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Issue: Social Work Clients In Critical Health Conditions

Original Articles

- ✓ ASSESSING THE EFFECT OF DEMOGRAPHIC VARIABLES ON ORGANIZATIONAL CITIZENSHIP BEHAVIOR & ORGANIZATIONAL JUSTICE
- ✓ ANALGESIC DRUGS PRESCRIPTION IN GERIATRIC AND PALLIATIVE PATIENTS IN SLOVAKIA
 - ✓ GROWING POPULATION OF ELDERLY IN EUROPE – A WAKE UP CALL FOR SOCIAL SERVICES EXPANSION
 - ✓ HEPATITIS C SCREENING IN SELECTED SOCIAL REINTEGRATION FACILITIES IN EASTERN SLOVAKIA
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- ✓ ASSESSMENT OF PSYCHOLOGICAL BURDEN AND OCCUPATIONAL BURNOUT IN NURSES WORKING IN INTENSIVE CARE UNITS IN POLAND, SLOVAKIA AND THE CZECH REPUBLIC
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Editorial

Implementation of a social health is the issue the current developed societies are looking answer for. I had possibility to serve marginalized community in postwar zone in rural area of South Sudan as surgeon during recent years. Most of the health workers have been local Africans and men. I have discussed the issue of migration with those wither higher health education – clinical officers. Education and practice of emergency medicine allows them to move freely to surrounding countries. There is a lack of health professionals. To get a job is not a problem. Why don't you choose for a better life, I have asked them. The nurse – man answered. When I move out, there will be no way back with a dignity to our home community. Where have you been when bullets been flying around our ears, everybody will ask? Having community roots is basic for success in health and social work.

The current issue of the online magazine is focused on actual problems of social work and health care in different social conditions. Growing group of elders in Europe and other developed regions become issue not only because good and accessible health care, specially hospice and palliative. It is also issue of well being of seniors. Loneliness is common in rich societies.

Migration from insecure places become evergreen song of modern days on other side of the planet. Many migrants are suffering by port traumatic stress disorder. Pictures of war, death of family members, exploitation during the way to their destination are in many mouths and in almost every heart of migrant. It has to be considered in process of integration in recipient community.

People in social need often suffer by communicable diseases. Knowing the own health status is a key issue in prevention of spread. Screening of hepatitis C in diseases in reintegration facilities in Eastern Slovakia shows the burden of disease. Authors describing Intricate relationship between poverty and HIV and Protection of children from forced labor in Pakistan are trying not only describe the critical situation. Inspiration to improve the state is offered. Never ending story of marginalization of Roma children in special schools due to second language barrier in Slovakia are investigated.

The best solutions for social health are system solutions. They are growing from long lasting experience and from cultivated human hearts and souls. Local „rescue“ actions have can not be underestimated, where system solutions are not applicable due to lets say not fertile but rocky soil in human hearts.

Marian Bartkovjak

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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

Assessing the Effect of Demographic Variables on Organizational Citizenship Behavior & Organizational Justice

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Original Article

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Abstract:

The concept of employees' Organizational Citizenship Behavior (OCB) and Organizational Justice (OJ) have been broadly discussed in the current literature in different fields. However, the instrumental role of biographical variables such as gender and age concerning their effect on the employees' OCB and OJ have been less explored. This study evaluates the effect of these biographical variables on OCB and OJ in the context of Higher Education Institutions (HEIs) of Pakistan. Data were collected from 1019 employees through survey method from the employees working in HEIs of Khyber Pakhtunkhwa, Pakistan. Regression method and ANNOVA were used to analyze the collected data. Findings of the study revealed a significant positive effect of age and gender on the employees' OCB and OJ in academic settings at HEIs. It is recommended that management and policy makers should take these variables into account while making policies and implementing them in the higher education setting. It is further suggested that results of this study should be replicated in other contexts for getting more reliable and valid results.

Introduction

Organizational Citizenship Behavior (OCB) is a discretionary behavior of employees which contributes to effective functioning of the organizations. It is one of the most important variables in organizational context and previous research findings revealed its influential role in organizational performance and employees' well-beings (Zhang & Agarwal, 2009). An Organization's performance depends upon the quality of human resources. Variables such as OCB and OJ safeguards the employment of employees especially in situation where downsizing is being made on account of economic recession (Phillip M Podsakoff, MacKenzie & Organ, 2006) as those employees are retained whose level of OCB remained high. Altruism and courtesy are the two levels of OCB through which a meaningful, supportive, and friendly working environment is created and organizational productivity is enhanced (Phillip M Podsakoff et al., 2006). In addition, conscientiousness and civic-virtue of employees develops social capital; a sense of organizational belongings

among employees; strengthens institutional life. Employees who display OCB at their workplace assist their colleagues having heavy workloads regardless of accomplishing their own assigned tasks. Such behavior of employees develops a friendly working environment which in turn develops a sense of belonging with the organization (Sepeng, 2016 #794}.

Podsakoff (2006) argued that employees who display high levels of OCB at their workplace are more likely to get better performance rewards in the form of incentives, bonuses, and/or certificates of appreciation from their employers. Such non-monetary rewards like letters of appreciation push them upwards in their career path in the form of promotion and award of higher scale/grade. The employees displaying high levels of OCB keep them engaged in organization progress and avoid complaining about trivial matters. A study concerning the predictors of OCB needs to be conducted so as to safeguard and improve the culture of

citizenship at the organizations (Chen, Wu, Chang, Lin, Kung, Weng & Lee, 2015). Based on research findings for the last four decades, some studies have indicated that biographical variables have significant impact on workplace environment and resultantly promote the overall organization's performance. These factors have positive spreading effects on wellbeing of employees and organization (Zhang, 2009; Sepeng, 2016). In the context of direct effect of OCB and OJ on the employees themselves, research findings showed that leaders and immediate supervisors give high ratings to those subordinates who display more OCB at their workplace and thus they receive greater opportunities of better careers (N. P. Podsakoff, Whiting, Podsakoff, & Blume, 2009). Both gender and age may affect the level of OCB in an organizational set up. Individuals' age is one of the most widely researched variables in organizational context. With regard to working behavior, it has a significant impact on OCB on the ground that younger employees view the organizational assignments differently than the older employees (Wagner & Rush, 2000). Gender is an important element that has close relationship with OCB. Scholars have stated that demographic features have significant effect on the OCB (Khan, Abbas, Gul, & Raja, 2015). Today's organizations are more conscientious about the norms of their organization and always working and thinking for the wellbeing of their organization. Along with that OCB, work environment is another essential factor that influences the performance of employees (Park, 2018; Bolino, Klotz, Turnley, Harvey, 2013).

Organizational Citizenship Behavior

The concept of OCB was initially introduced by Chester Barnard in 1930 and later in 1938 he termed it "extra-role behavior". This term attracted attention of scholars and

introduced the term "citizenship" for the workers who represent extra-role behavior in their respective workplace (Katz, 1964). Leaders give regards to such working behavior of their subordinates on account of its contribution towards effective functioning of organizations (Bratu, 2015). Smith, Organ, & Near (1983) bifurcated such working behaviors of employees into two classes i.e. general compliance and altruism. Bateman & Organ (1983) redefined the term "extra-role behavior" as a "spontaneous and innovative" behavior and identified "in-role behavior" as technical performance required by the job which is acceptable to management.

Organizations may enforce employees for certain output which might require the job beyond the prescribed limit and in turn the organization acknowledges such extra-role behavior (Bolino, Hsiung, Harvey & LePine, 2015). According to Organ (Organ, 1988), OCB is the work related behavior of employees that goes beyond the prescribed job description regardless of obtaining any formal reward. However, such working behavior of employees contributes towards effective functioning of organizations. OCB contributes to the survival of organizations in efficient manners besides promoting the welfare of co-workers and work group (Organ, 1988). Research findings revealed that OCB plays a crucial role in effectively running the organizational affairs that further ensures quality productivity in overall organizational performance (Hunt & Morgan, 1994). In view of such a beneficial behavior, researchers identified various factors: job satisfaction; age; tenure; motivation; most importantly, leadership styles that have deep impact on OCB (Bateman & Organ, 1983; Morgan & Organ, 1998; Morgan, 1993;). In view of having close relationship of leadership style with the employees' working behavior, the researchers further unpacked the OCB and

introduced its construct comprising five levels: altruism; conscientiousness; sportsmanship; courtesy; civic-virtue (Organ, 1988).

Organizational Justice

Organizational justice in terms of fair treatment with employees has a significant effect on their working behavior at the workplace (Fournier, 2008; Sparrow & Practice, 2005; Kandlousi, Ali, Abdollahi, Management, 2010; Chan & Lai, 2017). Through fair decision allocations, the managers might be able to obtain optimum employee expectations of performance outcomes as well as organizational commitment and employees' attachments with their organizations may be improved when they feel and observe appropriate decision-making criteria. Wish for fair treatment is a universal human value and plays a very significant role in daily routine matters i.e. even an unfavorable decision is accepted to an individual provided its procedure is based on fair and unbiased trial. Research findings indicate that OJ has significant effect on employees' working behavior like trust, OCB, collective esteem and withdrawal (Greenberg & Colquitt, 2013; Srivastava & Management, 2015). While injustice creates negative reaction like psychological distress; absenteeism; withdrawal behavior (Alkhadher, Gadelrab, & Assessment, 2016; Elovainio, Hepo-niemi, Sinervo, & Magnavita, 2010); justice remained focus of researchers since 1980's and they introduced its multiple dimensions.

Theoretical concept of justice expanded and its dimensionality expanded to two-factors (Sweeney, McFarlin, & processes, 1993); three-factors (Barling & Phillips, 1993); 4-factors (Colquitt, 2001); 6-factors (Nabatchi, Blomgren Bingham, Good, 2007). According to Chan & Lai (2017), there are three well known distinct dimensions of OJ: procedural, distributive,

and interactional (Cohen-Charash, Spector, & processes, 2001; Niehoff & Moorman, 1993). The third dimension i.e. the interactional justice has been categorized into two different dimensions: informational justice and interpersonal justice (Colquitt, 2001; Chan & Lai, 2017). Colquitt (2001) presented four dimensions of OJ while Moorman, Blakely, Niehoff (1998), regarded it in terms of three dimensions (Van Dyne, Graham, Dienesch, 1994). Both theories consist of two common dimensions and processes, (Alexander & Ruderman, 1987; Folger & Cropanzano, 1998; Folger Cropanzano, 1998; Sweeney, McFarlin, 1993). Interactional justice stated by Moorman is comprised of two distinct dimensions and Psychology in views of Colquitt (Cheung & Law, 2008; Colquitt, Greenberg, & Zapata-Phelan, 2005; J. Greenberg & Colquitt, 2013; Greenberg, 1990).

Baran, Shanock, Miller, (2012) found that Moorman's three factor measure might dominate Colquitt's four factor instrument in certain situation. However most of the research studies took into account the four dimensions of OJ (procedural, distributive, interpersonal, and informational) as both interpersonal and informational justices have their own context with regard to the leaders and organization respectively. Employees' working behaviors like OCB and performance depend upon many factors including one of them is the Organizational Justice which they face at their workplace (Anderson, Berger, Zelditch Jr, Cohen, 1969; Chan & Lai, 2017). Fournier (2008) examined the relationship of interactional justice with OCB and Communication Satisfaction in a university context while influence of other dimensions of OJ (i.e. procedural, distributive) on same and other related variables were investigated by Chan and Lai (2017). Results of the aforementioned research studies explored significant relationship of the three dimensions of

OJ (distributive, procedural, and interactional justice) with the OCB.

The prominent equity theory (Adams & Freedman, 1976) assumes that individuals' working behaviors change in response to equity or inequity in order to resolve the resultant stress. Employees having positive perception of fairness from organizations willingly demonstrate more OCB (Chan & Lai, 2017; Wong, Ngo, & Wong, 2006). On the other hand, employees experiencing inequity usually withdraw their extra-role behaviors and restrict their contribution to the extent of prescribed obligations (Fassina, Jones, Uggerslev, Psychology, & Behavior, 2008; Chan & Lai, 2017). Cohen-Charash *et al.* (2001) argued that OCB is predicted by distributive and procedural justice (Alotai-bi, 2001); the interpersonal fair treatment by supervisors enhances OCB of their followers (Colquitt, Greenberg, & Zapata-Phelan, 2005; Greenberg & Colquitt, 2013; Karriker & Williams, 2009; Chan & Lai, 2017). Hence, justice is positively correlated with extra-role behavior of employees and such working behaviors at a workplace promotes the functioning of organizations in effective manner (Organ, 1988). Previous research has revealed that all types of justice perception are positively associated with a wide range of variables like gender, qualification, age and job status (Cohen-Charash, Spector, & processes, 2001), organizational attitude including organizational commitment, experience (Colquitt, 2001) and job satisfaction (Greenberg & Cropanzano, 1993) that in turn have positive and significant effect on organizational outcomes. Researchers and practitioners are, therefore, continuously focusing on gender role, human behavior and their feelings at workplace. Employees expect that their employers before making any decision should provide opportunity of giving their input irrespective of gender and job status (Alexander & Ruderman, 1987).

Besides this, the employees also expect that their employers are rewarded in fair manner irrespective of age, gender, qualifications and experience (Jahangir, Akbar, & Haq, 2004; Morrison & Phelps, 1999; Pond III, Nacoste, Mohr, & Rodriguez, 1997; Tepper, Lockhart, & Hoobler, 2001; Van Dyne, Ellis, & perspectives, 2004). To sum up, it is concluded that demographic variables play a key role related to OCB and OJ in Higher Education organizational context. However, little is known in the context of higher education settings of Pakistan. This study investigated the effect of important variables such as age and gender on OCB and OJ in higher education settings of Pakistan.

Research Objectives

Following were the main objectives of this study:

- 1) To investigate the effect of age on OCB and OJ in the context of Higher Education Institutions of Pakistan.
- 2) To determine the effect of gender on OCB and OJ in the context of Higher Education Institutions of Pakistan.

Method

Design

This study investigated the effect of age and gender on AL and OCB in HEIs of Khyber Pakhtunkhwa, Pakistan. A survey (Roncesvalles & Sevilla, 2015) was used in this research study for data collection. A survey approach allows the researcher to obtain direct information from the participants (Brink, 2006). Survey method helps in collecting data from the participants relatively in less time and covered more participants. Besides this, a survey is less expensive, time saving and easier to administer (Gay, Mills, & Airasian, 2009; Krejcie, Morgan, & measurement, 1970).

Sample

The following universities across the province of Khyber Pakhtunkhwa from all of the seven (07) administrative divisions were selected for this study as shown in Table 1.

The first stratum consisted of leaders such as Deans, Directors/Chairpersons, Principals, Head of Administrative Section or equivalent. The second stratum consisted of followers such as Professors, Associate Professors, Assistant Professors and Lecturers and non-teaching staff bearing BPS-17 & above or equivalent as indicated in Table 2.

Table 1: Universities Selected for data collection

S.No	University	Location	
		District	Division
1	University of Peshawar	Peshawar	Peshawar
2	Gomal University, DI Khan	D.I Khan	D.I Khan
3	University of Malakand	Lower Dir	Malakand
4	Kohat University of Science and Technology	Kohat	Kohat
5	University of Science and Technology, Bannu	Bannu	Bannu
6	Abasyn University Peshawar	Peshawar	Peshawar
7	Abdul Wali Khan University	Mardan	Mardan
8	Shaheed Benazir Bhutto Women University, Peshawar	Peshawar	Peshawar
9	Abbottabad University of Science and Technology	Abbottabad	Hazara

Table 2: Target population and Selected samples 4

S.No	Name of University	Administrative staff		Academic Staff		Total
		Total	Sample	Total	Sample	
1	University of Malakand, Chakdara Dir (Lower):	40	36	199	132	168
2	Abbottabad University of Science and Technology, Havelian	15	14	70	59	73
3	AbdulWali Khan University Mardan	41	36	307	169	205
4	University of Peshawar	69	59	481	214	273
5	Shaheed Benazir Bhutto Women University, Peshawar	34	32	171	118	150
6	Kohat University of Science and Technology (KUST):	25	24	176	118	142
7	University of Science and Technology Bannu	27	24	149	108	132
8	Gomal University, D.I Khan	45	40	255	148	188
9	Abasyn University Peshawar	15	14	125	92	106
Total		311	279	1933	1158	1437

The participants were sampled based on convenience sampling technique. Convenience sampling technique is a non-probability sampling technique that meet certain criteria like easy accessibility, geographical proximity, availability at given time and/or the willingness to participate are included for the purpose of the study (Dörnyei, 2007; Etikan, Musa, Alkassim, & Statistics, 2016).

Data Collection

To collect data, validated questionnaires were used. The questionnaires consisted of Organizational Citizenship Behavior Scale (Philip M Podsakoff, MacKenzie, Moorman, & Fetter, 1990) and Organizational Justice Scale. The questionnaires were administered to 1,437 (279 leaders and 1,158 followers). The questionnaires were piloted before major data collection. Cronbach's alpha was calculated to determine reliability of the scales which were found above .70 having a strong alpha evidence for scale reliability (Hinkin, 1995). The questionnaires also consisted a biographical section pertaining to personal information of the participants like age, gender, position were incorporated. With regard to age distribution of the respondents, it is evident that 27% (n=275) participants were of less than 30 years age; 39.7% (n=405) ; ages 31-35 years; 21.4% (n=218) ages 36-40 years; 7.9% (n=80) ages 41-45 years; 2.6% (n=27) ages 46-50 years; 0.9% (n=9) ages 51-55 years; 0.5% (n=5) upper age limit of 56-60 years. No one, beyond the age of attaining 60 years, can be retained in service as per Government policy as shown in Table 3.

