healthcare and Medical Education

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### Abstract:

The aim of the research was to distinguish the roles, fields of work and organizational skills of Nurses with Master's Degree in Practical Health Care and Education in Ukraine. 95 Nurses were surveyed in order to achieve the goals of the research (Nurses with Master's Degree (MD), Nurses without Master's Degree and MD Teachers). It is proved, that a Nurse with an MD is a highly qualified Specialist who gained in-depth

special knowledge, skills and possesses necessary experience for their usage. Also, such a Nurse acts as a leader and takes professional responsibility in every possible area of activity. We consider unacceptable the fact, that the majority of MD teachers do not work in Medical Institutions and do not have the opportunity to constantly improve the professional level of Nursing. Nursing Specialists in Ukraine believe, that the time has come to implement the concept of the development of Higher Nursing Education and insist on the creation of certain favorable conditions for continuing education and obtaining the third educational-scientific level - the diploma of the Doctor of Philosophy (PhD Degree).

## Introduction

The importance of the work of a Nurse grows in Ukraine [1,2]. The goal of the development of Nursing in Ukraine is to strengthen the health of the population; increase the duration of life and its quality by improving the efficiency of the Healthcare System; expanding coverage of Health and Medical Care Services [3,4,12]. This following goal can be achieved by involving Nurses in expanding the function of healthcare, education, creation of institutions, where services can be provided: Hospices, Nursing Care Departments, Homes, etc [5,6,15]. An active formation of the legislative framework in the field of Nursing and the need to accelerate the adaptation of the domestic normative legal base to European norms should be considered to be one the most urging and pressing issues. [14,16].

The most important achievements of Nursing in the overwhelming majority of countries of the world are: development of Nursing as an independent sphere of professional activity in healthcare with a well-established management system; introduction of newest types of Nursing care and assistance; the formation of Nursing as a scientific discipline with scientific research on clinical issues together with the administration within Nursing services; purposeful training of Nursing staff; development and improvement of the multi-level system of Higher Nursing Education which provides

differentiated training of Nursing personnel depending on the needs of the market of Medical Services; high social status of a Nurse [7-9].

Determination of the role of a Nurse with a Master's Degree in Ukraine. Identification of the areas and fields of work, organizational skills and abilities of MD Nurses.

## Materials and Methods

95 Nurses have been surveyed. Participants were divided into 3 Groups, age range was within 25-56 years old.

The first Group consisted of Nurses without full Higher Nursing Education (50 participants) who work in the Zhytomyr Regional Children's Clinical Hospital and O.F. Herbachevsky Regional Clinical Hospital (age range - 25-56 years old).

The second Group consisted of MD Nurses (Nurses with Master's Degree – 30 participants), who work in the Zhytomyr Regional Children's Clinical Hospital and O.F. Herbachevsky Regional Clinical Hospital (age range - 25-35 years old).

The third Group consisted of MD Nurses, who work in Zhytomyr Medical Institute as the Teachers (15 participants within age range of 26-35 years old).

A surveying method was used in order to achieve the goal which was accompanied

by the methods of system analysis and logical generalization. To carry out the analysis of the results of the conducted research, we determine that the Nurses were taken in the selective multistage observation for the general population.

## Results and Their Discussion

In Group I the majority of the participants (64%) as well as in the Group II (80%) are individuals within age range of 26-35 years old. Group III consisted (53%) of individuals under 35 years old (Table 1).

We assume, that the prevailing part of Nurses within Group I (50 part.) are eligible to improve their qualification level under certain circumstances. In particular, their colleagues in the same age Group were able to change their occupation and have already been involved in teaching activities.

At the same time, among practicing Nurses with Master's 86% of them, were forced to carry out the duties of a Junior Specialist with Medical Education due to the lack of individual Nursing Organizational and Managerial Units similar to those existing abroad, a small number of career

**Table 1:** Age categories of the participants (%)

Age categories	Nurses Without Master's Degree		Acting Nurses with Master's Degree		Nurses with Master's Degree (Teachers)	
	Absolute number	%	Absolute number	%	Absolute number	%
under 25 years	10	20	16	53	1	7
26-35 years	32	64	11	37	12	80
36-55 years	8	16	3	10	2	13
56 i ≤ years	0	-	0	-	0	-
Total	50	100	30	100	15	100

perspectives requiring such a level of Education (only Deputy Chief Doctor of Nursing) and other reasons. Only 7% of a total number of Specialists working as a Senior Medical Nurse of the Department, although the post requires higher education, and the same percentage (7%) occupies the post of Deputy Chief Nursing Officer (Table. 2).

**Table 2:** Posts, occupied by the participants

Respondents working in positions	Nurses without Higher Medical Education		Practicing Nurses with Master's Degree		Nurses with Master's Degree (Teachers)	
	Absolute number	%	Absolute number	%	Absolute number	%
Post-manipulative Nurse	50	100	26	86	-	-
Senior Medical Nurse of the Department	-	-	2	7	-	-
Deputy Chief Nursing Officer	-	-	2	7	-	-
Teacher of the Department in ZMI	-	-	-	-	15	100
Total	50	100	30	100	15	100



As to the reasons for choosing the profession of „Nurse“, in all three core samples it was “for personal conviction“ (from 51% in Group I; 70% in Group II and up to 73% in Group III). However, we must note that the largest proportion of surveyed Masters of Nursing more often, in more than two out of three, chose their profession consciously. A significant proportion of respondents (more than 20%) in each Group pointed out for another reason - «on the advice of parents and acquaintances”. The rest hesitated to answer directly. Group I even contained individuals who have chosen the Medical Institute due to prospects of free education and in accordance to the results of IEE (Independent External Evaluation) (fig.1).

The general medical experience varies considerably within respondents in Groups I, II and III. So, more than half of the Nurses without Higher Nursing Education (56%) have practicing experience in the range of 11-20 years, and 10% of participants have been working for more then 20 years. In the Group of practicing MD Nurses about 43% have working experience of 6-10 years; 37% of them have been working under 5 years possibly due to continuous education.

In Group III 67% of respondents possessed active experience in Practical Healthcare; 33% didn't have a proper opportunity to acquire it due to necessity to work in a healthcare institution after receiving a sufficient level of education. During the conduct research, none of the teachers was involved in the practical field of healthcare. Still, 60% of participants have been working under 5 years and 40% possess around 6-10 years of working experience which is connected with the legislative regulation of the requirements for Teachers in Medical Colleges, Institutes and the introduction of step-by-step (degree-based) Nursing Education.

The main task of Certification of Nurses is to determine the amount of knowledge; practical skills; level of their possession; ability to use in professional activities; timely professional training; development; efficient issue solving [12]. So, in Group I 32% of respondents have a Higher Category; first category is possessed by 38%; the second was given to 14%, and 16% remained uncertified due to lack of experience. In Group II a significant part of Nurses (36%) doesn't have any category; 30% possess a second

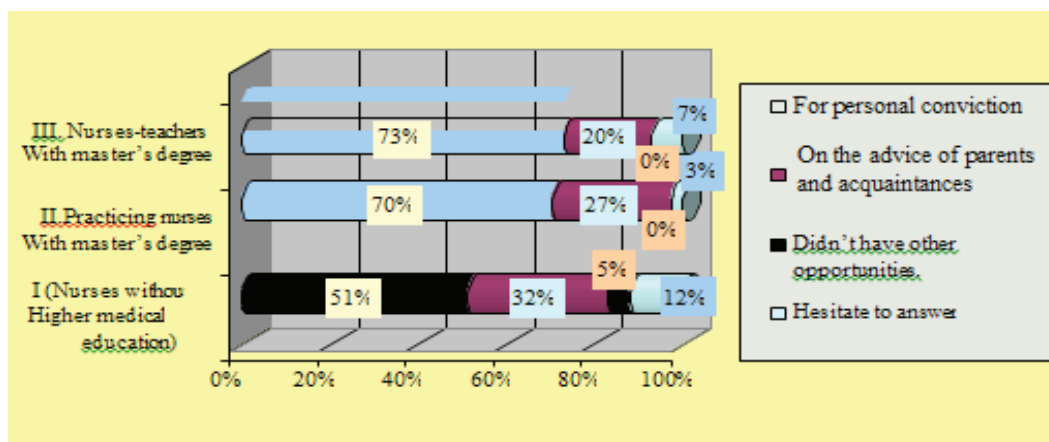


Figure 1: Reasons of Nursing Specialty Selection (%)

category; the first and the Higher Categories were given to equal shares of the respondents - 17%. 67% of participants in Group III have a qualification category obtained in accordance with the requirements of qualification categories and pedagogical titles of Pedagogical Workers and 33% of respondents still don't have it. There is no Nurse with this particular type of qualification in Group III.