Table 3: Age Distribution (n=1019)

Age of Respondents (in Years)	n	Percent
Less than 30	275	27.0
31-35	405	39.7
36-40	218	21.4
41-45	80	7.9
46-50	27	2.6
51-55	9	.9
56-60	5	.5
Total	1019	100.0

Related to gender, of the total 1,019 respondents, majority of them 78.6% (n=801) were male while 21.4% (n=218) were female indicating that employment in higher education institutions is male dominated in spite fact that the Government provides equal opportunities in employment to both male and female as shown in Table 4.

Table 4: Gender (n=1019)

Gender of the Respondents	n	Percent
Male	801	78.6
Female	218	21.4
Total	1019	100.0

In order to get insight about the effect of demographic variables on OCB in Higher Education Institutions of Pakistan, one-way Analysis of Variance (ANNOVA) was carried out. Results of this analysis showed that age and gender are predictors of OCB.

Results

Effect of Age on OCB & OJ

Table 5 indicates no major difference in the means of Altruism ($F=.940$, $p=.465$), Conscientiousness, ($F=1.657$, $p=.128$) and Civic-Virtue ($F=.1.590$, $p=.147$) among the followers based on their age group while

there is a highly meaningful difference in the mean of Sportsmanship ($F=2.939$, $p=.008$) and significant difference in the mean of Courtesy ($F=2.839$, $p=.01$) based on the age group of the participants. It means that it does not cause any variance in these three dimensions of OCB. However, age group of the employees may cause variance in the rest of the two dimensions of OCB (Sportsmanship and Courtesy). Further, results indicate no meaningful difference in the means of the employees' perception about PJ ($F=.393$, $p>.1$), IPJ ($F=.537$, $p>.1$), and IFJ ($F=.690$, $p>.1$) among them based on their age group. However, there is significant difference in the mean of DJ (2.341, $p<.05$) based on the age group of the participants.

Effect of Gender on OCB and OJ

Table 6 indicate that there is no significant difference in all the five levels (except Sportsmanship) of OCB (Altruism ($F=.219$, $p>.1$), Conscientiousness, ($F=.001$, $p>.1$), Courtesy ($F=.021$, $p>.1$), and Civic-Virtue ($F=.306$, $p>.1$) among the followers based on their gender while there was a slight significant difference in the mean of Sportsmanship ($F=3.526$, $p=.05$) based on the gender of the participants. From which it may be inferred that gender as control variable is not a significant predictor concerning to cause variance in all the four levels of OCB. However, gender of the employees may cause variance Sportsmanship (third level of the OCB).

Table 5: Effect of Age on OCB

Name of Dimension		Sum of Square	df	Mean Square	F	Sig.
Altruism	Between Groups	7.758	6	1.293	.940	.465
	Within Groups	1387.840	1009	1.375		
	Total	1395.598	1015			
Conscientiousness	Between Groups	11.066	6	1.844	1.657	.128
	Within Groups	1124.141	1010	1.113		
	Total	1135.207	1016			
Sportsmanship	Between Groups	50.146	6	8.358	2.939	.008
	Within Groups	2878.022	1012	2.844		
	Total	2928.168	1018			
Courtesy	Between Groups	18.056	6	3.009	2.839	.010
	Within Groups	1072.617	1012	1.060		
	Total	1090.673	1018			
Civic-virtue	Between Groups	19.262	6	3.210	1.590	.147
	Within Groups	2043.356	1012	2.019		
	Total	2062.619	1018			
PJ	Between Groups	2.112	6	.352	.393	.884
	Within Groups	904.824	1011	.895		
	Total	906.936	1017			
DJ	Between Groups	14.835	6	2.472	2.341	.030
	Within Groups	1068.832	1012	1.056		
	Total	1083.666	1018			

IPJ	Between Groups	3.571	6	.595	.537	.780
	Within Groups	1121.011	1012	1.108		
	Total	1124.582	1018			
IFJ	Between Groups	4.231	6	.705	.690	.658
	Within Groups	1033.801	1012	1.022		
	Total	1038.032	1018			

Table 6 indicates that there were no meaningful difference in the means of the employees' perception about PJ ($F=.163$, $p=.687$), and IFJ ($F= 2.651$, $p=.104$) among them based on their gender group. However,

highly significant differences were found in the mean of DJ (6.100 , $p=.014$), and IPJ ($F=5.689$, $p=.017$) based on the gender of the participants.

Table 6: Effect of Gender on OCB and OJ

Name of Dimension		Sum of Square	df	Mean Square	F	Sig.
Altruism	Between Groups	.301	1	.301	.219	.640
	Within Groups	1395.297	1014	1.376		
	Total	1395.598	1015			
Conscientiousness	Between Groups	.001	1	.001	.001	.979
	Within Groups	1135.206	1015	1.118		
	Total	1135.207	1016			
Sportsmanship	Between Groups	10.118	1	10.118	3.526	.051
	Within Groups	2918.050	1017	2.869		
	Total	2928.168	1018			
Courtesy	Between Groups	.022	1	.022	.021	.885
	Within Groups	1090.651	1017	1.072		
	Total	1090.673	1018			
Civic-virtue	Between Groups	.621	1	.621	.306	.580
	Within Groups	2061.998	1017	2.028		
	Total	2062.619	1018			
PJ	Between Groups	.145	1	.145	.163	.687
	Within Groups	906.791	1016	.893		
	Total	906.936	1017			

DJ	Between Groups	6.461	1	6.461	6.100	.014
	Within Groups	1077.205	1017	1.059		
	Total	1083.666	1018			
IPJ	Between Groups	6.256	1	6.256	5.689	.017
	Within Groups	1118.326	1017	1.100		
	Total	1124.582	1018			
IFJ	Between Groups	2.699	1	2.699	2.651	.104
	Within Groups	1035.333	1017	1.018		
	Total	1038.032	1018			

Discussion

This study aimed to investigate relationship of two demographic variables: age and gender with the five levels of OCB as well as on the four dimensions of OJ in academic settings at HEIs of Khyber Pakhtunkhwa, Pakistan. The findings of this research are beneficial to researchers, policy-makers, institutions, practitioners and management sciences. Findings of this research study explored the effect of demographic variables like gender and age on OCB and OJ and verified the previous research findings (Podsakoff, MacKenzie, & Organ, 2006) and (Jahangir et al., 2004; Morrison & Phelps, 1999; Pond III et al., 1997; Tepper et al., 2001; Van Dyne et al., 2004) concerning its positive impact on organization's performance. Conclusions of this research study provided insights about the relationship of age and gender with OCB in the context of Higher Education Institutions (HEI) of Khyber Pakhtunkhwa, Pakistan. This was a pioneering study in academic settings at HEIs in Pakistani context and would contribute to the literature of human resource management as well as to the literature of OJ. These findings may be useful for researchers, practitioners, and managers of HEIs. The results of this study provide new knowledge to policy makers of HEIs to know better implementation of the rules

and regulations related to the four pillars of OJ. Based on the findings of this study, it is argued that practitioners need to implement and act upon the four dimensions of OJ while processing the cases of employees. Organizations in general and HEIs in particular may promote justice-based working environments to enhance OCB of the employees for better performance.

Findings concerning the significance of demographical variables: age, gender, with OCB and OJ in this research study were derived from the data of Higher Education Institutions of Khyber Pakhtunkhwa, Pakistan. Such study may be conducted on other organizations of the country to broaden the scope of the present research findings. It is worthwhile to mention that data for the current research study were collected from the employees of grade 17 and above only due to time constraints. In the future, the remaining portion of employees (grade 16 and below) from the HEIs may be included to cover the entire population of the respective institutions through appropriate methods of sampling. In addition, other behavioral and organizational variables are included in the same context in future studies to explore their link with the AL.

Future Direction

Data for this research study were collected from the participants of different universities of Khyber Pakhtunkhwa, Pakistan. Since each university has its own academic and administrative structure, therefore, findings of this research study cannot be generalized to other universities of Pakistan. It is, therefore, recommended that future research may be conducted on other universities of the country to examine the relationship of demographic variables: age and gender with OCB and OJ to validate the existing research findings. Last but not least, this study used quantitative measures for data collection in which the respondents were restricted in responding to the given statements only and they did not have an option for alteration. It is recommended that future study may utilize qualitative measures.

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Analgesic Drugs Prescription in Geriatric and Palliative Patients in Slovakia

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Original Article

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Abstract:

Objective: The aim of this study was the evaluation of analgesic drugs prescription as an epidemiological indicator of average annual percentage change (AAPC) in geriatric and palliative patients in the period 2016-2017.

Design: Descriptive study.

Participants: Geriatric and palliative patients.

Methods: We analysed 12,889 analgesic drugs within the period of two years (2016-2017). Epidemiological indicator of AAPC was proposed for analysis of analgesic drugs prescription.

Results: The highest percentage from all analgesic drugs under our evaluation was Acetylsalicylic Acid in 1st half of 2017 (54.3%) with 0.05% decrease compared to 2016. The significant decrease or increase of the AAPC of other analgesic drugs prescription was not observed in geriatric and palliative patients.

Conclusion: The regular reassessments of analgesic drug prescriptions is in line with the regular assessment of patients' needs are required.

To the Editor

Chronic pain is often observed in elderly patients (≥ 65 y.) with a significant economic burden on society (1) and health system. 45-80% of older people with pain reported inadequate treatment (2). Qualified help is one of the important aspects for a dying person (3,4,5).

The aim was an evaluation of analgesic drug prescriptions as an epidemiological indicator of average annual percentage change (AAPC) in geriatric and palliative patients in the period 2016-2017.

The data were provided by the General Health Insurance Company. It analysed 12,889 of analgesic drug prescriptions in the period 2016-2017. The epidemiological indicator of AAPC (analysing of decline/growth of drugs) was proposed for analgesic drug prescriptions (6). The trend of AAPC was tested by the Nonparametric Wilcoxon Test (IBM SPSS Statistics).

The AAPC of analgesic drug prescriptions in geriatric patients in the period 2016-2017 can be seen in Table 1.

Table 1: The AAPC of analgesic drugs prescription (n = 12,889) in geriatric and palliative patients in the period 2016 – 2017

Analgesic Drugs	1 st half of 2016 n (%)	2 nd half of 2017 n (%)	1 st half of 2017 n (%)	2 nd half of 2017 n (%)	AAPC (%)
Acetylsalicylic Acid	1,810 (54.1)	1,808 (53.4)	1,741 (54.3)	1,580 (53.5)	-0.05
Diclofenac	169 (5.1)	138 (4.1)	152 (4.7)	146 (4.9)	-0.06
Nimesulide	59 (1.8)	78 (2.3)	70 (2.2)	63 (2.1)	0.01
Tramadol	215 (6.4)	205 (6.1)	207 (6.5)	212 (7.2)	-0.01
Metamizole Sodium	1,049 (31.4)	1,126 (33.2)	994 (31.0)	922 (31.2)	-0.05
Codeine	41 (1.2)	32 (0.9)	40 (1.2)	32 (1.1)	-0.11
SUM	3,343	3,387	3,204	2,955	-0.04

The highest proportion of analgesic drugs was observed for Acetylsalicylic Acid in 1st half of 2017 (54.3%) with a 0.05% prescription decrease in 2016-2017. A decrease of analgesic drug prescriptions for Diclofenac (AAPC -0.06%; p=n.s.); Tramadol (AAPC -0.01%; p=n.s.); Metamizole Sodium (AAPC -0.05%; p=n.s.); Codeine (AAPC -0.11%; p=n.s.); an increase of analgesic drug prescriptions for Nimesulide (AAPC 0.01%; p=n.s.) was found in the period 2016-2017. The significant decrease/increase of the AAPC of analgesic drug prescriptions was not observed in geriatric patients (Table 1).

A regular reassessments of analgesic drug prescriptions and the needs of patients are needed.

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Growing Population of Elderly in Europe – A Wake Up Call for Social Services Expansion

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Abstract:

Certain demographic changes nowadays, such as declining natality, increased life expectancy at birth and at retirement, will lead to an increase in the population of seniors for which society is unprepared and demand for social services will increase. How are we prepared today will predict the future for seniors tomorrow.

Introduction

Demographic developments in Europe have shown several warning signs over the past few years, such as declining natality, a population of average life expectancy at risk of civilization diseases; increased life expectancy at retirement; increased demand and the need for social services in the elderly cohort. Declining natality in Europe (0.8-1.2 child per woman) is an alarming state, which may be slightly adjusted by influx of migrants especially young families or by supporting family policies in European families.

Are we ready for seniors?

Increasing life expectancy itself is a positive phenomenon in society, both globally and locally, as it is usually the result of a lifestyle change influenced by public health professionals who promote healthy food, exercise, and preventive examinations. In addition, health systems are contributing to reducing cardiovascular risk; cancer-related mortality; addictions; or traumatic accidents. This is particularly highlighted in the countries of Europe, North America and the Western Pacific (Japan, Taiwan, Hong Kong, Singapore), where life expectancy exceeds 80 years. In addition to the way of life, there is a key role too in eating habits, which increases life expectancy especially in the Mediterranean, Scandinavia, Japan and China. This positive phenomenon also has an economic impact, as people in the 60s are still working and are thus of benefit for the economies of the individual countries.

This leads states in Europe to prolong retirement age in order to prevent an increase in pension expenditure for the growing generation of seniors.

Conclusion

If we expect an increase in the population of seniors who are economically active and pay one of the highest taxes to the state, we must also adapt social services so that they receive adequate care for their taxes. And this is a challenge for the country's health systems as this problem will worsen directly in proportion to the growing senior population. Services such as nursing care, long-term illnesses centres, day care centers and hospices are in many countries undersized by both staff and equipment, and the number of beds is also insufficient. The challenge is therefore to ensure:

- a) sufficient number of beds (infrastructure);
- b) personnel (by popularizing professions and opening up new university programmes);
- c) equipping seniors' facilities (by releasing of funds).

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Hepatitis C Screening in Selected Social Reintegration Facilities in Eastern Slovakia

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Abstract:

Introduction: The World Health Organization has adopted a global strategy to eliminate viral hepatitis as a serious public health threat by 2030. Worldwide, intravenous drug users are the most risky group with a high prevalence of viral hepatitis C. Often they concurrently suffer from alcoholic liver disease.

Study participants: Hepatitis C screening took place between July and October 2018. We tested a total of 410 clients (298 males, 112 females). The average age of tested men was 44.2 years: the average age of women was 40.1 years.

Methods: To determinate the hepatitis C antibodies (antiHCV), we used a test for rapid diagnostics of Hepatitis C (Liver HCV disease test – Voyage). At the same time, we gave the clients a questionnaire of our own design with questions that focused on the risk factors of viral hepatitis as well as on the reasons for their arrival to the social reintegration facility.

Results: Out of the total of 410 tested clients, 394 clients were anti-HCV negative; 16 (4.1%) were antiHCV positive. Due to the positive antiHCV results, we performed an additional examination - a determination of HCV RNA. HCV RNA positivity was confirmed in 4 clients (0.9%). A total of 46 clients (11.2%) confirmed intravenous drug use, 119 clients (29%) had a tattoo. In the questionnaire, clients often mentioned several risk factors that had been the reason for their arrival at the social reintegration facility, alcohol being the most commonly mentioned: 183/410 (44.6%).

Conclusions: Our screening project is prospective (2018-2019). The benefit of the project lies in: continuous education of social reintegration facilities clients; capturing specific persons suffering from CHC infection and in implementing secondary prevention.

Curriculum vitae of the first author

I graduated from the Comenius University Faculty of Medicine in Bratislava in 1999. From 1999 to 2010 I worked in Bratislava as a doctor and a senior assistant

at the Slovak Medical University. I earned a PhD. title in 2004, in 2010 I received a title of Associate Professor in Public Health. Since 2010 I have been acting as an expert

guarantor of the outpatients clinic Remedium s.r.o. in Bardejov Spa and I teach at St. Elizabeth University of Health and Social Sciences. In Bardejov Spa, I have created a place for non-pharmacological treatment of obesity in adults and an ambulance for non-invasive diagnosis of liver diseases. I am the President of the Slovak Society of Practical Obesitology. I attended several study stays abroad, organized 5 interdisciplinary conferences with international participation and I regularly give lectures at domestic and foreign specialized events.

Introduction

Hepatic diseases are the sixth most common cause of death in the European Union (data of Eurostat). *Along with metabolic diseases* (NAFLD - non-alcoholic fatty liver disease, NASH - non-alcoholic steatohepatitis), *viral liver diseases are considered to be the most frequently occurring liver diseases* (1, 2).

Worldwide prevalence of HCV infection (hepatitis C) is about 2% in the normal population. Worldwide, **about 150 million people** are infected with hepatitis C virus. Every year, approximately 350-700,000 people die of causes related with the HCV infection (3).

The World Health Organization has adopted a global strategy to eliminate viral hepatitis as a serious public health threat by 2030. This strategy covers both, hepatitis B (HBV) and hepatitis C (HCV). Its goals include a 90% reduction of consequences and a 65% reduction of mortality due to HBV/HCV by the year 2030.

Chronic hepatitis C (CHC) is a precancerosis with a high risk of developing hepatocellular carcinoma. In Slovakia, an epidemiological study has found that the prevalence of anti-HCV antibodies in adults over 15 years was 1.52%, with chronic infection confirmed by evidence of virus

replication in 0.67% (4). It accounts for over 30,000 chronically infected patients, out of which, according to the number of reported diseases, only a minor part was diagnosed. Similar data on underdiagnoses of viral hepatitis have also been reported in other countries which highlights the need for active screening of this infection.

Vulnerable groups are specific groups of people from the wider population. They are more susceptible to a wide variety of problems (e.g. poor health, substance abuse, poor eating habits, worse study results). **Vulnerability in relation to drug addiction** is defined on the basis of whether a particular group, based on the socio-demographic profile and the relevant risk factors has an increased susceptibility to drug use. **Identification of vulnerable groups - an important tool for directing the drug policy measures in the EU.**

Intravenous drug users (IDUs) – are worldwide the most risky group with a high prevalence of viral hepatitis C. In addition to hepatitis C, they may **concurrently be co-infected with hepatitis A, B and HIV**. They often suffer from alcoholic liver disease, medication addiction, or non-alcoholic fatty liver disease. Any associated liver disease worsens the course of CHC. **The result of each untreated liver disease is formation of fibrosis or even liver cirrhosis** (5).

Social reintegration facilities are one of the final stages of a comprehensive care for drug addicts. They are intended for adults and children who completed treatment in a health care facility and have been recommended for a social reintegration by a psychiatrist or addictologist. The purpose of a stay in the facility is social reintegration of drug addicts and their integration into the majority society, into their natural environment (6).

Aim of the project

The aim of the project was: **a)** to determine the prevalence and risks of hepatitis C occurrence in selected social reintegration facilities; **(b)** to initiate the necessary measures for prevention and reduction of the occurrence of these diseases; **c)** to identify the most prevalent primary drug in social reintegration facilities in Eastern Slovakia.

Group of tested patients

Hepatitis C screening took place between July and October 2018. We tested a total of 410 clients (298 males, 112 females). The average age of tested men was 44.2 years; the average age of women was 40.1 years. We examined a total of: 214 clients of the Institute of Christ the King Sovereign Priest in Zakovce; 63 clients of the Greek Catholic Charity in Prešov; 91 clients of the Oasis facility in Koksova-Baksa (near Kosice); 42 clients of the society of abstinent drug users in Moldava nad Bodvou and Humenne. In addition, we examined employees of the social reintegration facilities (32) and children living with the clients in these facilities (18).

Methodology

To determine the hepatitis C antibodies (antiHCV), we used a test for rapid diagnostics of Hepatitis C (Liver HCV disease test – Voyage). At the same time, we gave the clients a questionnaire of our own design with questions that focused on the risk factors of viral hepatitis as well as on the reasons for their arrival at the social reintegration facility. From the grant funds, we purchased single use rapid tests for detection of antiHCV antibodies and disposable needles. To determine the antibodies to hepatitis C, we used a drop of capillary blood that we placed on the diagnostic set. A positive or negative result of antiHCV antibody was recorded after 15 minutes. The teachers of St. Elizabeth University of Health and Social Sciences

in Bratislava, and the teachers of its workplaces in Michalovce and Presov travelled in their free time to the individual social reintegration facilities. In collaboration with social workers, we performed anti-HCV antibody testing in clients and completed questionnaires with them for detecting risk factors for viral hepatitis as the cause of clients' arrival in the social reintegration facility. In case of positivity of antiHCV antibodies, we performed a blood test, examination of biochemical parameters (glucose, creatinine, bilirubin, liver function tests, lipid profile, albumin, additional methodology for determination of the possible presence of chronic hepatitis C virus - HCV RNA). In case of positive HCV RNA results, we sent the client to a specialized hepatology clinic to initiate a treatment of chronic hepatitis C.

Results

Out of the total of **410 tested clients**, 394 clients were antiHCV negative, 16 (4.1%) were antiHCV positive. Due to the positive antiHCV results, we performed an additional examination - a determination of HCV RNA. HCV RNA positivity was confirmed in 4 clients (0.9%). A total of 46 clients (11.2%) confirmed intravenous drug use; 119 clients (29%) had a tattoo (which they obtained during their stay in a prison or in a military service, eventually in tattoo studio).

Clients who inject drugs intravenously often have experience with other drugs: marijuana, benzodiazepines, methamphetamine, heroin, cocaine, other hallucinogens, hypnotics, amphetamines.

In the questionnaire, we asked our clients questions about the risk factors that were the reason for their arrival into the social reintegration facility. The most frequent reasons were: alcohol – mentioned 183x in the

questionnaire (44.6%); family loss - 115x; poor financial situation - 83x, unemployment - 64x; other reasons - 49x, home loss - 47x. Some reported several risk factors at the same time. The most risky factor seems to be the consumption of alcohol, which subsequently led to a poor financial situation, loss of family, unemployment, loss of home.

Discussion

Chronic viral hepatitis B and C (CHB / CHC) are serious medical, public health, social and economic problems on a global scale, in Europe as a whole, in Central and Eastern Europe in particular. Chronic hepatitis C is considered to be the most common disease transmitted by blood in intravenous drug users. A prevalence of hepatitis C infection higher than 50% has been confirmed in IDUs in 49 countries of the world. Studies by the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) confirmed a high prevalence of hepatitis C in IDUs under 25 years of age and in those taking drugs for less than 2 years. This highlights the fact that many IDUs get infected very quickly and there is only a relatively short period of time for implementing effective preventive measures (7).

Within Slovakia, the first prospective monitoring (2004-2008) aimed at detection of the prevalence of hepatitis C in clients of social reintegration facilities (a total of 10) was conducted by doc. MUDr. F. Gazdik, CSc. with his team. 341 clients were evaluated (8). The nature of the addictions differed according to the geographical affiliation of the social reintegration center: while Eastern Slovakia reported almost exclusively clients addicted to alcohol and in a lesser extent to solvents, in other parts of Slovakia a polytoxicomania, with dominance of methamphetamine: methamphetamine - alcohol - heroin, was frequent (8).

In 2008-2009, within The National Reference Center for Diagnosis and Treatment of Chronic Hepatitis at the Slovak Medical University (SMU) in Bratislava (Holoman J, Glasa J, Belovicova M *et al.*), we implemented a research project (supported by a grant from the Ministry of Health of the Slovak Republic no. 2007/12-SZU-08.), in which we examined 397 persons from social reintegration facilities in relative geographical proximity of Bratislava (9). Following the protocol, in addition to patient's anamnesis (questionnaire of our own design) with a special focus on the risk factors of transmission of selected blood-borne diseases and targeted physical examination, within the screening, we tested selected serum markers of the following infections from venous blood: HBsAg antigen (hepatitis B surface antigen) and antiHBc antibodies (total) (antibodies against hepatitis B core antigen); antiHCV and antiHIV1,2 (antibodies to HIV)

Identified risk factors for acquiring HBV/HCV infection included: intravenous drug use (68.2%); needles and other tools sharing (56.8%); dental treatment (52.2%); close contact with HBV/HCV infected persons (50%); bleeding injuries (29.5%); tattoos (26.8%); piercing (20.45%); unprotected sex (18.18%); participation in paid sex (13.6%). **The most common primary drug among drug addicts from this group from Western Slovakia was heroin (54.8%) and methamphetamine (32.3%)** (9, 10). Out of the total of 397 clients, 56 clients (14.1%) were antiHCV positive.

Detection, diagnosis and treatment of CHC among intravenous drug users is associated with specific problems: a) compliance, **b)** an increased incidence of depression, **c)** drug abuse relapse, **d)** a need for multidisciplinary care, **e)** organizational and financial problems and limits.

The basic drug policy document of the Slovak Republic in line with the level of current knowledge of the drug phenomenon is the **National Drug Strategy (valid for period 2013-2020)**. The Government of the Slovak Republic approved it by a resolution no. 380 of 10 July 2013. One of the objectives is also the creation of effective tools for searching for people and groups living on the margins of society, providing adequate care and assistance to these groups and tools to prevent spreading of drug-related diseases, in particular HIV and hepatitis (especially of chronic hepatitis B and C).

According to the results of our pilot screening project, the most common primary drug in social reintegration facilities in Eastern Slovakia was **alcohol**.

Alcohol is a major cause of more than 200 diseases and damages (diseases of liver, other organs of the digestive system, CNS, serious mental and social disorders), early work disability and mortality. *In fact, there is no such organ system of a human body that alcohol would not have a harmful effect on.* Alcohol and its excessive consumption impairs the peripheral nervous system and cause polyneuropathies. It also damages the cardiovascular system and causes ischemic heart disease, high blood pressure, cardiomyopathy (11, 12).

Alcoholic liver disease - the most common cause of advanced liver disease in Europe. Removing alcohol dependence would greatly contribute to a decrease in preventable hepatic diseases around the world. **Annually, alcohol causes 2.5 million deaths, which is more deaths than HIV, violence and tuberculosis together.** In Europe, the social costs associated with alcohol are estimated at €155.8 billion per year (13, 14). Harmful use of alcohol has a serious impact on public health and is worldwide considered to be one of the main risk factors for health damage and morbid condition. Solving this issue requires an interdisciplinary approach (15).

Within our Hepatitis C screening, 4 patients have been diagnosed with chronic hepatitis C. We sent them to a hepatological outpatient clinic in order to initiate antiviral treatment.

Conclusion

In 2018, the EMCDDA supported a new initiative, objective of which is to raise awareness and promote access to hepatitis C testing and its treatment and thus, more effectively tackle one of the major drug-related issues. Chronic hepatitis C is currently the only chronic viral infection that can be definitively cured (5).

The most important factor in preventing the outbreak of viral hepatitis in IDUs is the adoption of basic measures which is to end the risk behavior – to terminate the drug use. **Social reintegration facilities** help to fulfil this objective and enable clients to find a life purpose – to set life goals without drugs. The ultimate goal of the social reintegration process is to reintegrate drug addicts into the natural (or alternative) social environment and to help them gain their independence from institutional social support (8).

Our screening project is prospective (2018-2019). The benefit of the project lies in: **a)** continuous education of social reintegration facilities clients; **b)** capturing specific persons suffering from CHC infection; **c)** in implementing secondary prevention.

Successful detection and treatment of viral hepatitis in drug addicts unconditionally requires effective collaboration and functional interconnection of not only the healthcare specialists and experts, but also of the wide range of professionals and institutions involved in the care of these patients - social workers, volunteers from governmental and non-governmental organizations, self-help groups and foundations, family members and friends of drug addicts

(16, 17). A comprehensive care for clients in social reintegration facilities should include screening for and subsequent treatment of chronic hepatitis C.

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Social Help in Post-traumatic Stress Disorder

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Abstract:

The article presents the fundamental characteristics of trauma, acute stress disorder, and post-traumatic stress disorder, and describes the specific elements of post-traumatic stress disorder in childhood and adolescence. Consequently, it confirms the essential social and ethical principles involved, and with their help considers possibilities of providing social help and promoting prevention from the personalistic and Christian point of view. Children and adolescents, in particular, when exposed to traumatic and stressing events, respond better when they are

supported by their own families or communities. It is very important that these stakeholders be encouraged and helped to accept such a vocation. It is essential to manifest solidarity and humanity to the afflicted, aiming to motivate them and provide them human, professional, social and spiritual accompaniment.

Introduction

This social study is based on a personalistic approach and highlights the dignity of the human being, its protection and respect, the building and support of its dignity (CIESKO, 2016) in any situation and puts the human person at the core of every single action. This kind of social help is intended to co-operate for the sake of individual health and social life. After introducing some subject-related terminological remarks, this article is intended to focus on the main features of acute stress disorders and post-traumatic ones with the specific elements of post-traumatic stress disorder in youth. It further re-affirms the basic ethical and social principles and, in their light, considers the possible actions and pre-empting measures to be taken by personalistic social operators.

Some terminological remarks

The word trauma is generally intended as “injury caused by a violent action, also in the psychological sector” (Zingarelli, 1990). In the field of medicine, trauma (from Greek *τραύμα*, “injury”) indicates an “injury in the human body caused by any agent capable of a sudden, rapid and violent action”. In psychology and psychoanalysis, it is intended as a “trouble in the psychic state caused by a very emotional event”. In a figurative and extended sense, trauma is a “serious alteration of the normal psychic state of an individual, caused by sad, sorrowful and negative experiences and facts troubling and leading to disorientation” (TRECCANI, 2018 www.treccani.it/

[vocabolario/trauma/](#)). At first sight, trauma has many meanings and its causes can be diverse and multiple. O. Horowitz characterizes a serious trauma by the following eight psychological symptoms: “1) sorrow or sadness; 2) guilt for one’s own anger; 3) fear for destructive attitudes; 4) survivor’s guilt; 5) fear for victim’s identification; 6) shame for feelings of impotence and void; 7) fear for a new traumatic experience; 8) deep anger for trauma’s source” (Horowitz In GABBARD, 1995) A serious trauma causes profound and permanent changes to the physiological state, emotions, cognitive abilities and human memory (SCHREITER, 2018).

Acute Stress Disorder

The American Psychiatric Association includes the post-traumatic stress disorder (PTSD) among the disorders related to trauma and stressor-related events (American Psychiatric Association, 2013). Before talking about PTSD, it is necessary to give some hints on the acute stress disorder.

Among the most recurrent causes of acute stress disorders there are mainly the following: real or threatened death danger, rape and severe damage of organs/tissues. These causes concern witnessing or direct involvement in the traumatic event, involvement of close friends/relatives in the traumatic event or direct and repeated working exposure to traumatic events, such as war veterans, policemen, rescuers and paramedical professionals, etc. Acute stress

disorders can be diagnosed only three days after traumatic events. Its typical symptoms can last from three days to one month and their triggering is strictly related to traumas. Their main symptoms for diagnosis are: intrusive thoughts; negative thoughts; dissociative symptoms; emotional numbing and avoidance of reminders of the trauma and incidental factors that may originate such feelings, thoughts or memories; hyper-arousal symptoms (e.g., sleeping problems, irritability, physical or verbal aggression to people or objects, mental concentration problems (SCHREITER, 2018).

After one month, the acute stress disorder can gradually move towards PTSD, but it can also dissolve as a temporary reaction to the trauma stress. It is important to observe that nearly 50% of people hit by PTSD were exposed to acute stress disorder. Traumatic experiences like rape, aggression, mass-killing witnessing lead to acute stress disorders in nearly 25-50% of the subjects. For less than 20% of the examples, there are traumas that are not related to inter-personal assaults: road accidents (13-21%), moderate brain damage from traumas (14%), big fires (10%), industrial accidents (6-12%). Acute stress disorder affects women mainly. (For a detailed description of the diagnostic criteria, the diagnostic peculiarities and related ones, predominance, development, differential diagnosis and other relevant aspects of acute stress disorder, see American Psychiatric Association, 2013).

Post-traumatic Stress Disorder

Post-traumatic stress disorder signs in the adult population have been described for more than a century, but only in 1980 PTSD was recognized as a psychiatric disorder and included in the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM III)*. For example, in the USA there is a very high rate of

adolescents and children exposed to traumas and violence: Nearly 30% of 15-year adolescents living in some areas of Chicago with high rate of criminal actions, have witnessed murders. More than 70% of them stated that they took part in serious aggressions (GARBARINO – VITIELLO, 2004). According to some pieces of research their percentage has reached 60.4%. In the last few years, PTSD incidence among adolescents and children has even grown. Some pieces of research showed that nearly 6-10% of children and young people were affected by PTSD typical symptoms during their growth. Among the main causes leading to this disorder, there are: direct experience of physical or sexual harassment, community, school or home violence, car accidents or the like, severe diseases (cancer, severe burns), natural disasters (earthquakes, hurricanes) or disasters related to human activities, kidnapping, explosions, war or refugee camp conditions (Kaplan & Sadock's, 2015).

Diagnostic criteria are the same for older-than-6-year children, adolescent and adult people. As a matter of principle, PTSD development causes and cause exposure modalities are the very same, as in the above mentioned situations of acute stress disorders. It is relevant that symptoms last over one month. Among the negative thought and emotional alterations relating to the trauma (or traumas), there are: self-blaming or blaming on others and statements like: "We cannot trust anyone", "I am a bad person", etc. Furthermore, there are other symptoms such as: depersonalization, de-realization, helplessness, general loss of interest in life, separation from others, incautious or self-destructive behaviors. From a clinical point of view, there are unease or imbalance feelings in the social, working and other relevant contexts. It is important to re-affirm that neither toxic substances (like alcohol or

drugs) nor pathologic conditions (epilepsy) can be held responsible for PTSD symptoms (American Psychiatric Association, 2013). PTSD is mainly characterized by typical symptoms caused by one or more traumatic experiences. The clinical pattern of this disorder is changeable: some signs relating to the symptom group described in the acute stress disorder can be predominant (such as fear, emotional or reaction-to-outside symptoms, negative thoughts, etc.). A combination of the various symptom groups is also possible (McNally, 2009).

PTSD Specific Features in Youth

In the USA the major incidence of traumatic events is between 16 and 20 years of age. Generally, PTSD development is more widespread among girls. As regards natural disasters, PTSD occurrence is similar for both sexes. According to some epidemiological studies, a percentage between 0.5% and 4% of young people between 9 and 17 years, suffered from PTSD with symptoms lasting three months. Children and young people exposed to chronic traumas (e.g. war, community splitting – migration, parent separation or divorce, possible abuse) show enhanced risk for PTSD evolution.