Group I consists of current students of Medical Institutions obtaining a Bachelor Degree by 30%, 8% of whom have plans for further education. It indicates the understanding of the comprehensive role of a Higher Nursing Education and the prospect of her/his manifestation in practice. They have also revealed a zeal for future teaching activity. Besides, 20% of participants have pointed out that Higher Education could give them opportunity for a possible labor activity profile change.

13% of participants from Group II hesitated to give a direct answer, thereby making it clear that they are waiting for certain favorable conditions for continuing education and obtaining a PhD.

20% of Group III respondents made it clear, that they have already possessed a Master's Degree in any other field of knowledge except for Nursing. 27% of participant are planning to continue their education in a particular way, for example, entering the Pedagogical University. It should be noted that 13% were hesitant whether they would still study in the future which may indicate the reasons for the dissatisfaction with their current social status, and consider themselves best able to obtain a PhD Diploma. Besides, these 13.7% were also hesitant about their future teaching perspectives confirmed by our hypothesis as there is no such opportunity today.

The majority of the students within Group I (84%) noted that they experienced a difference in professional activity between

colleagues with a Junior Specialist Degree and those who acquired or already have a Higher Nursing Education - a Master's Degree in Nursing. However, 10% did not agree with this statement, because Nurses in the same position perform the same tasks. And 6% of respondents could not determine the answer. This confirms the urgent issue that Health Managers need to understand the importance of the role of Nursing and introduce the necessary legal changes as soon as possible.

At the same time, 50% of the Nurses with Master's Degree who work in the hospitals indicated, that after the acquisition of Higher Education the attitude of their colleagues and their immediate surroundings have gradually changed: 10% were able to change their place of work; 7% managed to acquire a higher position; 33% indicated, that they didn't note any changes within the described fields of life.

Among the Teacher Nurses with Master's Degree about 60% managed to take a higher post because most of them worked on lower positions such as laboratory assistant of the Department, etc. The remaining 40% have even changed their places of work or found better career perspectives. In accordance to these facts we assume that acquiring a higher qualification by continuous education improves both the career prospects and attitude of the colleagues and close friends or family members.

Participants were asked to identify the fields of their highest competence from a few selectable options. As a result, it was found that all respondents were competent to carry out Nursing work. In particular, respondents in Group I 38% marked the ability to be in charge of a Nurse Unit of subordinates; only 4% have chosen a teaching capability. 90% of Group II respondents claimed to be able to manage and govern a Nursing Duty in a Medical Institution; about 30±5.5% have even carried out a Teaching Practice. At the

same time, every single member of Group III identifies her/himself as a capable Manager of a Nursing Unit, as well as a good teacher.

It should be noted, that 100% of Groups II and III respondents confirmed a gradual substantial increase in their level of knowledge and skills after getting a Master's Degree in Nursing which enables them to claim to be a Specialists of a "High" level (highly qualified).

Everything said above confirms the hypothesis of this research in the aspect, that a Nurse with Master's Degree is a highly skilled Specialist who has acquired in-depth special knowledge and skills; has experience in their application in a particular field of Medicine which enables such a Specialist to be a capable manager, complier and leader of his/her specialty [6]. Nevertheless, the aim of training of a Nurse with Master's Degree differs from Bachelor Degree and Junior Specialist Nurses training. Nowadays, even the aid models of Nurse with Master's Degree and the Junior Specialist Nurse are completely different [11].

Currently about 73% of Nurses with a Master's Degree are trying to move away from the outdated form of behavior with the patient, and use the new philosophy of Nursing care and new approaches to its implementation. At the same time, 72% of Junior Specialist Nurses use the obsolete model of professional behavior.

In our opinion, first of all, it is necessary to change the perception of the possibilities of Nursing work for Physicians and to teach them to work in parity in accordance to the parameters of the new model with Nursing staff. Secondly, the content of the functions of the Nurse should be changed in the practical health care depending on the educational and qualification level, the standards of loading and equipment. To do this, the coordinate between changes in the system of step Nursing Education and human resources provision of the Health

Care System is strongly required. This idea was supported by the results of the following research: 58% from Group I considered Degree-based Medical Education to be perspective according to their point of view: as well as 80% of Group II and 100% of Group III participants. Still, 32% of Group I, 20% of Group II and 10% of Group III surveyed individuals do not see the possibility of realizing these prospects in practice.

In Western countries there is a positive experience in terms of multi-level (step-by-step) training of Nurses and the functions they perform in corresponding positions (Specialist for Medical Care Work depending on the specialization of the Institution; the Nurse of the In-patient Department; Family Doctor; Senior Nurse; Deputy Chief Doctor of Nursing; a Nurse involved in scientific and pedagogical activities), therefore the expediency of changes in the national system of training Nurses and staffing of health facilities is not in doubt. [10,13]. 76% of respondents in Group I confirmed the necessity of such; 83% of Group II; 100% of Group III have chosen the corresponding options in the survey as well. In total, 82% of surveyed participants approved the implementation of the Healthcare System changes and usage of step-by-step training principles; while in terms of management, people are always opposed to changes. This proves that the situation in the practical healthcare (staff dissatisfaction, lack of motivation to work effectively) can not remain the same in the future.

The majority of every Group's respondents has noted that while studying at a Medical Institution, their teacher/mentor of Clinical Specialties was a Nurse with Master's Degree. «Yes» was the answer of 84% of Group I («NO» – answered 16,0%); in Groups II and III the answers percentage was: «yes» – 100%. So, practically all respondents imagine the role of the Nurse with Master's Degree as a teacher.

It is considered correct that the discipline “Nursing Care for Patients” and “Clinical Nursing” in a Medical Educational Institution should be taught by a Nurse with Master’s Degree instead of a Doctor by 98% of Group I and 100% of Groups II and III respectively. In general, 98% of the sample (95 respondents) confirmed the correctness of this decision.

All surveyed respondents confirmed that the Nurse with Master’s Degree has the benefits of being a Mentor for practicing Nurses. And also, on the question of whether a graduate education in the specialty «Nursing» helps to take an active part in Scientific Nursing Conferences, all 100% in the three Groups undoubtedly gave a positive response.

Members of Groups I and II agreed on urging the necessity of gradual knowledge level updates due to never stopping scientific and technological progress in the medical sphere. Besides, they differentiatedly identified topics and fields for which it would be useful for them to conduct a special training within their professional activities. It is important to note, that the majority of Group I (46%) showed a particular interest in new models of Nursing; 37% of Group II offered their own set of topics which can be generalized as «Nurse as a Manager». It highlights the difference in level of education of surveyed individuals.

All respondents within Group III supported the necessity of international experience exchange and distinguished its benefits in solving educational and clinical issues of Nursing.

Surveyed individuals from Group I would delegate teaching professional training to the Nurse with Master’s Degree (96%) and to the Senior Nurse of the Department (4%). Groups II and III consider it to be a duty of an MD Nurse only. Not a single participant of survey would like to see a practicing Doctor at this post which

indicates the decisive role of the Nurse with Higher Education in the organization of the work of Nursing and training Nurses as well. The total survey score on this point was 98% which confirms that both Nurses and Nurses with Master’s Degree are currently aware of the positive moments of graduate education, the opportunity to acquire the relevant competences that will enable them to be able to realize their potential and ambitions in the future in the fields of their professional activities. The changes that all respondents expect from the implementation of reforms in the Medical Sector - is the legislative regulation of the demarcation of the functions of Nurses and positions in Medical Institutions in accordance with their educational qualification; decent salary; the opportunity to obtain foreign work experience; to engage in scientific activity; as well as the possibility to get the appropriate degree and/or qualification. Consequently, getting full higher education by a Nurse together with the appropriate educational qualification level indicates the formation of the intellectual qualities of the Nurses with Master’s Degree which determine the development of the person as an individual and give them the right to work in corresponding prestigious positions. MD Nurses play an important, even crucial role in the organization of Nursing activities and training.

## Conclusions

It is confirmed, that the Nurse with Master’s Degree is a highly skilled and qualified Specialist, who has received advanced special knowledge, skills, and training, as well as possesses the necessary experience matching her/his application which enables such an individual to act as the organizer and leader of Nursing within the particular Medical Institution and/or sphere of Medicine.

We consider unacceptable the fact that most of Nurses-teachers with Master's Degree do not work in Medical Institutions and don't have the opportunity to constantly improve the professional level in the specialty of Nursing.