PTSD symptoms can appear at any age, even in the first year of life. They must persist one month at least. Children and adolescents may experience hyperactivity and obsessive reconstruction of traumatic elements. Children and adolescents tend to segregate traumatic experiences more than adults, and therefore may focus more on some of their elements while suppressing others (SCHREITER, 2018). PTSD symptoms cause anguish and serious detriment to important life activities. When the trauma-related symptoms have lasted for at least three days and then have disappeared within 30 days, we talk about acute PTSD. When PTSD has lasted for over three months, it

is chronic PTSD and it could persist until six months after trauma exposure. In some children or adolescents, more moderate kinds of PTSD can last for over one or two years. Furthermore, in some cases and under serious conditions, PTSD symptoms can persist for many years, even decades (even more than 50 years!) and their spontaneous remission occurs only in a portion of these children and adolescents. Moreover, in sexually or physically abused children and adolescents (and later on in their sons or daughters) there were higher rates of depression and suicide attempts. As a result of this, it is of paramount importance for the future of those young people (KAPLAN & SADOCK'S, 2015) to diagnose and treat PTSD timely.

Basic Social and Ethical Principles

They summarize the personalistic approach in the fields of social work and biomedicine (For a synthesis of the basic social and ethical principles, mainly see: SGRECCIA, 1991). Here we will try to show their contribution to avoid or mitigate traumatic and catastrophic causes and their aftermath.

The common good by means of every person's good – This principle aims at reaching everybody's good through every involved person's good. It respects and reflects the ontological value of people. In fact, it is not the society which shapes the human person, but, on the contrary, the person transcends the society and shapes it. Common good is not opposed to individual good, it does not put it aside, but includes it in the whole. People working in the fields of disasters and traumas, mainly in disaster medicine and social aid, are invited to take inspiration from the personalistic idea of the common good.

The human life protection and respect principle – The human person is perceived as a spiritual being as well as a sexual body through which each appears and expresses itself. A person and their freedom can only be expressed by their body. The whole ontological richness of the human person is certainly not expressed just through their body and physical life, but they need to be respected, fostered and protected. Human life cannot be violated. Health and social relation promotion and protection belong to the principles of life defense, too (SCHREITER, 2018). Under the above mentioned human life protection principle, one's life cannot be exposed to risks or suppressed: especially the life of the most disadvantaged persons depending on other people's help and solidarity, must be preserved. The human body deserves respect since it is worthy; consequently, it cannot be exploited, but only given as a personal and mutual gift (FAGGIONI, 2010, see also: M.L. DI PIETRO, 1999).

The therapeutic principle (“the totality principle”) – It justifies all invasive therapeutic-diagnostic procedures and surgical operations, mainly. Nonetheless, there are the following basic pre-requisites: the operation on physical life is admitted only when the person needs to be saved in its unity and totality; when the intervention concerns the damaged part or organ only; the operation is the only treatment chance and has a high percentage to be successful; it is necessary to inform the patient who must give his/her informed consent.

The freedom and responsibility principle – Human action is really “human”, only when it is free. Only in this case, human action is also responsible. Freedom is typical

of human actions that must be responsible. Freedom cannot justify one's or others' lives' suppression since freedom cannot exist without life. Freedom practice implies life from which freedom originates accordingly. Real freedom is responsible and takes care of others. Freedom and responsibility must go hand in hand and cannot be opposed.

The subsidiarity and solidarity principle – It expresses the social and community aspects of the human being and humankind. At the same time, every community member is co-responsible for other people's good. Other people's requirement or urgent need is an invitation, an obligation to help him/her. Thus, human dignity and its completion are perceived properly. Subsidiarity expresses creativity under normal conditions. International aid and co-operation are based on subsidiarity and solidarity principles (SCHREITER, 2018). These principles can enhance human action solidarity and responsibility in very difficult areas where there are the most helpless people. Basic ethical and social principles can become “a dialogue and co-operation bridge mainly for the safeguarding of human dignity” (FURIOSI, 2013).

The possible proposals – It is certainly not easy to propose possible solutions in such a complex field. What follows here is only intended to draw some tracks that could be approximately.

The pre-traumatic area includes a large variety of actions since it concerns all kinds of pre-empting measures: individually, in families, socially, nationally, internationally and globally. At an individual and family level¹ (SMIDOVA, 2017)

¹ The importance of pre-empting social measures is highlighted by Prof. PhDr. Maria Smidova, PhD., a Slovak professional operating in the field of social work training and tutoring.

divided into three areas: pre-traumatic, peri-traumatic and post-traumatic. It is very important to prevent family imbalance, parent separation or death. As seen above, children and young people experiencing traumas or stressing events react in a better way when they are supported by their families or communities. At the same time, it is relevant: to assure safety in transportation and working conditions; justice in social and health policies; access needs to be granted to social and health operators; adequate treatment and social aid. Environment protection, flood and above all, war pre-emption play primary roles, too.

The peri-traumatic area is related to trauma “surrounding” context and time. Pre-emption should be targeted at trauma seriousness and aftermath mitigation. Regarding prevention in this field, it is necessary to take into consideration the fact that anniversaries and various events may trigger the traumatic experience again, despite the achieved recovery. This is caused by the emotions that the recovery process was unable to deal with and that are still present. The fact that the traumatic experience emerges again does not mean that the previous recovery process was ineffective or wrong. However, the trauma may be deep-rooted, causing such events to trigger old, negative and unpleasant feelings at any time. In the prevention process, it is therefore necessary to assure the victims of

trauma that, if such recall happens, it does not mean it was a failure or their own personal fault (SCHREITER, 2018).

The Post-traumatic area mainly concerns help and most rapid trauma effect elimination, timely diagnosis and adequate therapy with social support, at all levels. Here, national, international and even global co-operation are very important. Such form of cooperation, including the above-mentioned factors, should also attempt to assure victims of trauma that they are fully-fledged human beings; worthy of love despite all the terrible events that have happened to them.

Conclusion

What we have examined has underlined the relevance of family and community roles that can support people affected by PTSD. Support (every kind of support), closeness and encouragement are important mainly in this context. Christian and human presence urges hope and orientation towards Him who is the source and guard of hope. People with religious faith, mainly Christians, can recover more easily² because they can be supported by Him, in whom they trust. Thoroughly, he is God almighty, revealed by Jesus Christ, real God and real man. The essential thing is to express solidarity and humanity aiming at dedication, human, professional, social, and spiritual closeness; all this has a unique target: help the recovery of those in stress and trauma.

² The specific process of trauma recovery enhanced by the Christian religion also in connection with the field of social work can be found, for example, in the studies of the American missionary Robert Schreiter, who created a concept of reconciliation, and, based on his years of working with individuals, groups and nations in various social and opinion systems that experienced very serious, stressful, traumatic and catastrophic events, he presents several ways to help them on their way to recovery. Cf. JASSO, J (2016) *Recommendations for mutual relations between the Greek-Catholic Church and the Russian Orthodox Church on Ukraine's territory following the application of the reconciliation process based on Robert Schreiter's concept*. p. 48-66; See also: Cf. SCHREITER, R (2017) *The Distinctive characteristics of Christian Reconciliation relevant for current mission activities*, p. 8-22; and Cf. SCHREITER, R (2016) *Reconciliation as a mission model for the first half of the 21st century*, p. 5-12.

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Selected Diagnoses in Hospitalized Patients in Palliative Care

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Original Article

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Abstract:

Objective: The aim was the evaluation of the most common diagnoses in hospitalized patients in palliative care in Slovakia, 2016-2017.

Design: Descriptive study.

Participants: We analyzed 8,404 hospitalized patients in palliative care.

Methods: The data were provided by the General Health Insurance Company in Slovakia. The proportions statistical analysis and average percentage differences (APD) analysis were evaluated by IBM SPSS Statistics.

Results: Mental and behavioral disorders due to use of alcohol were observed as the most common diagnoses in hospitalized patients in palliative care in Slovakia (2016: 69.8% and 2017: 68.6%) with decrease of APD about 0.5%.

Conclusion: We assume that the mental and behavioral disorders due to use of alcohol were patients' secondary diagnoses for which they were hospitalized as a result of primary incurable diagnoses.

To the Editor

Palliative care is the multidisciplinary specialty whose aim is to improve quality of life of patients with incurable disease (1).

The aim was evaluation of the most common diagnoses in hospitalized patients in palliative care in Slovakia, 2016-2017.

In this descriptive study, the data were provided by the General Health Insurance Company in Slovakia. It analyzed 8,404 hospitalized patients in palliative care according to the most common diagnoses. The most common diagnoses were: mental and behavioral disorders due to use of alcohol (n=6,036); mental and behavioral disorders due to use of synthetic narcotics (n=1,119); fracture of neck of femur (fractured hip) (n=743); chronic ischemic heart disease (n=506).

The proportions statistical analysis and average percentage differences (APD) analysis were evaluated by IBM SPSS Statistics. The APD was calculated: $APD = \frac{x^1 \cdot 100}{x^2 - 100}$, where, x^1 is number hospitalized patients in palliative care in 2017 and x^2 is number hospitalized patients in palliative care in 2016.

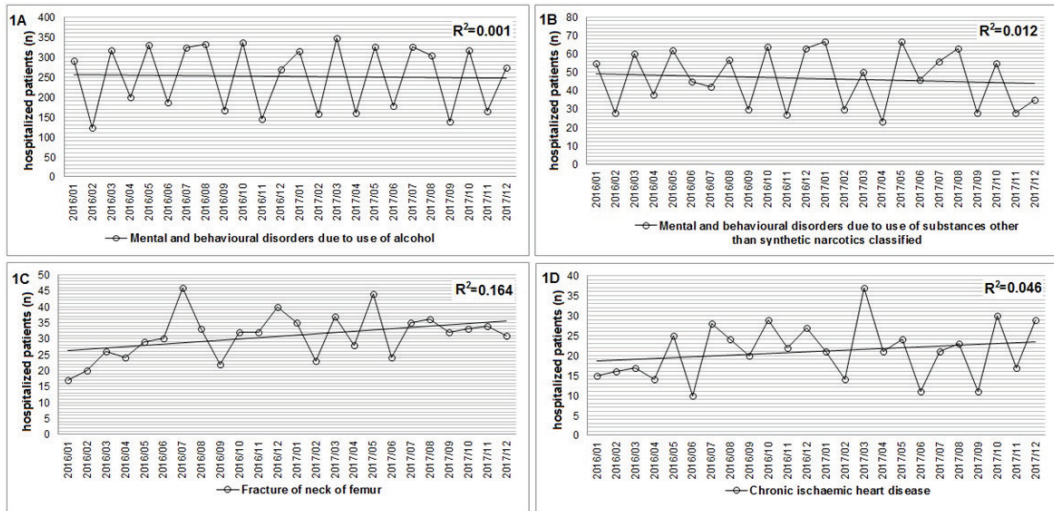
The most common diagnoses in hospitalized patients in palliative care in Slovakia, 2016-2017 are presented in the Table 1. Mental and behavioral disorders due to use of alcohol were observed as the most common diagnoses in hospitalized patients in palliative care in Slovakia (2016: 69.8% and 2017: 68.6%) with a decrease of APD about 0.5%. In case of incurable diseases, patients often consumed alcohol (2).

Table 1: The most common diagnoses in hospitalized patients in palliative care (n=8,404) in Slovakia, 2016-2017

The most common diagnoses in hospitalized patients in palliative care ¹	2016 n (%)	2017 n (%)	APC (%)
Mental and behavioral disorders due to use of alcohol	3,025 (69.8)	3,011 (68.6)	-0,5
Mental and behavioral disorders due to use of synthetic narcotics	571 (13.2)	548 (12.5)	-4,0
Fracture of neck of femur	351 (8.1)	392 (8.9)	11,7*
Chronic ischemic heart disease	247 (5.7)	259 (5.9)	4,9*

*p<0.05; ¹ the primary diagnoses with which the patients were hospitalized, secondary diagnoses were not analyzed

Figure 1A-D: The most common diagnoses in hospitalized patients in palliative care (n=8,404) in Slovakia, in the period 2016-2017



The significant increase of APD was found in fracture of neck of femur (11.7%) and chronic ischemic heart disease (4.9%) (Table 1 and Figure 1C-D).

We assume that the mental and behavioral disorders due to use of alcohol were patients' secondary diagnoses for which they were hospitalized as a result of primary incurable diagnoses –cancer, HIV (3) and other.

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Causes and Social Implication of Migration to the Middle East (A Case Study of Village Zarobi/Swabi, Khyber Pakhtunkhwa)

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Original Article

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Abstract:

Migration is the act of leaving one's native country or region to settle in another. There are many reasons why people might choose to emigrate. Many political or economic emigrants move together with their families toward new regions or new countries where they hope to find peace or job opportunities not available to them in their original location. Throughout history a large number of emigrants return to their homelands, often after they have earned sufficient money in the other country. Sometimes these emigrants move to countries with big cultural differences and will always feel as guests in their destinations, and preserve their original culture, traditions and language, sometimes transmitting them to their children. 26,604 engineers and 7,930 doctors had so far migrated to foreign countries. An estimated 52% migrant workers are from Punjab, 25% from the NWFP, 9.4% from Sindh, 6.5% from the Balochistan province, 5.4% from FATA and 1% from Azad Kashmir. Pakistan has a large pool of skilled manpower. It is cost-wise cheaper, considerably efficient and reliable, and can easily adapt to different cultures and conditions across the globe. A low level of domestic income for individuals results in lack of access to education, health care and other communal facilities like lack of sanitation, transportation and communication. The most consistent reason for migration has been poverty, lack of economic prospects and disparities in income levels. The Global Commission on International Migration has been discussing poverty as one of the main causes of migration. We believe migration provides an effective tool for addressing poverty. The current study focuses on the causes and social implications of migration of the people who migrated to Middle East for earning. The universe of the study is Zarobi/Swabi Village situated in Khyber Pakhtunkhwa from where the youth are rapidly migrating to the Middle East and Europe. The study is quantitative in nature; 86 respondents were interviewed through an Interview Schedule. Purposive Quota Sampling Technique was applied. The Accidental Sampling method was further applied while visiting houses. The first available emigrant was interviewed. The data is analyzed through SPSS and simple statistical tables. The study found that poverty, injustice and lack of job opportunities are the root causes of youth migration. The study recommends youth is the future of our nation and the government should accord priority to their welfare; should increase employment opportunities; establish political and security stability; offer a better standard of life.

Background

The act of movement from one country to another country is called emigration. Anyone who moves permanently to another geographic region of the same country and all who move permanently to another country can be defined as migrants. (John R. Weeks, 1985). The definition of migration can be confounded by the fact that migration is an

activity (changing residence) carried out by people under varying legal and socio-political circumstances. (Abercrombie, Hill & Turner 1988) Human migration denotes any movement by humans from one locality to another, sometimes over long distances or in large groups (Zafar, 2004). Labor migration was started from Pakistan in the 1950's after World War II when Europe was in need of manpower after the large scale death of people for the reconstruction of Europe. Migration is not a new phenomenon. It started after the creation of Hazrat Adam (A.S). For centuries, people have moved across borders for economic and political reasons. Large scale external labor migration has played a crucial part in the economic development of post-war Europe. Migration does not provide economic development for poor regions which remain underdeveloped and dependent on the centers industrial capitalism (Qaimkhani, 2005)

History of mankind is replete with the examples of people migrating from one country to another country either for permanent settlement or for a short duration in search of better social and economic life, but which kind of shoving and jostling is seen in Pakistan is extremely miserable and detrimental. (Zaidi, 2006)

Migration is a natural phenomenon, which has existed throughout the history. It has made immense contributions in the development of the human civilization. Migration has also presented numerous challenges for the societies and governments, because of the ever-increasing number of people moving across borders and the impact they have on the countries of their destination as well as origin. People have always migrated from one place to another for a variety of reasons. The most consistent reason for migration has been poverty, lack of economic prospects and disparities in income levels.

The Global Commission on International Migration has been discussing poverty as one of the main causes of migration. (Siddiqui, 2002). We believe migration provides an effective tool for addressing poverty, in particular through migrant remittances. Remittances help in alleviating poverty to some extent. While migrant remittances can stimulate development in the countries of origin, their overall impact on development has not been substantiated. They definitely cannot be a substitute to international development assistance.

Migration and Pakistan

Migration has been a constant in the history of Pakistan. From its inception, its people have been moving in migratory waves. This migration of people started with the moving of millions of people from India into Pakistan when the two nations gained their independence from British colonial rule. These Muslims moved to Pakistan in hopes of a better life, not just economically but socially and religiously as well. Pakistan has been receiving immigrants from the other parts of the Indian sub-continent. (Siddiqui, 2002) The migration to the Gulf began in the 1970s. Pakistan had a severe balance of payments deficit and so as a way of dealing with this deficit, the government of Zulfikar Ali Bhutto encouraged both skilled and unskilled men to work in the Persian Gulf countries. The government set up a program under the Ministry of Labor Manpower and Overseas Pakistanis to regulate this migration. With the construction boom in the Gulf States at that time, labor jobs were plentiful and Pakistani men were more than willing to go. About 287,000 workers left Pakistan for abroad in 2007. (Donald, 1969) among the skilled workers; drivers were in the highest number followed by masons, carpenters and tailors. 26,604 engineers and 7,930 doctors had so far migrated to foreign countries. An

estimated 52% migrant workers are from Punjab, 25% from the NWFP, 9.4% from Sindh, 6.5% from the Balochistan province, 5.4% from FATA and 1% from Azad Kashmir. The demand for skilled and qualified workers is higher in the international market as compared to the demand for low/unskilled workers. In 2007, about 47.76% skilled and professional workers migrated to different countries. (Sheikh, 2003)

By the mid-1980s, when this temporary migration was at its height, there were an estimated 2 million Pakistanis in the Persian Gulf states making up the largest group of foreign workers. The majority of migrant workers are working-class men who travel alone leaving their wives and children behind. These men are willing to sacrifice years with their families for what they see as their only chance to escape poverty in a society with limited upward mobility.