Specialists of Nursing in Ukraine consider that the time has come to implement the concept of the development of Higher Nursing Education and insist on the creation of certain favorable conditions for continuing education and obtaining the third educational-scientific level - PhD.

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# Effectiveness of a Philosophy Education Program on Development of Moral Judgment, Pro-social Behavior and Anger Control in Students

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Original Article

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## Abstract:

This research has been carried out with the aim of determining the effectiveness of a Philosophy Education Program on the development of moral judgment, pro-social behavior and anger control among students.

This experimental field study was a pre-test and post-test type with control group and conducting follow up stages. The statistical population of the study consisted of all second year High School female students in Ahwaz City: 40 students were selected out of 160 students by using a multistage cluster random sampling method and were assigned in an experimental group (20 people) and a control group (20 people) through simple random sampling. The experimental group was exposed to the Philosophy Education Program for 2 months and the control group didn't receive any kind of intervention. The follow up stage was conducted after the post-test program and one and a half months after the intervention. Lotf Abadi's Ethical Development Questionnaires, Pro-social Behavior Questionnaire of Carole *et al* and Eysenck & Wilson's Aggression Questionnaire were used to collect information. Data analysis was conducted using Multivariate Covariance Analysis (MANCOVA) and ANCOVA's single-variable analysis method. At the significant level of  $p < 0.001$ , the research results showed that Philosophy Education affects the development of moral judgment, pro-social behavior and anger control among students and this result was persistent in the follow up phase.

## Introduction

Today's human is facing a great treasure of human knowledge and business more than ever and the dominance of this treasure is growing every day. Despite the fact that access to this treasure of information has become readily possible through multiple sources, judgment, selecting and choosing relevant and appropriate information from the mass of information has become an extremely difficult task and requires high intellectual and mental skills (Maroofi & Mohammadnia 2013).

During adolescence, the topic of ethics and ethical values and judgments are being more seriously discussed and as a social phenomenon, play an essential role in shaping, controlling and anticipating the actions and tendencies of people in society (Mahdavi & Zarei 2011). Among the scholars in the field of ethical development, Lawrence Kohlberg raised the main theory about adolescents' thoughts of right and wrong. Kohlberg's Theory is important in understanding moral development in adolescence because

it is a description of advanced concepts that individuals use in understanding social interactions, like stories that are tied to the concepts of society, regulation and relationships (Santrock 2014). If we engage the teenagers' mind with philosophical debates, we can grow their way of thinking. Lipman argues that Philosophy is an educational activity for children that improves their way of thinking and uses Philosophy as a method for fostering ethical and critical thinking and judgment (Lipman 2003).

The Training Program of philosophical thinking has clear cognitive objectives; persuades the mind to act; is doing it through challenges, principled thinking and structural interaction. The Philosophy Education Program is a successful method in teaching a way of thinking. The global experience and evidence in more than 50 countries shows that Philosophy for children has contributed to the development of thinking skills (Brahman & Khodabakhshi 2017). In the process of searching for teaching Collective

Philosophy, teenagers gradually become familiar with conversational skills and learn to listen to each other with politeness and respect; put their ideas together; adapt logical reasoning for unconfirmed ideas (Akrami *et al.*, 2015). Ethical reasoning is directly related to the levels of ethical development in individuals. Reasoning and ethical judgment are known as the right and wrong decisions and beliefs that a person behaves consciously with these judgments. Ethical judgment is the reasoning or justifications that we take into account for ethical values or decisions (Uhlmann *et al.* 2015). In teaching Philosophy, Masi & Santi's research (2015) showed that teaching Philosophy to children which is known as a fundamental component of free thinking education plays an important role in their moral judgments.

Jalilian *et al.* (2017) also indicates that teaching Philosophy to children has a positive effect on their problem solving ability and the development of ethical judgment among them. Students in the Philosophy teaching program become skilled and young explorers. Being an explorer is the main concept of this pattern; its purpose is to search actively; be a confident questioner and have a permanent consciousness for observing communications and differences; be ready all the time for comparison, coping, analysis and presenting hypothesis, experience, observation, assessment, and examination. Philosophy is a deep understanding and a kind of searching based on assessment for questions that people ask about their own lives and destinies; the beginning and end of the world; above all about immortality; understanding the fundamental cause of human desire to think, ponder and wisdom. The Philosophy of Learning isn't other people's points of view, but it is a kind of activity and an attempt to know (Brahman & Khodabakhshi 2017).

Modifying the state of thinking and putting the thinking element in the educational

system in school is the initial aim of a Philosophy Program for children and adolescents and in the next stage, bringing up citizens who are sensible, self-critical, considerate and sensitive toward the social environment (Naji 2010 ). Social interaction during philosophical conversations paves the way for socialization along with proper judgment in children and adolescents, and increases the person's accountability in social life (Juuso 2007). In this regard, Ghobadian's research (2015) in the field of the effect of Philosophy teaching program on children and social skills of students indicates that the teaching program affected the social skills of fifth grade students and leads to an increase in interpersonal communication among Students.

Pro-social behavior is one of the variables influenced by Philosophy Teaching. Pro-social behavior focuses on factors such as the situation and also the person which makes it useful and helpful in situations where others are suffering (Atadokht *et al.* 2016). Iseng believes that community-friendly behaviors are purposeful actions that are carried out for the well-being of others (Gravand & Manshai 2015). From Martin-Raugh *et al.*'s viewpoint (2016), the knowledge of pro-social behavior challenges human behavior in different situations and indirectly affects human behavior.

In a study that was carried out by Chadi *et al.* (2016) in the field of Philosophy Teaching for High School Students, research results showed that in addition to understanding reading in learning, the effect of participation in the philosophical searching circle increase's their community-friendly behaviors. Also, Leng's 2015 research on the role of teaching based on Philosophical Searching in High School Students showed that the process of students' philosophical questioning and sharing ideas and deep thinking makes stronger relations between students; increases their ability in making



decisions; being the responsible member; committed to society. The results also indicate that in the philosophical searching process, having feelings of sympathy for others was promoted among students.

Adolescence is considered as one of the most important and outstanding stages of human's social and psychological growth and development which is associated with many stressful factors. This period represents a profound change that separates the child from the grownups causing many special issues that one of these main issues is anger and aggression which can be obviously seen in teenagers (Tajalinia & Karimi 2014). Anger or aggression is a behavior aimed to hurt yourself or others. Anger may have destructive effects, including injury, damage, self-harm and harmful attacks to yourself or others followed by high-risk behaviors (Akbari & Rahmati, 2015). Reducing emotional feelings and physiological excitement caused by anger; increasing the individual's knowledge about anger; teaching effective methods and strategies to control it is the purpose of anger control interventions through Philosophy Teaching (Taylaniya & Karimi 2014).

In this regard, Hedayati (2011) conducted a research titled "Children Philosophy and Aggression Control" and the results of the study showed that Child Philosophy tries to provide the opportunity for reinforcing reasoning and judgment for children through creating a space named the searching circle. Also, the results indicate that aggression can be controlled through dialogue and strengthening logical and rational thinking in the child. The Philosophy Education Program creates the teaching of thinking alphabets in students. When students are placed in the searching circles, they will become self-confident, will love themselves and their social intelligence and interpersonal relationships will improve. Educational practitioners have contributed to children's

thinking growth and their proper judgment from the very beginning of their childhood through considering Philosophy Teaching in the curriculum of schools in order to not get into trouble when they encounter various critiques and issues in their adulthood.

Based on the above mentioned, the current study was carried out with the aim of evaluating the effectiveness of Philosophy Training Program on development of moral judgment, pro-social behavior and anger control among second year High School female students of Ahwaz City.

## Method

### Society and Sampling Method

The statistical population of this study included all second year High School female students in Ahwaz City. This experimental field study was a pre-test and post-test type with control group and conducted follow up stages. In this research, a multistage cluster random sampling method was used for selecting the sample. Initially, 2 Districts were randomly selected from the quad areas of Ahwaz Education then a High School was randomly selected among the schools of Ahwaz, Education District 2: 20 students were randomly selected from each of the 8 classes of this school and 160 students responded to tests of moral judgment, pro-social behavior and anger. Then 40 students were selected who gained lower scores in questionnaires related to dependent variables. Half of these 40 students were randomly assigned to the experimental group and the other half were considered as the control group. The experimental group underwent 10 sessions of the Philosophical Group Training Program (once a week for about 90 minutes) and the control group did not receive any kind of Philosophical Training. At the end of the Training, each group completed the post-test and a follow-up meeting was held after one and a half months.

## Experimental group intervention sessions

In this study, the Philosophy Training Program was in the form of a search circle or a research community based on Lipman-Sharp Style and the content of some intellectual stories of Volume 3 (Cam, 2013) with its educational instruction and some parts of the *Lisa Book* (Lipman 2003) and its educational booklet (the *School's Great Absent*, from Lipman and sharp-volumes 1 and 2) was used in accordance with discussion topics in the class (Table 1).

reliability. In this questionnaire, the Alpha was above 70% which indicates the acceptable reliability of this questionnaire. In the present study, the reliability of the questionnaire was 0.71 for moral judgment which shows the desirable reliability of the questionnaire.

## Pro-social Behavior Questionnaire

The scale of the desirable social trends revised was made by Carlo *et al.* (2003). The 23-point form of this scale was essentially developed for assessing self-report from 6 types of desired social behaviors

**Table 1:** The titles of main stories and ideas

Title of the story	Main idea
Fights	Fairness - Violence - Right and wrong
Wings	Friendship - Lying or truthfulness - Actions, events and responsibilities
Bayes Street	Society - Justice - Issues Of Other People - Courage
Robert's story	Teasing - Bullying - Duty
Play the turn	Lending and borrowing - Retaliation - Rules
Three-headed giant	Defending Beliefs - How can we understand the difference between right and wrong? Three-headed giant
Lisa goes shopping	Why do older people and children disagree - Preferring - Discovering someone's identity

## Research tools

Lotf Abadi's Moral Development Questionnaire (2007) is designed in six moral categories as follows: the environmental ethics; ethics of self-care or individual ethics; ethics in family relationships; social ethics; human morality; spiritual or transcendental ethics. Each of the 18 test questions has been assessed with one or more six-grade moral ethics judgments. Aggregate, the sum of the scores related to that dimension in order to measure the score of each dimension. The validity of the questionnaire has been well evaluated and approved using the opinions of Supervisors and Consultants. Also, Cronbach's Alpha Test was used to calculate its

among university students. Carlo & Randall (2002) reported a suitable fitting model using Confirmatory Factor Analysis in university students. In Iran, Kajbaf *et al.* (2010) investigated the Factor Structure; the validity and credit of this questionnaire (25 items) in the Iranian sample (student) and some changes were applied including the reduction of subscales from 6 to 5. So if you want to run this questionnaire in the student group, use the Iranian standardized version and if your samples are adolescents, this version is more appropriate.

The scale of the desirable social trends revised (PTM-R) is made up of 6 subscales

of anonymous desired social behaviors (anonymity) (5 questions); friendly type desirable social behaviors (6 questions); desirable emotional social behaviors (5 questions); desirable social behaviors in critical and emergency situations (3 questions); compliant social desirable behaviors (2 questions); collective desirable social behaviors (4). The scoring system used for the questionnaire is a 5-point Likert Scale in which 1, 2, 3, 4, and 5 points are respectively considered for the following options; "Doesn't describes me at all"; "It doesn't describes me somewhat"; "No comments"; "Describes me somewhat"; "Completely describes me".

The minimum and maximum scores that responder achieves on this scale is 25 and 125 respectively. Based on Carlo and Randall's (2003) report, the 6 subscales and Cronbach's Alpha Coefficients of it are as follows: collective desirable social behaviors (4 items, 0.86); anonymous desired social behaviors (anonymity) (5 items, 0.84); desirable social behaviors in critical and emergency situations (3 items, 0.75); desirable emotional social behaviors (5 items, 0.82); compliant social desirable behaviors (2 items, 0.75); altruistic desirable social behaviors (6 items, 0.80). The reliability of the Pro-social Behavior Questionnaire was 0.67 in the present study which indicates the desirable reliability of the questionnaire.

Eysenck & Wilson's (1975) Aggression Questionnaire is a tool containing 30 questions that measure and evaluate the levels of aggression in individuals and students. The grading method used is described here: there are + and - symptoms in front of numbers 1 to 30 which are in fact the number of questions. If the symptom of the question is + and the subject also gives a positive answer (yes), then they will receive two points, but if they give a negative answer, there will be no score, in other words, if the subject reply "I don't know the answer" to a question that

has a positive sign, he will receive a score. The maximum score in this test is 60 and will be zero in its lowest state. Therefore, it can be said that the score of 30, 25 to 35, shows moderate aggressiveness. Eysenck has set the validity of this test himself. So that the test was provided to carry out clinical works and was tested on more than 120,000 women, men, children, adults, normal, nervous and mentally ill individuals, criminals, as well as 2,000 twin couples, and in addition, a large number of adults and children that were used to prepare the original patterns of norms (Ganji 2012). The reliability of the aggression questionnaire in this study was 0.71, which indicates the reliability of this questionnaire.

## Results

The Kolmogorov-Smirnov Test was used to assess the assumption of variables' scores distribution normality.

**Table 2:** The assumption of variables' scores distribution normality in the experimental and control groups

Groups	Statistical indicators Variables	Kolmogorov-Smirnov test	
		Z	p
Experimental	Moral judgment	0.77	0.57
	Pro-social behavior	0.86	0.44
	Anger control	0.78	0.56
Control	Moral judgment	0.68	0.73
	Pro-social behavior	0.72	0.67
	Anger control	0.90	0.39

As shown in Table 2, according to the significance level in the test and control groups of Kolmogorov-Smirnov Test, the assumption of variables' scores distribution normality is confirmed in the studied population.

**Table 3:** Homogeneity of Levin Variances in dependent variables of research in pre-test phase

Variables	Levine's statistics	df (between groups)	df (within the group)	p
Moral judgment	0.147	1	38	0.70
Pro-social behavior	0.396	1	38	0.53
Anger control	1.070	1	38	0.30

The results of Table 3 show the homogeneity of variances, which according to the results of the above table ( $p < 0.05$ ) and lack of significance in Levine Test, it is permissible to use the covariance analysis test.

As shown in Table 5, statistical tests of multivariate covariance analysis (MANKOVA) in the Philosophy and evidence education program group show that these groups have significant differences with each other at least in one of the dependent variables.

**Table 4:** Mean and standard deviation of the research variables in the Philosophy and control groups in the pre-test, post-test and follow-up stages

Variables	Groups	Pre-test		Post-test		Follow-up	
		M	SD	M	SD	M	SD
Moral judgment	Experimental	141.35	15.78	164.70	16.67	161.05	17.38
	Control	145.60	15.34	148.25	15.35	147.80	14.54
Pro-social behavior	Experimental	83.95	9.13	96.35	7.72	94.50	8.15
	Control	80.80	8.83	80.35	8.69	81.50	9.55
Follow-up	Experimental	20.10	5.11	28.80	5.46	28.20	4.77
	Control	23.50	5.59	24.45	6.48	24.55	5.54

Mean and standard deviation of moral judgment, pro-social behavior and anger control in the Philosophy and control groups in the pre-test, post-test follow-up stages are shown in Table 4.

**Table 5:** Results of multivariate covariance analysis (MANKOVA) on post-test scores of moral judgments, pro-social behavior and anger control in experimental and control groups

Tests	Value	F	df	Error df	p
Pillais Trace	0.921	128.71	3	33	0.001
Wilks Lambda	0.079	128.71	3	30	0.001
Hotelling's Trace	11.700	128.71	3	33	0.001
Roy's Largest Root	11.700	128.71	3	33	0.001

**Table 6:** Results of single-variable covariance analysis in the text of MANKOVA on post-test scores of moral judgments, pro-social behavior and anger control

Source	Variables	SS	df	MS	F	p	Effect size
Groups	Moral judgment	3475.41	1	3475.41	84.23	0.001	0.706
	Pro-social behavior	1598.92	1	1598.92	181.86	0.001	0.839
	Follow-up	511.65	1	511.65	104.29	0.001	0.749

As can be seen in Table 6, the findings show that there is a significant difference in the dependent variables (moral judgment, pro-social behavior and anger control) between the intervention teaching Philosophy and control groups.

the dependent variables (moral judgment, pro-social behavior and anger control) between the intervention Teaching Philosophy and control groups.

**Table 7:** Results of multivariate covariance analysis (MANKOVA) scores of moral judgments, pro-social behavior and anger control in experimental and control groups at the follow-up phase

Tests	Value	F	df	Error df	p
Pillais Trace	0.891	90.28	3	33	0.001
Wilks Lambda	0.109	90.28	3	30	0.001
Hotelling's Trace	8.200	90.28	3	33	0.001
Roy's Largest Root	8.200	90.28	3	33	0.001

As shown in Table 7, statistical tests of multivariate covariance analysis (MANKOVA) in the Philosophy and Evidence Education Program Group show that these groups have significant differences with each other at least in one of the dependent variables.