Families generally use the overseas earnings for consumer goods rather than investing in industry. The wage earner typically returns after five to ten years to live at home (Sheikh, 2003).

Although this migration has had little effect on Pakistan demographically, it has affected its social fabric. While a man is away from his family, his wife often assumes responsibility for many day-to-day business transactions that are considered the province of men. For the women involved, therefore, there has been a significant change in social role. Psychologists point out that many migrant workers in the Middle East are profoundly affected. They tend to feel a sense of social isolation, culture shock, and are depressed by the harsh working conditions in these countries. They also suffer from a sense of disorientation resulting from the sudden acquisition of relative wealth and from the guilt associated with leaving their families. Pakistan being a developing country is confronting with,

among others, the increasing problem of un-employment caused by rapid increase both in the population and labor force which has jolted the whole economy. As many as 3.27 million Pakistanis have proceeded abroad for employment duly registered with the offices of Protector of emigrants during the period from 1971 to 2003 (up to June). The Overseas Employment Promoters, in the private sector are playing a vital role in overseas employment. The migration flow of highly qualified professionals was started in 1990's and today it is on peak. The most despondent thing is that today left Pakistan they left it forever; no one wants to live here (Ilahi, Safdar & Asad, 1993-94).

Poverty is one of the major social problems Pakistan is facing. It is one of the most important and sensitive issue not only for our self but for the whole world. Poverty can cause other social problems like theft, bribery, corruption, adultery, lawlessness, injustice. To eradicate the evils of society we have to fight poverty. We can't control theft by enrolling thousands of police men (Rana, 2004). Corruption and injustice can't come to an end through tight legislation but by demolishing poverty. Unemployment is undoubtedly the most important economic problem that confronts the country. Unemployment means the waste of man power, both skilled and unskilled. In simple term then we may say that unemployment is said to exist in a country where able bodied persons of working age, who are willing to work, are not able to find work at the current wage level (Khalid, 2003). According to the labor force survey (1996-97) the problem of unemployment and under-employment seems to have been here for a long time,. The problem of unemployment among the educated is not new. In recent years, no doubt, unemployment among the educated has assumed proportion (Khalid, 2003).

The main reason unemployment among the educated is a general trend to look for employment in office jobs. As a result, those who have managed to get a college or university education hesitate to take a vocational job because it involves more physical labor (Rubenstein, 1983). *According to a recent Gallup Pakistan survey, only 9% of Pakistanis are hopeful of better times in 2009. In April 2008, over two months after the general elections, as many as 60% of Pakistanis had hoped things would improve. The problem of corruption is more acute in developing societies than in the developed world. There is not only wide spread but also causes more harm to the Government and society (Sheikh, 2003).*

Literature Review

Ankrah Kwaku Twumasi (1995) *Migration & Socioeconomic Development in Ghana* - This article discusses the case of Ghana where migration creates major changes in the social and behavioral patterns of migrant people when these migrants decide to shift their base due to availability of better education, healthcare facilities and entertainment and then this forces them to re-socialize their behaviors which ultimately leads to change in behavioral pattern.

Report on Migration by Department for International Development (2007) *Moving out of Poverty – Making Migration Work Better for Poor People* - This report discusses how migration can improve the economic conditions of poor people and hence reduce poverty. Although there are various reasons for migration, still today globalization plays a crucial role. Due to globalization, movement of resources becomes easier, thus it helps countries to reduce labor shortages and improves the standard of living among rural poor. At the national level, movement of people towards well developed areas can

provide an opportunity to improve their living conditions.

Kuhn S. Randall (2005) *The Determinants of Family & Individual Migration – A Case Study of Rural Bangladesh* - This paper discusses the issue of migration considering the role of family as one of the important parameters. The individual migration decision is more likely among those who have less land holding, whereas in case of family migration, marriage of people and those who don't have any land holding are important determinants. These people tend to migrate along with their family members. The important aspect is that, after marriage chances of individual migration decreases and family migration increases.

Objectives of the Study

To know the causes and attitude of the youth towards migration.

To know the impact of migration on socio-economic condition of the concerned family.

Study Design/Methodology

Universe/Sampling: On the basis of the selected area (Zarobi Village), Purposive Quota Sampling Technique was applied. An accidental sampling method was further applied while visiting houses. The first available emigrant was interviewed.

Tools for Data Collection

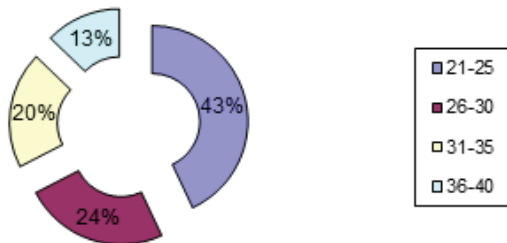
Assuming that perhaps few respondents might be illiterate an interview schedule was adopted as a workable tool for primary data collection. For additional insight into the situation, observations of interviewers were also added into report. Secondary data was mustered separately through review of books, reports and surfing of websites. During data collection it was found that

most of youth were eagerly interested to share their issues and concerns regarding impact and problems of migration. The process went smoothly. 86 Interview Schedules have been collected, which were serialized, minor errors were removed and master sheet was developed to proceed further into data analysis and report writing. The collected data was analyzed through statistical tools and detailed under the study report was prepared. Based upon the main findings of the study, suggestions and recommendations were made part the entire study.

According to the above majority of respondents i.e. 64% were un-married, while 36% of total respondents were married.

Results and Analysis

Figure 1: Respondent's Age



Half of respondents i.e. 43% were between the ages of 21 to 25 years, 24% of the respondents were between the ages of 26 to 30. 20% of the respondents were of the ages of 31 to 35. While, only 13% respondents were between the ages of 36 to 40 years.

Figure 2: Marital Status of Respondents

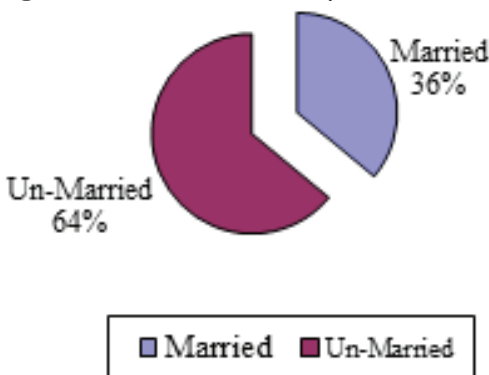
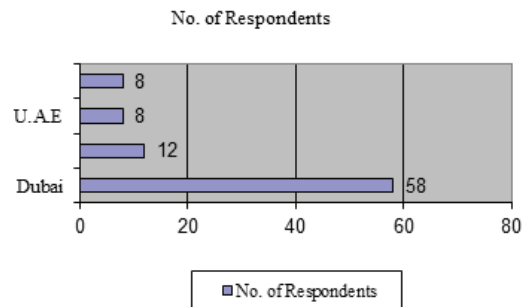
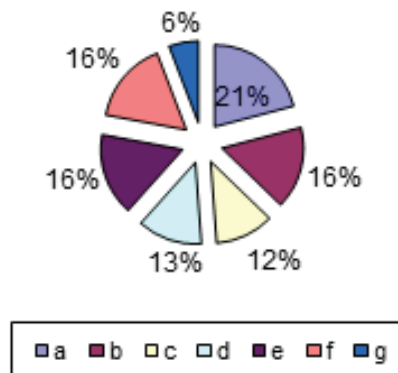


Figure 3: Countries where Respondents Migrated



Above table shows that large majority of respondents i.e. 68% had migrated to Dubai, whereas 14% of respondents had move to Kuwait, while 9% of total respondents migrated to U.A.E and Bahrain.

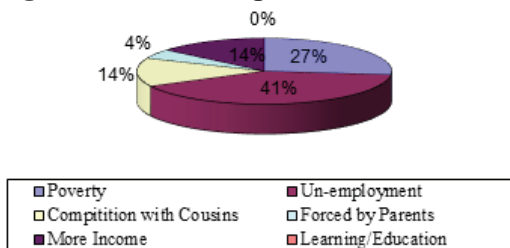
Figure 4: Skills of Emigrants



a. Carpenters
b. Technicians
c. Electricians
d. Welders/ Mechanics/ Air Condition Mechanics
e. Masons/ Skilled Construction Workers
f. Different Type of Operators
g. Plumbers/ Steel Fixers

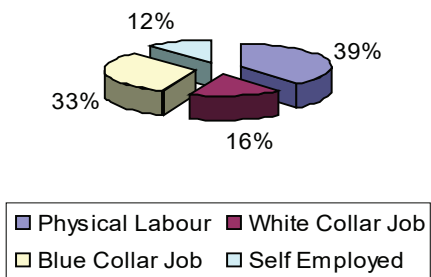
According to above table most respondents i.e. 21% belonged to the profession of Carpenter, 16% were Masons, technicians and different type of operators respectively. Whereas 13% respondents were welder/mechanics, 12% of respondents were electricians. While only 6% of respondents were Plumbers and steel fixers.

Figure 5: Reason for Migration



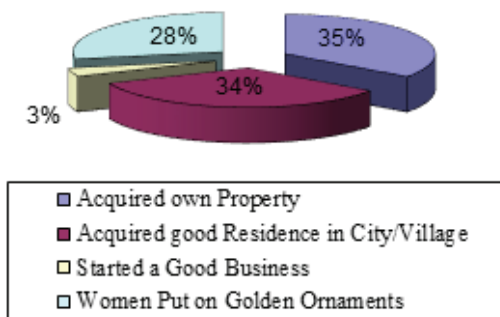
Out of total a large majority of the respondents i.e. 40% replied they have migrated to abroad because of un-employment, 27% replied they moved abroad because of Poverty, 14% had competition with the cousins. 14% of others said they were in need to get more income. While, only 5% of respondents were forced by their parents to move abroad.

Figure 6: Job Profile Abroad



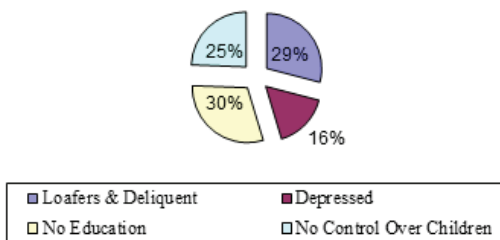
Above table shows that large number of respondents i.e. 39% was affiliated with Physical labor job, whereas 33% of total was with blue collar jobs, 16% of emigrants were busy in white collar job. While 12% of emigrants said they are self employed abroad.

Figure 7: How the Economic Condition of a Emigrant has Changed



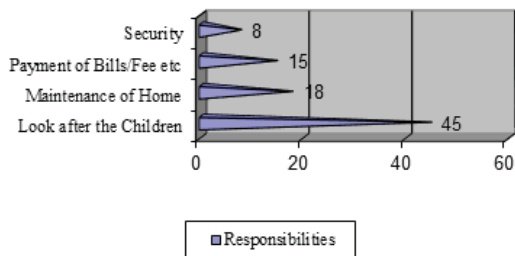
This table indicates majority i.e. 35% of respondents have acquired their own property, 34% have acquired good residence in cities and their villages, 28% respondents women have put on golden ornaments. 3% of total respondents have established a good business.

Figure 8: Nature of Impacts on Children in Absence of Father



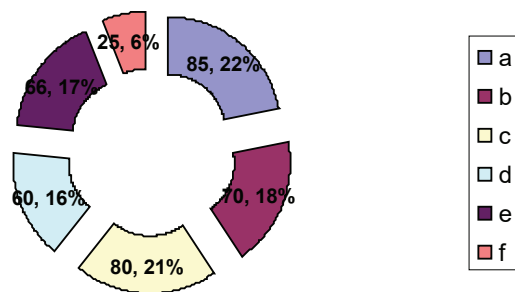
Above data shows the majority of respondents i.e. 31% replied, in absence of father the children pay no attention to their education, 29% of respondents said children become loafers and delinquent, 24% said mother cannot control the children alone and 16% respondents said in many cases children become depressed in absence of father and they usually miss their father.

Figure 9: Additional Responsibilities Caused in the Role of Women



In this table majority respondents i.e. 53% replied, in additional responsibilities mother have to look after the children, second majority 21% said women have to look after the maintenance of home, 17% said in absence of husband mother has to pay the bills, fee etc. 9% respondents said in this male dominant society lonely women face the problems of security in the absence of husband.

Figure 10: Recommendations to Reduce the Proportion of Overseas Migration



Details of Legend.
a. Better Job Opportunities should be Provided
b. Better Law and Order Situation should be maintain in the Country
c. Good Salary Packages and Incentives
d. Merit and Justice
e. Access to Basic Human Needs
f. Promotion and Encouragement of Multinational Companies.

Majority of respondents i.e. 22% recommended stopping or decreasing the migration of man power from Pakistan it is needed to provide better job opportunities to the youth. 21% said good salary packages and incentives should be given to the youth, 18% said there is need of justice and open merit in the country, 17% respondents recommend that every individual should have access to the basic human needs, 16% answer was merit and justice while, 6% of respondents recommend Government should encourage and promote the multinational companies and investments.

Discussion

Pakistan has a large pool of skilled manpower. It is cost-wise cheaper; considerably efficient and reliable; can easily adapt to different cultures and conditions across the globe. The study finds that a major proportion of Pakistani migrant workers are in the Gulf region, as this part of the world has become a favorite destination. There might be some factors which influence the person to do this job unwillingly. The motivational factors, which makes a person leave his native place, are called push / pull factors. To the question as to the reason for migration, most respondents replied that unemployment is undoubtedly the most important economic problem that confronts the country. Unemployment means the waste of manpower, both skilled and unskilled, as confirmed from previous studies that the problem of unemployment among the educated is not new. In recent years, no doubt, unemployment among the educated has assumed some proportion (Meraj, 1979). Referring to the question regarding how the economic condition of the migrant has been changed, a large number replied that they have acquired their own property; many of them have acquired good residence in cities and their villages; and a large number of

women have put on golden ornaments and a very small number of respondents have established a good business.

This was previously proved from a study that migration unemployment is reduced and people get better job opportunities. Migration helps in improving the quality of life of people (Rauf, 1984). This study identified that it is a fact that migrant workers abroad frequently involve the separations of families which is socially disruptive at home and which contributes to the rise of prostitution and homosexuality. Newly married women, who have been childless, return to their parents. This result, though lessened, was consistent with some previous research (Ilahi, Safdar & Asad, 1993-94). Wives have to look after the children; send them to school; take care of their activities; also run their household affairs like buying the daily household materials; doing the jobs which had been done by male members. This process and the load of work leads towards physical and mental fatigue and this stress proceeds further when they visualize that the coming generation as becoming delinquent; holding alien values, moral ethics and family affairs. This finding is quite similar to early studies that showed that migration is one of the main causes for the decrease in nuclear family where children grow up without a wider family circle and sometime without a father forever (Zaidi, 2006). Their educational level decreased day by day. In response to recommendations most of the respondents proposed that to decrease the migration of manpower from Pakistan it is necessary to provide better job opportunities to the youth. 21% said good salary packages and incentives should be given to the youth; and some replied there is need for more open merit and justice in the country.

Recommendations

Based upon the findings of the study the following recommendations are put to solve the issue

- Youth is the future of our nation and the government should accord priority to their welfare; should increase the employment opportunities; establish political and security stability; a better standard of living.
- Economic and social problems, political and security reasons, and better standard of life were some of the reasons forcing people to migrate to other countries. So government should increase the employment opportunities; establish political and security stability; a better standard of living.
- Ensuring welfare of the families left behind, and ensuring social and economic re-integration of returned migrants so they can start their own earning means in the country.
- Government should take steps to enhance safe migration opportunities and abolition of irregular migration.
- Skilled and semi-skilled workers like technicians, electrician, welders, mechanics, drivers, cooks, air condition mechanics, different types of operators, nursing staff, skilled construction workers including masons, carpenters, plumbers and steel fixers, and skilled/semi-skilled workers in food, vegetables and beverage industries should be payed a living wage.

Conclusion

The most consistent reason for migration has been Unemployment, poverty, lack of economic prospects and disparities in income levels. The Global Commission on International Migration has been discussing poverty as one of the main causes of migration. A low level of domestic income for the

individual results in lack of access to education, health care and other communal facilities like lack of sanitation, transportation and communication. However, this study proved that unemployment is the root cause of migration to the Middle East. We believe migration provides an effective tool for addressing poverty. Injustice and lack of opportunities are further root causes of youth migration. Youth is the future of our nation and the government should accord priority to their welfare; should increase employment opportunities; establish social security and stability; provide a better standard of living.

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Assessment of Psychological Burden and Occupational Burnout in Nurses Working in Intensive Care Units in Poland, Slovakia and the Czech Republic

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Original Article

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Abstract:

The work of an intensive care nurse involves the direct care of patients with life-threatening conditions. In this situation, the prevention of burdens associated with this work becomes important, but it must be preceded by their diagnosis. This diagnosis is possible using standardized tools for the subjective assessment of a psychological burden and an occupational burnout. Therefore, the aim of our research was to determine whether nurses working in the same specialties in different countries are exposed to the same burdens.