## Discussion and Conclusion

The purpose of this study was to evaluating the effectiveness of the Philosophy Training Program on development of moral judgment, pro-social behavior and anger control among second year High School female students of Ahwaz City.

**Table 8:** Results of single-variable covariance analysis in the text of MANKOVA on follow-up scores of moral judgments, pro-social behavior and anger control

Source	Variables	SS	df	MS	F	p	Effect size
Groups	Moral judgment	2678.32	1	2678.32	70.14	0.001	0.667
	Pro-social behavior	1006.78	1	1006.78	129.42	0.001	0.787
	Follow-up	358.74	1	358.74	77.38	0.001	0.689

As can be seen in Table 8, the findings show that there is a significant difference in

***Hypothesis 1: The Philosophy Education Program has a positive effect on the***

***growth of moral judgment among second year High School female students.***

The current research results showed that teaching Philosophy for adolescents is effective on moral judgment development in High School female students and therefore the first hypothesis of the research is confirmed. This finding is consistent with the research results conducted by Jalilian *et al.* (2017), Azimpour *et al.* (2015), Tajari (2011), Marashi *et al.* (2010), Cam (2013) and Mergler *et al.* (2009). The Teaching Philosophy Program enables students to make connections between various subjects they learn. Therefore, the curriculum will be more meaningful to them. In fact, students' participation in searching for meaning will enhance their cognitive ability and their understanding of reasoning and abstract contents and also increases their moral values.

A Philosophy Education Program for adolescents is one of the most appropriate methods of education that results in educating well-informed and responsible citizens and provides living conditions in a healthy and dynamic society and this is a way to moral development (Marashi *et al.*, 2010). Philosophical thinking requires thinking about thinking. Teenagers learn to examine their thoughts, check the adaptation of their thoughts with evidence, and test their assumptions and examine their relationships with everyday activities. In the method of teaching Philosophy in the form of a searching circle, the language provides the necessary means for thinking and power of moral judgment increases in children through participation and sympathy in these educational sessions (Hayhoe 2014).

***Hypothesis 2: The Philosophy Education Program has a positive effect on the pro-social behavior of second year High School female students.***

The results of the present study showed that teaching Philosophy for adolescents is effective on the social behavior of second

year High School female students and therefore the third hypothesis of the research is confirmed. This finding is consistent with the research results of Ghobadian (2015), Naraghi I. (2011) & Naji (2010). In explaining this finding it can be said that Teaching Philosophy is a dialogue-based activity which it's necessary to open the door of dialogue to all members of the community. In other words, it requires a general and common searching approach. When people feel compassion and sympathy for the innocent victims of a catastrophe, they somehow behave much better than they do not having these feelings (Naji 2010).

At same time, Philosophy for children and adolescents has a social purpose. Collaboration and thinking skills that grow and develop in a Philosophy Education Program will improve communication and enhance social responsibility. Lipman believes that realizing the goals and learning a lot of skills is possible through language and creating a research community or study circle which is the best form for children. Individuals can easily express their opinions and do not censor themselves after participating in the philosophical research community (Hedayati 2011).

In another explanation of this hypothesis, it can be said that many skills acquired through this program and the process related to it, in fact, form socialization axes. In the Philosophy Program for children dialogue helps people to correct their thoughts; bring reasons for their beliefs; express vague thinking in a clear way; understand others people's ideas; thereby, raise up their understanding and ability for solving problems of social life and behaviors in the community (Ramezani 2010).

***Hypothesis 3: The Teaching Philosophy Program for teenagers has a positive effect on anger control of second year High School female students.***

The results of the current study showed that Teaching Philosophy for adolescents is

effective in controlling anger in second year High School female students and therefore the third hypothesis of the research is confirmed. This finding is consistent with researches of Tajalinia & Karimi (2014) & Hedayati (2011). In explaining this finding, it can be said that students' participation in the Philosophy Program leads to the development of those skills that are effective in controlling anger.

Adolescents gradually learn about conversational skills and learn to listen to each other with respect and attention; put their ideas together; criticize them to bring logical reasoning for unconfirmed beliefs; tolerate opposing views if their ideas receive some criticism do not get angry or upset. The lack of tolerance to criticism from other people is the reason for many waves of anger. It also strengthens self-esteem because the higher the self-esteem is, the less the person will expose himself to violence. The Philosophy Education Program also leads to accountability in the individual. A person who is ready to take responsibility for his actions will surely control himself during anger (Tajalinia & Karimi 2014).

In spite of serious efforts made to properly conduct present research, this research, like other researches on humanitarian issues faced with limitations and difficulties that attempt to resolve them in future studies could confirm the results achieved in this research. Dealing with students is among the limitations of this research and we should be cautious about generalizing the results of this research to other statistical communities. The program encourages children to think and helps them make the right decisions. Students think in dilemmas of life and will choose the right way through this method, so that, new generation's status can be reformed and they can receive help to grow and promote. This program can be considered as part of the students' educational system.

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## Emergencies in Migrant and Refugee Health 2015-2018 (letter)

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Sir,

Several papers in Clinical Social Work and Health Interventions have been related to spectrum of either communicable or non-communicable diseases (1-4). However none of them report emergency situations.

They have been suspected to be related to PTSD, asthma, coronary heart disease, hypertension and diabetes; all diseases which will exacerbate with acute stress; conditions refugees and migrants must tolerate

during their stressful journey to EU. Table 1 shows the commonest emergencies in various Health Checkpoints and Health Centers near Refugee Camps, for example in Hegyeshalom (HU), Dobova (SLO), Veria (GR), Lesbos (GR). The commonest emergency was diabetic coma, followed by status asthmaticus, acute bleeding during birth and hypertension crisis. Surprisingly, no death was recorded in any of those events despite of the large number of migrants coming via the Balkan Route.

**Table 1:** RList of commonest emergency events for acute care

Event	No.	Deaths
Birth bleeding	12	0
Bleeding wounds	8	0
Tentamen Suicidi	2	0
Diabetic coma	16	0
Myocardial infarction	7	0
Status asthmaticus	6	0

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# The Role of Healthy Lifestyle in Cardiovascular Disease Prevention

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## Abstract:

**Objectives:** The aim of this study was to estimate men and women's adherence to healthy lifestyle and to compare which sex takes more interest in healthy lifestyle.

**Methods:** We conducted an analysis of the empirical data obtained through an anonymous questionnaire, which was completed by 95 participants. After processing and evaluating the gathered information,

quantitative and qualitative analysis was performed and the data was subsequently summarized into the tables. The statistical evaluation was conducted using Student's T-Test. The survey was carried out at four outpatient general practitioners' clinics during seven weeks. The survey participants were patients aged between 30 and 55 years.

**Results:** Based on the survey results it can be concluded that participants have mature attitudes towards their health and sufficient information on cardiovascular disease (CVD) risk factors. Female participants are more interested in healthy lifestyle than male.

**Conclusions:** This survey attempts to raise public awareness of deficiencies in the knowledge they have about healthy lifestyle and an increased incidence of the CVD risk factors in the population.

## Introduction

Every man has his place in the world, his mission, and every being lives in a particular way of life. The quality of our lives is determined by the strength of our personality, willpower, system of values, beliefs and personal life experiences. At present, a man is expected to take full responsibility for his life; to care for his body; to maintain physical and mental harmony in his life. We live in fast-moving times full of challenges and conflicts, and we are forgetting real life values, such as health, well-being and balanced life.

Cardiovascular disease is the most common cause of morbidity and mortality in Slovakia, and in most European countries. It is well-known that the incidence of lifestyle disease is a result of the long-term impact of lifestyle risk factors - the key interventional targets. A major goal in the fight against the disease is to change the public attitude to their own health and the way they live. Preventive measures aimed at timely detection of CVD risk factors play an indispensable roll in improving quality of life. Cardiovascular disease risk is currently a society-wide issue.

## Objectives

The aim of this study was to estimate the adherence to healthy lifestyle by men and

women and to compare which sex takes more interest in healthy lifestyle.

## Participants and observation methods

95 participants (45 men, 50 women) aged 30 to 50 years with cardiovascular risk profile of the currently healthy population were included in the survey. For the purposes of the survey we used an anonymous, non-standardized questionnaire consisting of 26 questions. The questionnaire was placed in four outpatient clinics - two of which were in the city and two in a village. For the purposes of analysis we used descriptive statistics, while statistically significant dependence was examined using the Student t-test in SPSS software.

## Results

The question targeted at comparing the level of knowledge men and women have about cardiovascular risk factors was answered as follows: up to 84% of men consider overweight and hypertension to be the main cardiovascular disease risk factors, smoking was the second most frequent answer (71%); a long-term exposure to stress the third (58%); last was

hypercholesterolemia (56%). Less severe risk factors are according to 49.5% of men lack of physical activity; unbalanced diet (31%); excessive consumption of alcohol (33%).

86% of female respondents believe the most dangerous triggering factor is hypertension, overweight (78%) and smoking (68%). Other CVD risk factors include, according to 64% of women, the lack of physical activity and long-term exposure to stress (66%), followed by high cholesterol (60%). An unbalanced diet is considered a minor risk factor by 34% of men and women. Excessive consumption of alcoholic beverages was marked as CVD risk factor by 18 women (36%) (Table 1).

**Table 1:** Risk factors for cardiovascular disease

Reply	Men		Women	
	n	%	n	%
Increased cholesterol	25	56,00	30	60,00
Lack of physical activity	22	49,00	32	64,00
Overweight	38	84,00	39	78,00
Smoking	32	71,00	34	68,00
High blood pressure	38	84,00	43	86,00
Unbalanced diet	14	31,00	17	34,00
Excessive consumption of alcoholic beverages	15	33,00	18	36,00
Long term effects of stress	26	58,00	33	66,00

n - frequency, % - percentage of absolute value

Another question in the questionnaire was aimed at estimating and comparing the use of vitamin preparations and over-the-counter medications. 24% of women take vitamin and nutritional supplements, while 44% of men do not use them at all. 62% of women and 40% of men use these products according to their state of health. Regular use of vitamin preparations and over-the-counter medications was admitted by 16% of male respondents and 14% of women (Table 2).

**Table 2:** Vitamin preparations and free sales drugs

Reply	Men		Women	
	n	%	n	%
Regularly	7	16,00	7	14,00
Health status	18	40,00	31	62,00
I do not use it at all	20	44,00	12	24,00
<b>Together</b>	<b>45</b>	<b>100,00</b>	<b>50</b>	<b>100,00</b>

n - frequency, % - percentage of absolute value

Answering the question about personal attitude towards cigarette smoking, 22% of men and 48% of women stated they do not smoke nor do they feel the need to try it.

20% of the participating men smoke 5-10, or 10-20 cigarettes daily, whereas the same percentage of women smoke 5-10 cigarettes a day. 18% of women and 13% of men have already quit smoking, while 16% of male and 8% of female participants confessed to making efforts to get rid of this addiction. 9% of men smoke a whole pack of cigarettes a day, women have not marked this option. However, 6% of women smoke 10-20 cigarettes a day (Table 3).

**Table 3: Attitude to smoking cigarettes**

Reply	Men		Women	
	n	%	n	%
I smoke 5-10 cigarettes a day	9	20,00	10	20,00
I smoke a whole pack of cigarettes a day	4	9,00	0	0,00
I smoke but I try to stop	7	16,00	4	8,00
I smoke 10-20 cigarettes a day	9	20,00	3	6,00
I am smoking but I've stopped	6	13,00	9	18,00
I do not smoke and do not feel the need to test it	10	22,00	24	48,00
<b>Together</b>	<b>45</b>	<b>100,00</b>	<b>50</b>	<b>100,00</b>

n - frequency, % - percentage of absolute value

Consumption of alcohol was another health behavior to investigate. A positive finding is that most of the male respondents (47.00%) and the majority of women (74.00%) consume alcoholic beverages only occasionally, at celebrations. 20.00% of men and 8.00% of women admitted to consume alcoholic drinks just over the weekend, while 16.00% of men and 2.00% of women drink alcohol twice a week. 11.00% of men

and 16.00% of women declared they do not drink alcoholic beverages at all. Women do not consume alcohol after work, whereas 3 men (7.00%) admitted they did (Table 4).

**Table 4: Drinking alcoholic beverages**

Reply	Men		Women	
	n	%	n	%
Occasionally for celebrations	21	47,00	37	74,00
Twice a week	7	16,00	1	2,00
I do not consume alcohol at all	5	11,00	8	16,00
Mostly over the weekend	9	20,00	4	8,00
Every day after work	3	7,00	0	0,00
<b>Together</b>	<b>45</b>	<b>100,00</b>	<b>50</b>	<b>100,00</b>

n - frequency, % - percentage of absolute value

From the statistical analysis of the collected answers to the individual questionnaire items, we find the statistically significant difference in the level of knowledge participants have about CVD risk factors, where  $p = 0.035$ . Since this figure confirms the value of  $p \leq 0.05$  it means that there is a difference in the responses between the sexes in favor of women.

**Table 5: Statistical processing of data**

Questions from the questionnaire	n	x	SD	t	p
Risk factors for cardiovascular diseases	men 45	9,3	26,25	0,3461	0,035
	women 50	9,161	30,75		
Use of vitamin preparations and over the counter medicines	men 45	7	12,66	0,854	0,088
	women 50	15	16,66		
Attitude to smoking cigarettes	men 45	7,5	2,258	0,8255	0,085
	women 50	8,33	8,547		
Drinking alcoholic beverages	men 45	9	7,071	0,8997	0,092
	women 50	10	15,411		

n - frequency, x - arithmetic mean, SD - standard deviation, t - t-test result, p - value of statistical significance

The question related to the use of vitamin preparations and over-the-counter drugs gave us  $p = 0.088$ , hence there is no significant difference between the responses.

Attitude of both sexes to smoking cigarettes ended up with  $p = 0.085$ . Neither did we detect any significant differences in participants' attitude to the consumption of alcoholic beverages -  $p = 0.092$  (Table 5).

## Discussion

Cardiovascular disease incidence arises from the combination of several risk factors. They develop slowly, for years, without the manifestation of subjective symptoms or warning signals. The beginnings of the current epidemic of cardiovascular disease reach back to the period of industrialization in the 18th century. It is believed that mainly three factors account for CVD incidence: smoking, reduced physical activity, and energy-rich diet. The rapid development of cardiovascular morbidity and mortality continued to spread throughout Europe after World War II until the second half of the 20th century. In developed western countries, there was a decline in morbidity thanks to identification of the CVD risk factors in the last century. Nowadays, in the countries of Central and Eastern Europe, there are still more and more risk factors and incidence of cardiovascular disease is rising steeply.

Health protection and primordial prevention have not been given sufficient attention. According to the last *Health Report on the Slovakian Population* of 2009-2011, the mortality rate for cardiovascular disease decreased by 3.4% compared to 2006-2008. Despite the positive decline of the indicators, the Slovak Republic continues to lag behind in the state of health of Western European populations. There is a high incidence of risk factors in the population (hypertension, obesity, smoking, etc.). Professor Rovny,

the former Principal Hygienist of the Slovak Republic in his 2012 *Statement on the Health of the Slovak Population* states that the incidence of circulatory system diseases in women is 13.9% higher than in men, but the average life expectancy of women is 8.72 years higher compared to men.

Strategic disease prevention and health promotion are the only ways out of the current unfavorable situations regarding the population's state of health. Knowledge of the state of health of the population enables us to set priorities in planning preventive measures. Living a healthy lifestyle is often perceived as a number of prohibitions and limitations. It is necessary to change this point of view; to think of life as the highest value; to understand the need for change. To be concerned with one's own health and to acquire new habits and integrate new health behaviors and manners can be really creative and encouraging. With strong will, we can establish the foundation of new lifestyle and identify with it. Our life can be pleasant; satisfying; at the same time inspiring for others. Nowadays, the public is overwhelmed by a lot of information from the media about how to prevent disease, but this information is often full of contradictions. There is a need to recognize trustworthy information. During different kinds of public events people often show an interest in broadening their knowledge of risk factors which threaten their health (1-3).

The main objective of this study was to assess and compare men and women's adherence to healthy lifestyle and their knowledge of well-being. By examining the outcome of the survey, we found that female respondents are more aware of CVD risk factors than male participants. Women expressed bigger satisfaction with the care for their own health than men. The regular use of vitamin preparations and over-the-counter medications is preferred by men, but many do not use them at all, whereas the



vast majority of women take vitamin preparations and over-the-counter medications as needed. When we look at the attitude of both sexes toward smoking, we can say that most women either do not smoke or smoke 5-10 cigarettes a day, while men usually smoke 5-20 cigarettes daily or they try to get rid of this addiction. Females consume alcohol only occasionally when celebrating or not at all. Most men drink alcoholic beverages occasionally, over a weekend or twice a week. It is a paradox that even though men are able to name smoking and alcohol consumption as CVD risk factors, they are attracted to them more than women. Women's conscious attitude towards health probably stems from their maternal responsibility and the responsibility for bringing a healthy generation. Evaluating the results, we can conclude that female participants are more interested in healthy lifestyle and live a healthier life than male participants.