The study involved 312 nurses, divided into three groups depending on their country of origin and in which they worked. Two equal groups of nurses each contained 106 people from Slovakia and the Czech Republic, while the third group was comprised of 100 people from Poland. The age of the groups studied, taken together was ($M = 35.53 \pm 8.86$ min. 22 years max. 60 years).

Various results were observed as regards psychological burden and occupational burnout in the groups studied. The strongest differences related to *overload, non-specific reaction to stress, feelings of personal achievement and depersonalization*, which depended on age and length of service in each workplace. Assessment of the mental load can be used to improve the organization of Nurses' work creating safe working conditions in studied countries, taking into consideration the mobility of the workforce in the European Union.

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Introduction

The work of intensive care nurses involves great pressure resulting from the direct care of patients with life-threatening conditions. It is very important that nurses in this specialty, in addition to having knowledge of procedures and their proper implementation, are also able to respond adequately to sudden and unpredictable situations, as well as cooperate with the therapeutic team. This pressure is also a result of the environment and working conditions. Consequently, this situation may cause

occupational burnout and mental load as well as a decrease in life satisfaction (1). It seems, therefore, that the elements that determine the particular attractiveness of this nursing specialty can be a source of psychological and physical burden. In order to reduce the workload and the risk of occupational burnout syndrome, it is necessary to understand the causes, types and frequency of adverse and stressful factors (1,2). In this situation, it is important to prevent these burdens after having first recognized them. This is possible thanks to the use of standardized tools for subjective psychological burden assessment. One of these is the Meister Questionnaire, used in the Czech Republic and Slovakia and recently also validated in Poland (3,4,5,6). When conducting comparative research on the phenomenon of mental burden in the work of nurses, international

research is important as it allows the phenomenon in different countries to be compared. Therefore, the aim of our research was to check whether nurses working in the same specialties in different countries are exposed to the same mental load. A group of nurses working in intensive care units in Poland, Slovakia and in the Czech Republic was used for comparison purposes based on the assumption that the populations of these countries are similar in demographic terms and in the socio-cultural and organizational conditions of the work environment. The aim of the study was to assess the level of psychological burden and burnout in nurses working in Intensive Care Units in Poland, Slovakia and the Czech Republic.

Methods

The study involved 312 nurses (100% women), who were divided into three groups depending on their country of origin and in which they worked. Two equal groups of nurses from Slovakia and the Czech Republic each contained 106 people, while the third group from Poland had 100 people. The age of the group studied, taken together was ($M = 35.53 \pm 8.86$ with a minimum of 22 years and a maximum of 60 years). At that time, the group being studied had been working in Intensive Care Units on average for 10.13 ± 9.01 years. Their length of service in their current workplace varied from 0.5 to 40 years.

In the study, a diagnostic survey was carried out using two standardized tools. One of these was a Meister Questionnaire, which is used for the subjective assessment of the psychological burden associated with a profession. It consists of 10 questions, divided into three subscales: *overload*, *monotony* and *non-specific load* (understood as a non-specific reaction to stress). The first subscale, *overload*, relates to: time pressure, great responsibility, problems and conflicts. The

second (*monotony*) differentiates: a low level of satisfaction, tedious work and monotony. The third subscale (*the non-specific factor*) includes such characteristics as: nervousness, over-saturation, fatigue and reduced performance. With the group of Polish nurses, a Polish version of the Meister Questionnaire, adapted by G. Dębska *et al* (6), was used. With the Slovak group, the version that appears in the Regulations of the Ministry of Health of the Slovak Republic (3) was used, and with the Czech nurses, the version published by A. Hladky (5) and used in the research of Z. Židková (4). All three language versions achieve an acceptable level of psychometric criterion validity in terms of reliability and accuracy (Cronbach α - above 0.77) (6). The second tool used in the study was the MBI Occupational Burnout Questionnaire (Maslach Burnout Inventory), which consists of 22 statements assessing the frequency of certain feelings in the participants on a scale from 0 to 6. Each statement is assigned to one of three separate subscales: *emotional exhaustion*, *depersonalization*, *feelings of personal achievement* (7).

To answer the research questions, statistical analyses were carried out using the IBM SPSS Package, Statistics 23. It was used to analyze the basic descriptive statistics and to analyze the correlations using Pearson's r coefficient, as well as to perform monofactorial analysis of variance and the Kruskal-Wallis Test. Games-Howell Post Hoc Tests were used as well as NIR. The Kolmogorov-Smirnov Test with the Lilliefors correction was used to Test for the normality of the distribution of the measured quantitative variables. The level of significance was considered to be $p < 0.05$.

Results

The groups studied differ in their age range - $F(2, 309) = 9.73$; $p < 0.001$, because the Polish group is statistically significantly

older ($M = 38.43$; $SD = 9.41$) than the participants from both Slovakia ($M = 35.15$; $SD = 9.27$), and the Czech Republic ($M = 33.17$; $SD = 7.03$) (Table 1).

participants' age with their *sense of personal achievement* ($r = -0.183$, $p = 0.058$) and *depersonalization* ($r = -0.1778$, $p = 0.05$). Both correlations are weak and negative.

Table 1: Age of the participants

Age	N	M	Me	SD	Min.	Max.
Poland	100.00	38.43	39.00	9.41	22.00	60.00
Slovakia	106.00	35.15	34.00	9.27	22.00	60.00
Czech Republic	106.00	33.17	32.00	7.03	22.00	56.00
Whole group	312.00	35.53	35.00	8.86	22.00	60.00

M - mean; Me-median; SD - standard deviation

The relationships of age with occupational burnout and mental strain in the groups studied, are presented in Table 2. There is a significant correlation, at the level of statistical trend, of the Polish

However, the age of the participants from Slovakia correlates significantly, at the level of statistical trend, only with *monotony* ($r = 0.172$, $p = 0.058$). This correlation is weak and positive.

Table 2: Correlations of age with occupational burnout and mental load in the groups studied

		age Poland	age Slovakia	age Czech Republic
overload	Pearson's r	0.024	-0.111	0.002
	Significance	0.814	0.258	0.983
monotony	Pearson's r	0.140	0.172	-0.023
	Significance	0.165	0.058	0.812
non-specific factor	Pearson's r	0.034	-0.034	-0.039
	Significance	0.736	0.726	0.695
overall mental load	Pearson's r	0.072	-0.115	-0.028
	Significance	0.479	0.239	0.778
emotional exhaustion	Pearson's r	0.040	0.080	0.103
	Significance	0.695	0.417	0.292
sense of personal achievement	Pearson's r	-0.183	0.016	0.123
	Significance	0.058	0.867	0.208
depersonalization	Pearson's r	-0.179	-0.063	0.152
	Significance	0.055	0.521	0.120
overall occupational burnout	Pearson's r	0.048	0.030	0.159
	Significance	0.639	0.763	0.103

Next, the relationship between length of service in the current workplace and burn-out and psychological burden was checked. For the Polish nurses, length of service in the current workplace only correlates with *monotony* ($r = 0.212, p = 0.034$). It is a weak positive correlation. However, in the Czech group, length of service in the current workplace correlates with *depersonalization* and *overall burnout* ($r = 0.228, p = 0.019, r = 0.212, p = 0.030$, respectively). Both are weak, positive correlations. The other scales are not significantly related. On the other hand, no such relationship was observed for the Slovakian group (Table 3).

for independent samples was carried out for this purpose. The results show that there are statistically significant differences between nurses from Poland, Slovakia and the Czech Republic as regards general psychological burden and occupational burnout. The differences relate to the following subscales: *overload*, *non-specific factor*, *sense of personal achievement* and *depersonalization*. It turns out that for the *overload* subscale, the group from the Czech Republic differs from the other two groups, while the remaining groups do not differ from each other. Nurses from the Czech Republic achieved a significantly lower score on these scales compared

Table 3: Correlations between length of service in the current workplace and occupational burnout and mental load

		Poland	Slovakia	Czech Republic
overload	Pearson's r	-0.054	-0.061	0.107
	Significance	0.591	0.537	0.277
monotony	Pearson's r	0.212	-0.008	-0.005
	Significance	0.034	0.932	0.957
non-specific factor	Pearson's r	0.142	-0.002	-0.012
	Significance	0.158	0.981	0.907
overall load	Pearson's r	0.129	-0.028	0.028
	Significance	0.200	0.774	0.774
emotional exhaustion	Pearson's r	0.035	0.105	0.158
	Significance	0.732	0.283	0.108
sense of personal achievement	Pearson's r	-0.106	-0.017	0.108
	Significance	0.296	0.861	0.272
depersonalization	Pearson's r	-0.071	-0.023	0.228
	Significance	0.484	0.817	0.019
overall occupational burnout	Pearson's r	0.047	0.048	0.212
	Significance	0.641	0.623	0.030

The differences between the Polish, Slovak and Czech nurses in the study, regarding psychological burden and occupational burnout, and the differences between these parameters divided into subscales were examined. Monofactorial analysis of variance

to nurses from Poland and Slovakia. For the *non-specific factor* scale, there are differences between the group from Slovakia and the group from the Czech Republic. The highest result was obtained by the group from Slovakia.

In the case of the *sense of personal achievement* subscale, nurses from Poland differ from the other two groups, while there are no differences between the Slovakian group and the group from the Czech Republic. The Polish participants achieved significantly lower results compared to the other groups. In terms of *depersonalization*, the only statistically significant difference is between the group of Polish nurses and the Czech group, which has a higher score on this scale. The measure of effect size, η^2 , indicates that the strongest differences relate to *overload*, the other differences are similar to each other, but have a lower strength than *overload*.

Discussion

One of the important elements of workload is psychological burden, defined as a subjective reaction of the employee, which is a result of the interaction of a set of individual, technical, organizational and social factors in the work environment (8). The research task is broadly related to the management of health and safety at nurses' workplaces, which is undertaken by the International Council of Nurses, as well as the International Labor Organization (ILO). These organizations encourage the use of international projects to ensure the nurse's right to a safe working environment that considers emotional and psychosocial burdens (9).

Table 4: Differences of occupational burnout and psychological burden of the groups studied

	Poland		Slovakia		Czech Republic		<i>F</i>	<i>p</i>	η^2
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
overload	9.30 _b	2.07	8.78 _b	2.32	7.61 _a	1.91	17.43	<0.001	0.10
monotony	5.52 _a	1.76	5.41	1.72	5.01 _b	1.64	2.57	0.078	0.02
non-specific factor	10.20	3.18	11.00 _a	3.20	9.62 _b	3.17	4.78	0.009	0.03
emotional exhaustion	18.69	8.93	21.79	11.72	19.13	11.25	2.55	0.079	0.02
sense of personal achievement	25.16 _a	6.47	27.84 _b	6.53	28.04 _b	6.92	5.96	0.003	0.04
depersonalization	6.09 _a	5.05	7.55	7.19	9.01 _b	5.71	5.96	0.003	0.04

Note: The averages with different letter indexes differ from each other at the level of $p < 0.05$. NIR and Games-Howell Test. The Levene Test showed that the assumption about the homogeneity of the variance of the groups compared breaks down in the case of *emotional exhaustion*, *depersonalization* and *general burnout*. For that reason, Games-Howell Post Hoc Tests were carried out on these variables, while on remaining ones, NIR Tests were carried out.

In the literature, this problem is becoming a new challenge for ergonomics and is the reason for studying these groups of nurses (10, 11, 12, 13). In Poland, Slovakia and the Czech Republic the issue of occupational burnout and psychological burden in the work of nurses is marginalized and requires thorough diagnosis.

Burnout syndrome does not arise suddenly but is the result of a gradual process. Analysis of the literature shows that during this process various dimensions of burnout develop sequentially. In the first stage, the process is triggered by highly demanding environments. Then, in order to cope with those demands, people increasingly distance themselves from their work and other people. That is to say, they develop a defense strategy that manifests itself through depersonalization. In the end, the person's ability to work effectively diminishes. In this model, emotional exhaustion acts as a factor influencing depersonalization and reduced ability to work (14).

As part of our research, we focused on the analysis of factors influencing psychological burden and burnout of nurses working in Intensive Care Units. We have assumed that in the assessment of working conditions, it is important to make international comparisons, which is possible because we now have one common research tool, the standardized Meister Questionnaire in its Czech, Slovak and Polish versions (3,4,5,6). Different results were observed between the groups studied depending on the age and length of service of the nurses in the Intensive Care Units. The greatest differences concerned *overload*, *non-specific stress response*, *feelings of personal achievement* and *depersonalization*. This points to a different level of risk of occupational burnout and psychological burden. A significant trend was observed indicating that age has an influence

on *sense of personal achievement* and *depersonalization*. The older the group, the less *depersonalization*, *psychological burden* and *sense of achievement*, which leads to reduced satisfaction and productivity at work. The oldest group of Polish nurses, in contrast to Slovak and Czech nurses, did not experience psychological burden. A clear sense of lack of *personal satisfaction with work* appeared in this group, but the level of *depersonalization* was relatively low, which is a positive phenomenon. The Czech nurses were the youngest of all those studied, and no relationship was found between burnout and psychological burden in this group. In the case of the Czech nurses, in relation to their length of service in Intensive Care units, we noted a substantially higher level of depersonalization. The Slovak nurses, relative to the Polish and Czech nurses, were characterized by a higher level of *non-specific factor (reaction to stress)*. Amongst the Polish nurses, length of service in the unit was related significantly to *monotony*. This is evidence that the work of nurses in Intensive Care Units is demanding and diverse, and that this can bring job satisfaction and thus reduce the risk of burnout. However, length of service in the same workplace is a risk factor for occupational burnout. The least overloaded nurses were those with shorter length of service.

These results agree with the work of Pilárka *et al.* (15) and Włodarczyk *et al.* (16). They showed the following predictors of burnout: a lack of ability to regulate emotion; personality types associated with a strong need for achievement and with a tendency to domination and aggression; as well as personality traits such as dynamism, energy, impatience and a tendency to act quickly. This confirms the thesis that nurses with increased ability to regulate their emotions showed a lower level of *depersonalization*, which perhaps typifies the

younger group of nurses from the Czech Republic. Pauknerová *et al.* (17) point out that, although workers become more knowledgeable with age and experience, their productivity at work decreases; are less likely to search for new solutions; are slower to meet rapidly growing expectations. Therefore, older employees prove themselves in less demanding tasks. This is due to lower concentration; less ability to adapt to information overload and stress; to learn new things. Also, in the work of Asai *et al.* (18) it has been demonstrated that a higher level of *depersonalization*, a feeling of lack of achievement, and greater emotional exhaustion was more frequently observed among younger nurses (under 27 years of age) than among older nurses.

However, Z. Židková (4) in her study showed that in groups of medical workers *overload* was highest in nurses and doctors, while the *non-specific factor (reaction to stress)* was highest in the group of theatre scrub nurses. In other Czech research, A. Mažgútová *et al.* (19) have shown that psychological burden in the work of nurses is highest in the palliative care ward compared to the medical or emergency ward. However, in Polish studies, no clear results were obtained. In one of these, the level of psychological burden did not differ between a group of oncology nurses and those working in other specialties (12). In another study, it was shown that nurses working in an intensive medical care unit have a significantly lower level of burden than those in the surgical ward (14).

In this context, Hodáčová *et al.* (20) state that psychological stress is a complex phenomenon, caused by various psychosocial factors, directly related to the work performed, as well as personality factors, and should be considered individually in each profession and in each position.

Conclusions

Considering the main objective of this study it has been shown that nurses working in intensive care in Poland, Slovakia and the Czech Republic are exposed to psychological stress and occupational burnout syndrome. Our results support the conclusions of previous studies that there is a relationship between age and time worked at one workplace, and stress and burnout. Bearing in mind the health risks caused by the workload of nurses, preventive measures should be taken regardless of the country of origin and place of work. Within these measures, it is worth supporting and developing positive self-esteem and strategies for dealing with stress. The results of the research can be used to improve the organization of nursing work and create safe working conditions, bearing in mind the mobility of employees in EU countries.

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Are the Roma children “Mentally retarded” if they do not Know the Syntax in their Second Language?

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Original Article

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Abstract:

This paper presents research among Roma bilingual children from Bulgaria, Croatia, Czech Republic and Slovakia and Russian monolingual children from Russia. The children are tested with the same linguistic test measuring the children’s knowledge on the syntax and particularly on the wh-questions. The Roma children (n=80) are tested in their

second language – the official language of the country of residence, and the Russian children (n=20) are tested in their mother tongue - Russian. All of them are Slavic languages. The syntactic knowledge of both groups of children is compared. The results of the Roma children show that if they have limited knowledge in their mother tongue, their performance of the test in their second language (L2) is also limited. Roma children from Bulgaria and Croatia are much better in performing of the tests in L2, because their mother tongue is stronger in comparison to Roma children from Czech Republic and Slovakia, who demonstrated limited knowledge in their mother tongue. The Russian children show much higher results. They are tested in their mother tongue and the results show that by the age of 6 years more than 80% of the children can perform the tests correctly.

How monolingual and bilingual children learn a language?

According to Grosjean (1994:1656) “bilinguals acquire and use their language for different purposes; in different domains of life; with different people. It is precisely because the needs and uses of the languages are usually quite different than the bilinguals really develop equal fluency in their languages. The level of fluency attained in a language (more precisely, in language skill) will depend on the need for that language and will be domain specific. It is thus perfectly normal to find bilinguals who can only read and write one of their languages; who have reduced speaking fluency in a language they only use with a limited number of people; who can only speak about a particular subject in one of their languages.”

Studies conducted with pre-school children have proved that mastering the language is not simply an imitation, reproduction of adult speech samples. According to Humboldt (1984) Mastering (native) language, every child relies on vaguely sensed analogies, which are more noticeable in creatively developed children compared to those who rely only on memory. Similar analogies serve as a support to the person, independently, without any help studying foreign language. It is important only to find

the spirit of these analogies, and this in any language teaching is a critical point from which the real mastery of the language and the real enjoyment of it begins (p. 347-348). When we say that mastering a language is not just an imitation, not an intuitive (unconscious) process, but first of all the development of linguistic generalizations and the elementary comprehension of linguistic phenomena, that is precisely what we mean by the „indiscernible consciousness“ reasoned presentiment vaguely perceived analogies. Sohlin wrote:

„Assimilation of children’s mother tongue includes the formation of practical speech skills, improvement of communicative forms and functions of language action (on the basis of practical mastering of means of language), and also formation of comprehension of linguistic validity which can be named linguistic development of the child” (2002, p. 53).

Mastering the syntax of native language by the child is closely connected with cognitive development and development of all sides of speech-phonetic, lexical, morphological. Words, word-combinations, grammatical categories are used in syntactic

constructions. The study of the syntax of children's speech is necessary to solve the issues of communication development, since it is the syntactic structures that are necessary for speech communications. The language capability syntax includes the generation of self-expression and text.

The following ideas of classical general linguists are relevant to our study:

- According to Humboldt (1836) the language is a systematic body and between language and thinking there is a connection. Today this is a basic concept in modern psycholinguistics.
- de Saussure (1910) developed the idea of systematicity suggested by Humboldt and introduced two terms: "parole" – the speech of individual person and "langue" – the system underlying the speech activity.
- Benveniste (1970) doing a research on the connections between the language and society, says that it is impossible to describe a society, the culture of society without the description of the language.

The idea about the connection between the culture and language exist for decades in psycho-linguistics and sociolinguistics. In our study we try to reflect on this idea.

In Roma culture the children are treated as adults and the expectations from the children is that together with the mother tongue, they have also to learn the official language of the country and very often also another minority language, because Roma usually live next to another minority group in their country of residence. One can say that most Roma children in Europe grow up not just as bilinguals but rather as multilinguals. And to manage two or three or even sometimes more languages from very early age is not an easy task.

There are two approaches to second language acquisition in the psycholinguistic literature:

- The first approach is using the knowledge of the children in their L1 (first language) to investigate what is the influence of L1 into L2 (second language) performance. A number of scientists think that the mother tongue plays an important role in the process of the second language acquisition. Many bilingual children acquire their two languages sequentially (Cummins & Sayres, 1995; de Hower, 2009; Grosjean, 1982, Cenoz and Genesee, 2001, Kyuchukov, 2016). It has been proposed that for bilingual children to develop the level of language skill needed to succeed academically in their L2, they must have strong L1 skills. A large body of research shows that there are many ways in which first language skills support second language acquisition.
- A second group of scientists think that the most important is the grammatical structure of the L2. It does not matter what the L1 of the children is, they always will have difficulties learning the L2. Dulay and Burt (1974) were the first to introduce the idea of universal child language learning strategies doing a research with Chinese and Spanish children learning English as L2.

The Study

The goal of this research is to demonstrate the knowledge of the Roma children on wh- questions in 4 Slavic languages as their L2: Bulgarian, Croatian, Czech and Slovak languages and to compare their knowledge with the knowledge of Russian monolingual children on the same grammatical categories. All languages belong to the family of Slavic languages. The Roma

children are forming the experimental Group (EG) and the Russian children who's Mother tongue is Russian (L1) are forming the control group (CG).

Research Question: Are the children mentally retarded if they do not know well the wh questions in their L2 by the age of 6 years?

Hypothesis

H1: Roma children will learn easily the grammatical categories from L2 if they have them well established and developed in their L1.

H2: All Roma children will have the same difficulties learning the same grammatical categories from their L2 because all L2 are Slavic languages.

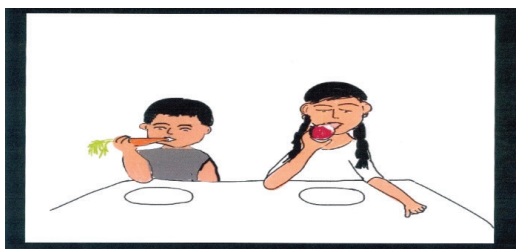
All the children attend kindergartens and learn the official language organized in the state kindergartens in respective countries: Bulgaria, Croatia, Czech Republic, Slovakia and Russia.

The children

The Roma children involved in the study are in two age groups: 1 gr. 4-5 years old, and 2 gr. 5-6 years old. The Russian children (n=20) in the study are just one group and they are 5-6 years old. The total number of children involved in the study is 100. The children were tested individually with a two production tests measuring the knowledge of the children on wh -questions tests, specially developed for this study:

1. Test Wh- questions – 8 items

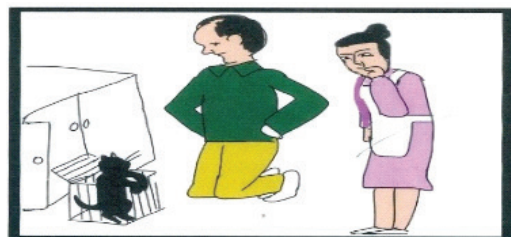
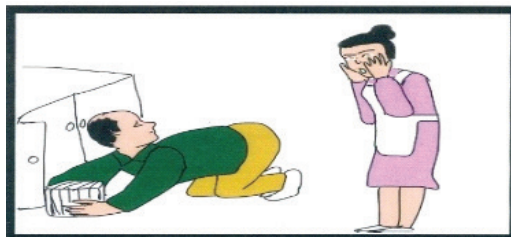
Who eats what? -2 wh – words



2. Test Wh compliments

The woman told the man to catch a mouse, but he caught the cat.

What did the woman tell the man to catch?



Results

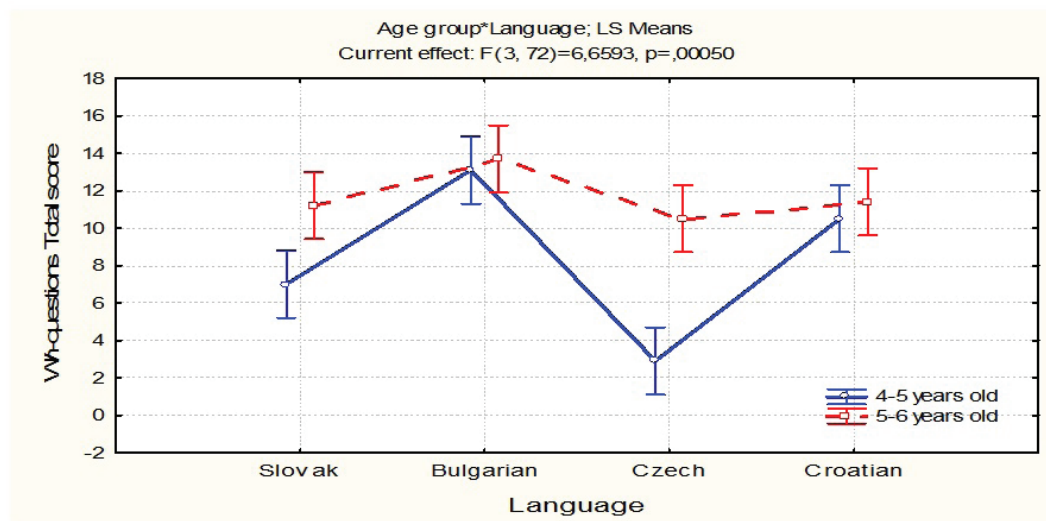
Roma Children

The Roma children included in this study were tested also in their mother tongue. The results from the Romani testing showed that:

- Bulgarian Roma children have very good knowledge on wh questions in Romani;
- Croatian Roma children (speakers of Romani or/and Albanian) also have good knowledge but not so good as the Bulgarian Roma children;
- Czech Roma children are speakers of Romani and/or ethnolect of Czech language and their knowledge of Romani wh questions were also not so good;
- Slovak Roma children – speakers of an ethnolect of Slovak language and Romani and their knowledge in Romani is also not high. The Russian children are speakers only of Russian as a mother tongue.

Both tests require good knowledge of the second language in order to answer correctly the questions. The results are shown in the following figures.

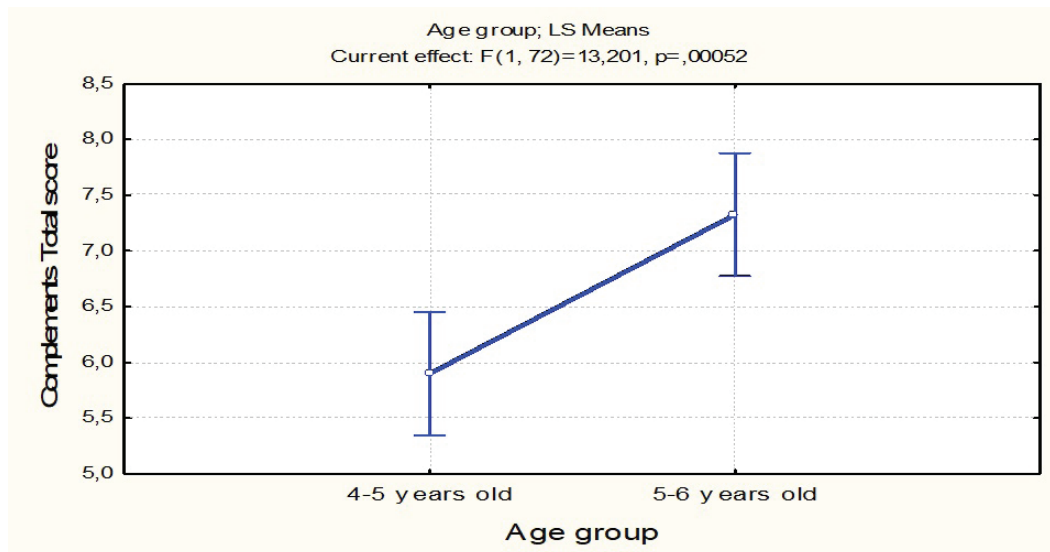
Figure 1: Interaction between the factors Age groups and Languages in performance of wh-questions test



The results from the first testing with wh-questions show statistically significant differences between the age groups from different countries. It is shown that the children from Bulgaria (5-6 years old) are the best in the performance of this test, followed by the Croatian Roma children. The children from Slovakia and Czech Republic show lower results.

In the performance of the second test (wh compliments) the 5-6 years old children again show better results in comparison with the 4-5 years old children. The results are shown in the next Figure 2. The difference between the age groups is statistically significant ($p < 0.00052$).

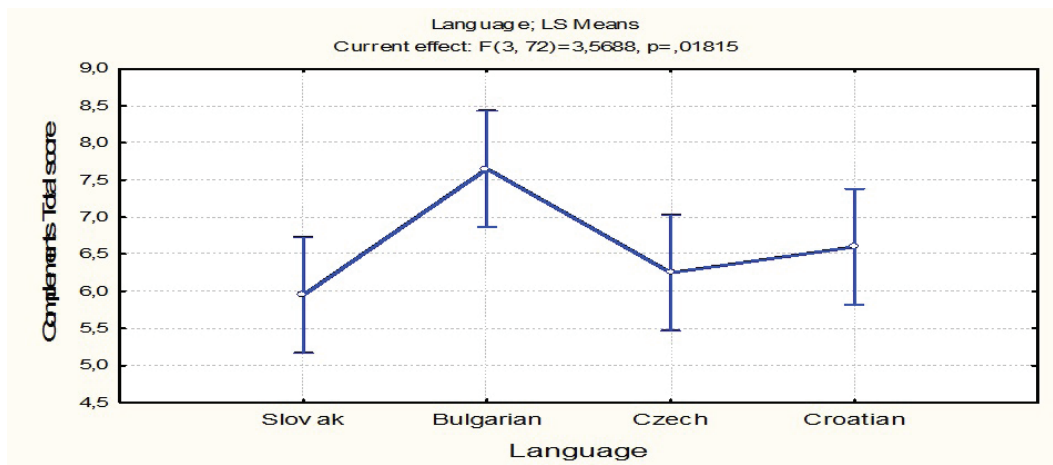
Figure 2: Performing of Wh-compliment test by age groups



When we compare the results of the children performing this test by country, we get the following picture, shown in the next Figure 3.

consistency and systematicity of the language we can conclude that the L2 can be learned in a systematic way if the L1 is learned systematically. The way how the

Figure 3: Performance of Wh- complement test by country



From Figure 3, it is clear that Bulgarian children show much higher results, followed by Croatian and Czech Roma children and the lowest results are shown by the Slovak children. The differences between countries are statistically significant. One of the reasons for the higher results of the Bulgarian and Croatian children is the good skills in Romani as their mother tongue. The Roma children from Slovakia and Czech Republic have low skills in Romani and they speak an ethnolect of the official language.

For Slovak and Czech children, the grammatical categories from the official language are more difficult because they do not learn them in any of the two languages – neither in Romani nor in the official language before to come to kindergarten

Coming back to the Roma tradition and how the Romani language is learned as a complex structure and having in mind the principles of general linguistics of

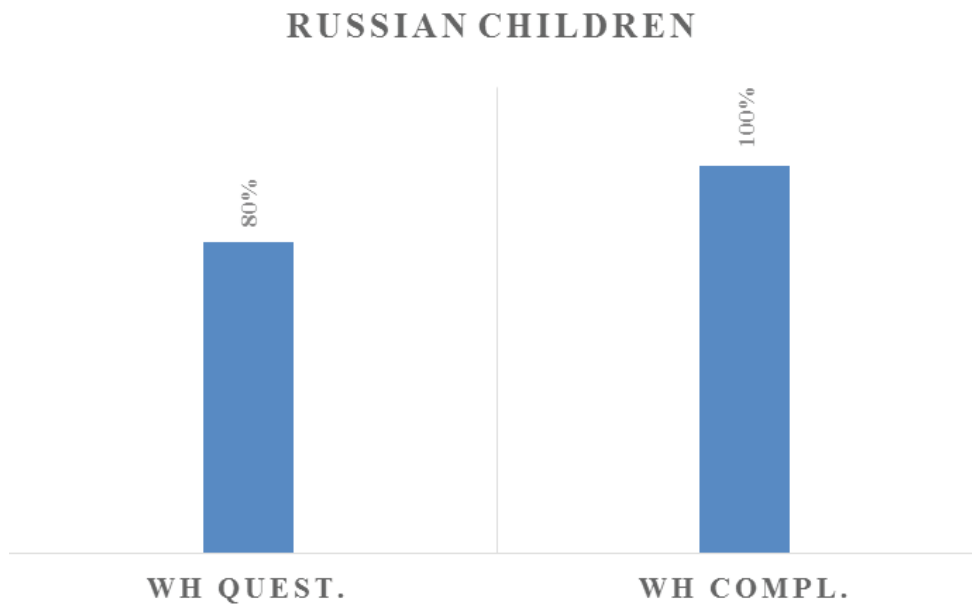
Roma speak to their children using complex grammatical structures help them to acquire the complex grammatical structures of the L2 as well. This was our Hypothesis 1. Our Hypothesis 2 is that all Roma children will have the same difficulties learning the grammatical categories from their L2 is not conformed. The results showed that the difficulties in L2 depend from their knowledge in L1.

Russian children

The Russian children show very good knowledge in both tests. In Russian the use of the wh questions with two or three wh words at the beginning of the sentence is not normal. In Bulgarian and Croatian it is normal to say *Koj kakvo pravi?* (Bulgarian) and *Tko što radi?* (Croatian) literally *who what is doing [Who is doing what]*. In Romani is also normal to have two or three wh words at the beginning of the sentence. In Russian is normal to ask *Kto delaet chto?* It seems the Russian children learn the both types wh

questions and wh complements by the age of 6 years. Some of Russian children did not answer exhaustively the two wh question in the first type of test. Their results are shown in the next Figure 4.

knowledge of their mother tongue. They learn a language which is a mixture of Slovak/Czech and Romani languages. However, these does not mean that the children have language impairment or mental retardation.



Conclusions

The present study, although limited in design (just two types of tests and limited number of children from each country, show important trends:

- The Roma children are normally developing children and they grow up bilingually and, in some cases, even multi-lingually (some of Croatian Roma children also speak Albanian, and some of the Slovak Roma children speak also Hungarian language). By the age of 5 years they acquire most of the grammatical categories of their mother tongue. This is the case with Bulgarian and Croatian children.
- The results of Roma children from Slovakia and Czech Republic are low, because the children do not have good

- The Russian children by the age of 6 already know perfectly well the syntax of the wh questions and wh complements in Russian their mother tongue. One part of bilingual Roma children also know well the wh-questions.

Based on this study, although limited in its design, we can conclude that monolingual and bilingual children, speakers of Slavic languages as L1 or L2, by the age of 6 years, get the same knowledge on the syntax structures. Those bilingual children who do not show good knowledge in L2 syntax do not have mental retardation, but rather their knowledge in the syntax of their mother tongue (L1) is limited.