In Slovakia, the percentage of smokers is 20.1% (of which 24.6% are men and 17.6% are women). The situation in younger age groups is unfavorable and in the groups with higher levels of education the situation is more favorable. In terms of smoking, the survey showed similar results for both sexes. On average, 32.5% of men and 17% of women smoke.

Despite the high average alcohol consumption in Slovakia and all of the above statistics, our volunteers admitted only very low alcohol consumption: a large majority do not consume alcoholic beverages at all or only rarely; only 1.5% of people consume spirits; 1.4% wine; 4.7% (2) beer daily or almost daily.

## Conclusion

The most important precondition for balanced life is a sound health, which is the basis of life and a fundamental human right. Looking after one's own health should be the priority of each individual and the society.

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## Rehabilitation and Nursing Homes with Elderly and Homeless Population, Lessons not only for Physiotherapy but also for Epidemiology?

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### Abstract:

**Background:** Infections occur frequently in nursing home residents, mainly pneumonia, UTI and SSTI, usually requiring empirical

antimicrobial treatment in an hypo-immune population, which contribute to the increasing frequency of antimicrobial agent-resistant organisms in nursing homes.

**Patients and methods:** We did oropharyngeal swabs of residents of long-term facilities to detect their potential contamination with resistant pathogens in three nursing homes in Bratislava.

**Results:** Multi-resistant pathogens were recorded in total of 71 clients, but only 5 (10%) were positive for gram-negative bacteria, however, in all, multi-resistant bacteria/yeast were obtained.

**Conclusions:** Monthly surveillance cultures, but also admission cultures, not only rectal, but also from respiratory tract are advisable.

## Introduction

Rehabilitation and nursing homes are increasing in numbers, both in Europe and in US due to the risen life expectancy. Infections occur frequently in nursing home residents. The most common infections are pneumonia, urinary tract infection, and skin and soft tissue infection (SSTI). Aging-associated physiologic and pathologic changes, functional disability, institutionalization, and invasive procedures and devices all contribute to the high occurrence of infection. Antimicrobial agents used in nursing homes are usually empiric. All of these factors contribute to the increasing frequency of antimicrobial agent-resistant organisms in nursing homes.

## Patients and Methods

In this pilot one-day point of prevalence study we did oropharyngeal swabs of 72 residents of long-term facilities to detect their potential contamination with resistant pathogens. Study was conducted on 21st August 2018.

## Results

Multi-resistant pathogens were recorded in 3 facilities with a capacity of 22, 24 and 25 clients, but only 5 (10%) were positive for bacteria, however, in all, multi-resistant bacteria/yeast were obtained. In one of the

last issues of Lancet (2), the authors highlighted the increase of parasitic infections among elderly residents in a nursing/rehab facility. There are little data on studies for elderly/homeless or nursing facilities on colonization with multi-resistant pathogens. Everybody however, will expect more gram-negative bacilli (Enterobacteriaceae) or Enterococci due to the decreased hygiene and morbidity. We have observed multi-resistant streptococci (MRSA) and azole-resistant *Candida* spp., what is a surprising finding in this group of hypo-immune patients.

## Conclusion

MRSA and fluconazole-resistant *Candida* spp. were the major pathogens of the respiratory tract of hypomobile elderly residents of rehabilitation/nursing homes in Bratislava. Therefore, not only monthly surveillance cultures, but also admission cultures, not only rectal, but also from respiratory tract are advisable.

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## Migrants Versus Homeless Population in Rehabilitation and Physiotherapy Facilities Suffering from Ectoparasites – Scabies is not a Medical but Social Problem

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**Abstract:**

**Background:** Long term Rehabilitation, Chronic Care, Palliative Dept. Physiotherapy Units accumulate elderly debilitated polymorbide sometimes homeless patients and hypomobile individuals with different levels of personal hygiene. Ectoparasites increase suffering from long term care and social services.

**Patients and Methods:** The aim of this study was to compare the incidence of scabies among different types of hypomobile and vulnerable populations and compare homeless and elderly to refugees and migrants containing of hypermobile and wounded populations.

**Results:** Among 22 homeless elderly, *Group A*; 42 homeless non-elderly high threshold *Group B*; 55 hypermobile migrants visiting a Rehabilitation and Physiotherapy Center, scabies was massively present in *Group C*. Among the first two Groups, *Homeless A* and *Homeless B* was rare. Increasing personal hygiene in stationary versus mobile Units, better Social Services and hygiene for homeless versus migrants, may be responsible for these unexpected findings.

**Conclusion:** Scabies has to be considered as the commonest ectoparasite followed by louse and mice among physiotherapy and rehabilitation dependent hypomobile elderly homeless clients. However, its incidence among homeless in CEE among migrants via the Balkan Route is incomparably low.

**Introduction**

*The Lancet's Infectious Diseases* highlighted the role of scabies in chronic and rehabilitation care homes in UK (Cassel, 2018) as the commonest ectoparasite in this vulnerable Group of patients. The aim of this study is to compare the incidence of scabies in migrants and refugees from Syria and Iraq via the Balkan Route from Greece to Slovenia via Bosna and Croatia in comparison to elderly and homeless in shelters and long term facilities-hypermobile versus hypomobile population.

Long term Rehabilitation, Chronic Care, Palliative Departments and Physiotherapy Units accumulate elderly debilitated,

polymorbide, sometimes homeless patients and hypomobile individuals with different level of personal hygiene. Ectoparasites increase suffering from long term care and Social Services.

**Patients and Methods**

The first Group of patients was composed of 22 elderly homeless individuals from Resoty Shelter, *Group A*, the second Group was low and middle threshold level population of young homeless in Mea Culpa Shelter - 42 members of *Group B*, and the *Group C* was composed of 55 migrants and refugees migrating from Greece via Bosna

to Croatia, young hypermobile population with children. The incidence of scabies, complications and therapy has been recorded and analyzed.

## Results and Discussion

In *Groups A* and *B*, the hypomobile homeless population from two shelters, one Resoty with an elderly population and secondly Mea Culpa with younger individuals, scabies was exceptional with no case in the *Group A* and 1 in *Group B*. However, *Group C* had 44 of 55 studied cases, which is 80% of all migrants presenting themselves at the health posts in Velka Kladusa and Breko, Bosna. Local therapy with anti-scabies ointment Scabicide TM was used, only in one case Ivermectin was used because of the clinical failure of local therapies. Results of therapy was difficult to assess due to non-compliance of patients; none of them came to their second visit in 5 to 7 days since they left the refugee camp for other countries predominantly Slovenia and Croatia with no follow up. Secondary infections were common, in 50% staphylococcal skin and soft tissue infections, such as staphylogenic impetigo, abscesses and skin phlegmonas have been observed in 40%, that means in 22 patients, and they received additional local anti-staphylococcal ointment, in three cases systemic antimicrobial agents - cotrimoxazol were given with central symptoms such as fever, pain, redness, to avoid cellulitis or staphylococcal sepsis.

The UK Lancet ID study (Cassel, 2018) observed much fewer scabies cases among the elderly than in migrants, however more than we did. The data on complications were rare, less than 5%.

## Conclusions

The hypomobilized population of elderly and homeless elderly individuals has much less scabies skin and soft tissue infections

than migrants and refugees long walking on the Balkan Route from Greece to Slovenia, less hygiene and bad foot conditions and absence of appropriate shoes are the major risk factors from scabies dissemination and presence, in comparison to hypomobile elderly patients from homeless shelters. Increased personal hygiene is possible in shelters however impossible in refugee camps and camping sites, especially after days to weeks of walking and sleeping in tents in open nature whole families closely together increasing transmission from case to case. To stop the scabies epidemic is impossible without the end of long walking and camping due to war and unrest in countries of origin, Syria, Iraq, Afghanistan and Yemen. Social Workers, together with Nurses are helpful in wound management, local therapy with scabicide ointments, prophylaxis of secondary infections, checking the adherence to systemic antimicrobials in complicated cases.

Another important step in this field is applying certain measures for reorientation of social structures that have been generating discrimination, poverty or stigmatization of these groups of persons. In some cases, the aim of the measures concerning this object should be re-formulating entire opinion systems to avoid stigmatization of these groups of persons and to support recovering their sense of security (Schreiter 2018).

Nowadays, when such a large part of the world faces many traumatic situations in different forms, and when so many people have to flee their homes from violence, raising public awareness of the problems of these groups of persons and compliance with important social and moral principles can contribute to effectively providing care to these groups of persons during the tough process of recovery and also prevent many traumatic events (Schreiter 2017).

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# Orphan Status may be Protective Factor Against Severe Toxicity of HIV Therapy in Children from Resource-limited Settings (Case report)

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## Abstract:

**Background:** Orphan status is usually a risk factor for many diseases and results in social exclusion and worse outcomes than children with parents.

**Methods:** The case reports of severe toxicity where death was averted by close monitoring in an orphanage in Phnom Penh, Cambodia are presented.

**Results:** Close monitoring of adherence of antiretroviral therapy (ARV) is possible only in close facility, e.g. orphanage, where regular DOT (directly observed therapy) and DOTOX (directly observed toxicity) is possible.

**Conclusions:** Three cases of severe toxicity: two bone marrow severe suppression and one cardiomyopathy are presented. Deaths were averted by close observation and early interventions.

## Introduction

Children with HIV in resource-limited settings have much higher rates of orphanhood, malnutrition, and coexisting infections such as tuberculosis. Among these risk factors, orphan status deserves particular attention. About 14 million children have been orphaned due to HIV, 80% of these living in sub-Saharan Africa. Orphan status defines a child's social and economic outcomes. Several studies have reported worse outcomes for orphans, including poorer health and nutrition; higher hospitalization rates; lower school attendance; higher childhood mortality. In some studies from resource-limited settings, orphan status has been associated with ART non-adherence, however, other studies didn't confirm this. The particular system may play a role in this: one study suggests that orphans with institutional caregivers have better adherence than those with non-institutional caregivers. (Wachholz & Ferreira, 2007) Monitoring of ARV toxicity may be easier in institutional care, where possibilities for further examinations are higher, especially when comparing to rural or street children.

Hereby, we present three cases where orphan status followed by indoor placement was actually a protective factor regarding ARV toxicity and saved lives.

## Case report 1

A 16 year old girl presented with innate HIV infection. 10 years on 1st line treatment (Zidovudine, 3TC, 4DDI) plus cotrimoxazole she had several episodes of anemia due to myelosuppression. Decreased physical activity and ability to play activated the examination and search for the cause of the problems. Cardiologic examination revealed severe cardiomyopathy due to AZT, which was immediately replaced.

## Case report 2

A 12 year old girl presented with advanced AIDS as a late presenter. Therapy has been AZT+3TC+4DDI, plus anti-TB treatment (RIF, INH, EMB, PZA). She was diagnosed with severe anemia, a drop of hemoglobin levels from 130 to 50 with depressed bone marrow activity. By coincidence the results were seen by a Doctor visiting the orphanage. A change of therapy brought her blood count back to normal levels.

## Case report 3

A 6 year old boy with terminal stage of AIDS plus TBC was admitted from the street and put on 1st line ARV. A Social worker and volunteer observed decreased ability to play and decreased motoric performance, blood was tested and very severe anemia was found (Hb level 30mg/l) and

erythropoetin was administrated immediately, change of therapy was done as well.

## Conclusions

In these cases, deaths from ARV toxicity were averted by careful monitoring in institutional care by trained Social Workers, volunteers and medical personnel. In ARV toxicity, earlier interventions save lives, therefore orphan status was a protective factor.

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## **Demand on Non-Medical Health Professions Training: Adaptation to New Challenges of the Aging Populations (letter)**

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### **Abstract:**

This current letter to the editor reflects on a series of papers published in Clinical Social Work Journal (1-3) or refugees and migrants health

care during the new 2015 – 2018 crisis: The unpreparedness of most non-Doctor Health Care Workers solve health and social problems migrants and refugees due to the lack of language and education in migrant/refugee health and related topics. The Majority of V4 + Austria countries deal with but very few also teach socio-legal problems of children and mothers, reunifications of families, humanitarian deals, tropical diseases and other subjects which appeared from the praxis during these four years of migrant crisis in Greece/Italy, where 1.5million per year of immigrants and refugees escaped via Balkan or Mediterranean Route and potential V4 – citizens.

With the increasing proportion of elderly population, the need for Health Care Professionals is increasing as well. An International Conference in May 2018 was held in Bratislava to facilitate the East-West exchange and promotion of non-Medical Health Sciences and outcome of Health Care students. Serial discussions about e.g. Podiatric or Community Health are not included in the studies of university students in Central Europe at all. Despite the fact,

that the critically ill population is rising, both in community and in long term facilities, making this problem emerging.

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**Table 1:** Missing programs for HCW causing gaps in education

Name of the teaching program for HCW	EU AT, DE, IT, FR, BE, NE	EU-V4 SK, PL, CR, HU	USA	WP Asia
Nursing	yes	yes	yes	yes
Physiotherapy	yes	yes	yes	yes
Medical Technology	yes	yes	yes	yes
Dental Technics	no	yes	yes	no
Podiatrics	no	no	yes	no
Public Health	yes	yes	yes	yes
Community Health	no	no	yes	no
Tropical Health	no	yes	no	no
Radiology	yes	yes	yes	no
Rescue/medical1st aid	yes	yes	yes	no

## Expanded Education in Rescue in Physiotherapy and Nursing in V4 – Adaptation for Refugee Crisis (Letter)

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Original Article

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### Abstract:

Current letter to the editor reflects on a series of papers published in *Clinical Social Work Journal* (1-3) on refugee's and migrant's health care during the new 2015-2018 crisis. The unpreparedness of most

non-doctor Health Care Workers solve health and social problems migrants and refugees have due to the lack of language and education in migrant/refugee health and related topics. The majority of V4 + Austria countries deal with, but very few teach socio-legal problems of children and mothers; reunifications of families; humanitarian deals; tropical diseases; other subjects which appeared from the praxis during these four years of migrant crisis in Greece/Italy, where 1.5million per year of immigrants and refugees escaped via Balkan or Mediterranean Route and are potential V4 citizens.

Several papers have been published concerning the new roles of Health Care Workers in the Migrant and Refugee crisis, including in the Clinical Social Work and Health Intervention (1-3). As seen in those papers, the role of other-than-doctor (OTD) Health Care Workers (HCW) is a part of the work of essential Physicians and Nurses among arrived migrants. Refugees, Physiotherapists in rehabilitation of post war victims; midwifery in deliveries of migrant mothers in the field; rescuers in acute cases of those escaping their houses and traveling via the Mediterranean Route with the risk of life-threatening events on the sea (drowning) and crossing borders (asthma, diabetes).

Table 1 shows all the new challenges they have to face (HCW OTD-HCW) due the new situation after 2015 refugee crisis.

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**Table 1:** New events in Health Care with OTD-HCW, challenges after the 2015 Refugee crisis

Profession	New events to be solved
Podiatrists	Wound therapy, assisting in field surgeries
Physiotherapy	Wound therapy, amputation assistance
Midwifery	Field births of pregnant women
Rescuers	Diabetic coma, asthmatic status, myocardial infarction, strokes, allergic & anaphylactic reactions
Dental assistants	Complete dental care if no dentist available
Medical technology	Field lab, point of care tests, RDTs
Public Health	Community Health, water & sanitation interventions, epidemics prevention
Nutritionist	Anti-malnutrition Program for children & mothers
Social worker	Social protection of children, unification of families

- Spectrum of infections in physiotherapy and rehabilitation ward for war victims and veterans from Iraq and Syria (short note).* Clinical Social Work and Health Intervention. 8. 26-28. 10.22359/cswhi\_8\_2\_05.
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Allow me to introduce a new expert journal – Clinical Social Work and Health Care. We would like to offer you an opportunity to contribute to its content as we would like to aspire to create a collection of real experiences of social workers, doctors, missionaries, teachers, etc. CWS Journal is published by the International Scientific Group of Applied Preventive Medicine I-GAP in Vienna, Austria.

The journal is to be published semi-annually and only in English language as it will be distributed in various foreign countries.

We prefer to use the term 'clinical social work' rather than social work even though it is less common. In the profession of clinical social work, there clearly is some tension coming from unclear definitions of competence of social workers and their role in the lives of the clients; the position of social work in the structures of scientific disciplines especially in cases where people declare themselves to be professionals even though they have no professional educational background. These are only few of the topics we would like to discuss in the CWS Journal.

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