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Effects of Facebook Usage on the Academic Performance on the Undergraduate Students of Quetta City

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Abstract:

Facebook plays an important role in a student's daily life. Facebook has great impacts on the academic performance of the undergraduate's students in Quetta city. Facebook has infiltrated the 21st-century generations of Internet users, making it a very active means of communications, particularly among students of higher institutions of education. The purpose of this study was to identify the effects of Facebook usage on the academic performance of undergraduate students in Quetta city. The researcher takes in-depth interviews or FGD (Focus Group Discussion) from the private or government colleges of Quetta city. This study found that Facebook has positive effects on the academic performance of undergraduate students in Quetta city, the students gain a lot of information from it and easily communicate with each other's, interaction with peers, perceived usefulness, study notes or share information about research resources etc.

Introduction

Technology plays a vital part in our lives; changes our modes. Additionally, the Internet is constantly evaluating our personal, social and vocational roles. It provides extensive information and quite different recreations (Qazi & Fiaz, 2011). More than 90% of students use Facebook as well as other social networking sites in their daily lives. Technology leads the way for progress. It plays an important role by giving accelerated development of compact communication devices; devices easily accessible for anyone, anytime, anywhere that contain small CPUs processors; iPads with steady, stable unpretentious headsets etc. As long as there is a lot of access from collective webs which is an imperative demand of dependence to any adolescent and grown-up as practical pleasure. Internet access is not sufficient for those scholars who hurt from communal separation (Tariq, Mehboob, Khan & Fasee Ullah, 2012).

The current tools for youth communication go by a peculiar set of names: Wall Posts, Status Updates, Activity Feeds, Thumbs Ups, and Profiles are some of the links that youth today use to communicate

with one another. These tools are features of social network sites (SNS), such as Facebook and Myspace. SNS is part of a suite of Web applications, also called social media (Ahn, 2011). Within the last several years, social media platforms such as Facebook have come to dominate college students' personal lives and have become invaluable tools for maintaining interpersonal relationships, exchanging information, and providing entertainment value (Camus, Hurt, Larson & Prevost, 2016). 90.4% of college students participate in social networking; 96.6% use Facebook. Recent research at a major public university affirms this trend, suggesting that the proportion of undergraduate students with Facebook accounts exceeds 98% (Hurt, 2012). Over the past five years, social networking sites (SNSs) have become one of the most prominent genres of social software, popularized by Facebook applications that now each boast hundreds of millions of users (Qazi & Fiaz, 2011)

SNSs are personal and personal secure spaces for online conversations and sharing of content based typically on the maintenance and sharing of 'profiles' where individual

users can represent themselves to other users through the display of personal information, interests, photographs, social networks and so on. Users of an SNS can maintain their own profile and access the profiles of others on their network with a view to establishing connections with preferred 'friends'. Given their broad range of features, SNSs function in optional ways depending on the preference of the user (Selwyn, 2009).

Social networking sites enable students to get in touch with their friends, faculty members, institutions and allow them to connect with more friends. Students can use these sites to create and share their identities. They can join groups and communicate with other students and faculty members by commenting on topics or by introducing topics they hope would encourage discussion. They can share information; exchange files; seek comments and advice; give opinions, suggestions, and ideas about their academics. Students can also use these sites as a platform to connect with long-lost classmates, batch mates, and family members (Haneefa & Sumitha, 2011).

Today, a majority of social media tools support the integration of multi-media elements, and this functionality makes media multitasking much easier than was previously possible. Because students are likely to use more than one medium simultaneously, the potential influence of media multitasking behavior has been under scrutiny for years. Regarding cognition, media multi-tasking was found to be negatively related to cognitive control ability in adolescents (Ophir, Nass & Wagner, 2009). Thus, it is believed to be predictive of poor academic performance.

Researchers and educators alike are interested in the effects of social media on student academic performance, and numerous

empirical studies have explored whether such effects are positive, neutral, or negative (Cheston, Flickinger, Chisolm, 2013). Little, however, is known about how social media usage and how social media multi-tasking (SMM) influences academic performance of university students. Accordingly, this study examined whether and how these two behaviors predict academic performance among university students. People use online social networking websites for a variety of reasons, including searching for friends, relationships, jobs. One of the most popular websites for online social networking is called Facebook. Launched in 2004 at Harvard University, Facebook is the fastest growing online social utility with more than 2.3 billion monthly active users (December 2018) worldwide. The initial purpose of the website was to connect students at Harvard University, but this purpose was soon expanded to connect high school students, college students, and adults worldwide.

With its expanded purposes, it is no surprise that Facebook has become a popular website among American teenagers. A 2009 survey conducted by the Pew Internet & American Life Project showed that 73% of all online American young people between the ages of 12 and 17 used social networking websites for communication (Lenhart, Madden, Smith, Macgill, 2010). For many of these teens, logging onto Facebook is their first activity when they wake up and their last activity before they go to sleep.

Social media usage by American adults aged 18-29 years soared from 12% in 2005 to 90% in 2015 (Pank, 2015). In education, social media can be used to share information with students, collect information when overseas while conducting research; share personal academic interests with other people; engage students and understand what they think about during instruction; form student study groups; enhance e-textbook

functions by connecting students with social tools for collaborative purposes (Brien, 2012). Social media also develop students' capacities to create and arouse interests in academic subjects (Lau, Lui & Chu, 2016). Students more easily communicate with working professionals through social media.

Cox and McLeod (2014) found that social media foster communication among teachers, students, parents, and community members, and helps create online professional learning communities. Facebook is one of the most commonly used sites by people of all age groups, not only as a social network tool, but also as an online team-based pedagogically sound learning platform that is fast becoming recognized in the education community. Facebook has many applications that support teaching and learning and it has been found to cultivate positive learning experiences as well as to enhance the rapport between the educators and their students (Mazer *et al.*, 2007). While studies investigating the use of Facebook for teaching and learning are still in their infancy, these studies suggest that Facebook as a social networking tool has the potential to be a transformational technique for learning and teaching in higher education. It is therefore imperative that educators understand their students' academic and social backgrounds before, reflecting on, that they believe will highly engage their students in the learning process. People use Facebook to stay connected with friends and family; to be informed and entertained within their social circle; to share and express what matters to them (Facebook, 2013). Launched in February 4, 2004 Facebook, an innovation of Mark Zuckerberg, a nineteen year old Harvard University student and his roommate for connecting Harvard University campus students (Grossman, 2010). At the time of Facebook launch, the founders had no idea this social network would turn from

a small networking site to a giant online social network (Communities, 2007).

In September 2013, there is more than 1.19 billion monthly active members using Facebook worldwide; 82% of monthly users are outside of the United States and Canada (Facebook, 2013);

2.3 billion monthly active users (December 2018). "We have entered the age of Facebook; if Facebook were a country it would be the third largest, behind only China and India" (Grossman, 2010). The trend of traditional studies regarding students' lives focus on academics and between student and faculty relationships (Granovetter, 1973). Moreover, discussions and estimates concerning the effects of information technology on campus have mostly links with academic learning and academic activities. But due to popularity of Facebook on university campuses the link with academic learning by information technology may be affected. Some recent research are demonstrating the impact of Facebook on students' academic performances. It is necessary to define the academic performance before we go any further. According to Aliyas, Hope & Justin (2012) 'academic performance is a function of attention span; time management skills; student characteristics; time spent on online social network; academic competence. Academic competence is defined as a student's ability to manage the required course load and course materials for his/her chosen field of study'.

Facebook is holding the largest percentage of members in online social networks today and most of them are students around the globe. Use of Facebook might have good or bad impacts on their academic performance and academic lives. The excessive use of Facebook among the students is generating the main question: is Facebook use effecting students' academic performance and playing

a positive or negative role in their social and academic lives? If the students use the Internet they are increasingly likely to use Facebook as the platform to get more out of it and new forms of communication (Kirkpatrick, 2010). In university, students and faculty members have increasingly adopted various social media tools such as Facebook and Twitter to promote teaching and learning both inside and outside the classroom. Empirical studies have shown the following educational benefits associated with the use of social media technologies **(a)** enhanced communication between students and instructors ; **(b)** increased opportunities for networking or collaborations among students; **(c)** rapid sharing of resources; **(d)** access to course materials by students after class; **(e)** provision of an alternative platform to official learning management systems; **(f)** exposure of students to technologies and skills that may improve their future employment success (Legaree, 2015).

Because students are likely to use more than one medium simultaneously, the potential influence of media multitasking behavior has been under scrutiny for years.

The Significance of the Study

The significant point of this study is to find the relationship between Facebook usage and its effects on the academic performance of undergraduate students in Quetta City. There is no previous work on this topic with college level students. This is a unique work because this study was done with college level students and most undergraduate students' academic performance were affected by using Facebook accounts. This Study was intended to bring awareness among undergraduate students about how Facebook affects their academic performance. This study also sought to form a better understanding of the relationship

between Facebook usage and academic achievement by seeking information beyond time spent on Facebook including students' integration of Facebook in their daily lives and students' emotional connection to Facebook. The students know how to manage their time and did not waste their time on Facebook. The institutions must provide knowledge to the students how to use Facebook for their academic purpose. Students think there are no ill effects of Facebook on their academic performance, but this is a misconception that needs to be corrected. A major problem being that of addiction to Facebook. Finally, future research should investigate the notion of Facebook friends; personality traits of profile owners; the content of the profiles using path analyses to clarify further the effects of Facebook on college adjustment.

Aim of the Study

The purpose of this study was to examine the relationship between Facebook usage and the academic performance of undergraduate students of Quetta City.

Research Methodology

Research Questions:

- Is Facebook distracting you from your academic activities?
- What kind of information do you gain from Facebook?
- How can Facebook be used to increase existing academic performance of students?
- How much time does a student spare for Facebook?

Research Design & Methodology

Qualitative research methods have been used in carrying out this research because the overall approach because it focuses on

the experiences of people involved and attempts to understand the reasons behind certain behavioral descriptions. The evaluation has been carried out using three systems of data collection techniques: literature review; interviews; questionnaires. The literature review and interviews were used to collect qualitative data: questionnaires were used to collect qualitative data. This study was a qualitative research approach used as exploratory and descriptive designs. The purpose of the study was to find the effects of Facebook usage on the academic performance of undergraduate's students in Quetta City.

Participants & Samples

This study was conducted at various colleges of the Quetta City, Pakistan. I selected the undergraduate students of various colleges as the respondent or participants. I have also collected the academic administration records for the assurance of the method. I selected the respondents from the two main departments of the colleges; the Social Sciences or the General Sciences of the Colleges. Both male and female undergraduate college students selected from the designated main colleges; respondents were 16 to 18 years of age; 20 undergraduate students consisting of 10 male and 10 female participants. The randomly selected undergraduate students were those who used Facebook in their daily lives. This study sought to discover the effects of Facebook usage on the academic performance of undergraduate students. False names of the respondent created for confidentiality.

Data Collection Tool:

The study was conducted to measure any effects of Facebook usage on academic performance of college students. The first step in the data collection process was to obtain permission from both Girls and Boys College's

Principals as research sites. After receiving permission from the Principals I started data collection procedures (Alexander, 2012). Next, I visited undergraduate students from the General Science and Social Science Departments of both Girls and Boys Colleges. Information gathering was conducted using Qualitative Research Technique.

Students who used Facebook were selected for this study. Data was gathered by in-depth interviews and FGD's (Focus Group Discussions) as the data collection tools from the Arts and Sciences Departments of each Quetta City College in the month of September 2017. I personally went to the colleges first meeting with the Principals and obtaining the permission and then started my data collection from those students who used Facebook. I randomly selected the students and conducted the in-depth interviews from 10 undergraduate students of the two selected colleges of Quetta City. I also conducted FGD's (Focus Group Discussions) among undergraduate students of both departments of the selected colleges.

Limitations of the Study

The study helps discover the effect of Facebook usage on college undergraduate and graduate students of the main Colleges of Quetta City. It was geographically limited to two main government Girls Degree College Quetta cant and Qawari Girls College; and two main Boys Colleges Tameer-e-Nau Boys College and Boys Science College of Quetta City. The aim of the study was to reveal Facebook effects on the undergraduate students. The Main focus was limited only to those students who were using Facebook accounts that might affect their academic performance. Facebook is widely used by students all over the world having both positive and negatives effects on students.

Data Analysis

One purpose of the study was to analyze the effects of Facebook usage on the academic performance of undergraduate's students. The main question of the study was "what are the effects of Facebook usage on the academic performance of undergraduate's students in Quetta City?" There were three objectives of the study: to find out if there are any effects of Facebook usage on the academic performance of undergraduate students; to investigate how much time an undergraduate student actively spent on Facebook per day; to analyze the effects of Facebook usage on the academic performance of undergraduate students. After conducting interviews and focus group discussions the data was analyzed and different themes emerged.

- The first theme of Facebook was Knowledge categorized into sub-themes academic knowledge: General Knowledge; Political Knowledge; Religious Knowledge.
- The second theme was Facebook as a learning tool categorized into sub-themes: Helpful for study; Group projects done on Facebook; Sharing notes/academic activities.
- The third main theme was Facebook as a connecting hub was categorized into two sub-themes: connecting us all over the world; connecting us to national and international mentors.
- The fourth main theme was Facebook as a way of communication was categorized into sub-themes: communication with classmates in school and academics; communication with teachers.
- The fifth main theme was Usage of Facebook was categorized into time spent on Facebook.
- The sixth main theme of Facebook was Provision of information categorized into sub-themes: News; Current affairs; Jobs; Educational Fields.
- The seventh main theme of Facebook was Distraction categorized into sub-themes: disturbance during study hours; diverts attention; attention span; social Influence.

Discussion

Facebook a very popular online working can be a very addictive website among youth and university students. The purpose of this study was to examine the effects of Facebook usage on the academic performance of undergraduate students in Quetta City. Using in-depth interviews and FGD (Focus Group Discussion), I found that Facebook has positive impacts on the academic performance of the undergraduate students at Wollega University and the graduate students at Sabedassa University. According to this study many students spending their time using Facebook for enjoyment which affects their academic performance. It confirms that Facebook addiction negatively effects the academic performance of students (Bedassa, 2014). These days social media is playing a very significant role in student's daily life. The use of social media influences the academic performance of university students. It found that social media is not being used for academic purpose. Some students use Facebook only for enjoyment and non-academic purposes which play a negative role on the academic performance of those students (Lau, 2017).

As of December 2018, there were more than 2.3 billion monthly active users on Facebook all over the world but most people did not find the effects of Facebook on their social life. Facebook has become very popular with college students creating a Facebook addiction (Elgendi, 2015). This

study is based on the effect of Facebook on the Students' academic performance and social behavior. It found students spending most of their time on Social networking sites compared to family relationships or secondary relationships (Kabre & Brown, 2011). Students use Facebook to faceplate their study career believing it is very helpful for their study. They easily communicate with each other. The social media and networking sites have many advantages for students to explore. Students who spend some time on Facebook for academic purposes have no effect on their education. When Facebook effects student's academic performances the students have low GPAs; there are more negative effects of Facebook comparing to good effects. Students having low GPA mostly spent their time on Facebook. According to this study, mostly female students use Facebook compared to male students (Ismail & Abdullah, 2016).

There is a positive relation between Facebook and the academic performance of students. There is no big difference found between those students who use Facebook for academic performance compared to those students who use Facebook for general purposes. Use of Facebook for educational purpose positively influenced students' academic performance. The students aware of the use of Facebook as a learning aid get more information and knowledge about their study.

Online discussion is a very important tool for students 'academic performance. Those engagements are very helpful for students. It also provides educational information exchange and learning. This study suggests that Facebook is a better way for student participation in academic pursuits. It is an easy way for peer to peer communication (Melinda & Prevost, 2016). Focused on online effects of social networking sites on

students academic perfumes, this research did find a negative relationship between student's time spent on social networking sites and managing academic performance. Jimson found the heavy correlation between higher attention on academic performance and a shorter time online social networking sites (Jomon, 2012).

Conclusion

In conclusion, the findings of this study indicated that Facebook is a beneficial learning tool for the undergraduate students of Quetta City.

Recommendations/Suggestions

This research gives the suggestion that students are not properly informed about the Facebook learning tools; students needing proper guidelines for their academic performance. Future research should investigate the relationships between Facebook as a learning tools Facebook use for academic performance; teachers use of Facebook for classroom activities; Facebook effectively facilitates academic discussions. This study will be beneficial for future scholars, students, teachers and policy makers who control budgets.

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Social and Cultural Determinants of Child Labor in Pakistan

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Original Article

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Abstract:

Child labor has serious consequences upon children, their families and even on the larger spectrum of society as well. The researchers have predominantly utilized quantitative research design along-with qualitative discussion and a survey of the various mechanical workshops in Batkhela city was conducted in September 2013. For quantitative analysis, a list of all the population of children was prepared i.e. 4355 children working in different capacities (average 02 to 08 children were found working) and a sample of 200 children age 05 to 18 year were selected randomly giving maximum representation to the mentioned age group. The data was collected by using an interview schedule and the information was then processed through different phases (i.e. editing, classification, and presentation) through SPSS (Version 18) and in Excel and MS Word for tabulation and charts presentation. Through Chi-Square Test, the association of various determinants of child labor has been analyzed at the 5% level. Besides, 'Human Capital Theory' and 'Demand and supply Factors' have been kept as theoretical orientation. The data shows that child labor in the area is the outcome of various social, cultural factors including joint family system, divorce, familial conflicts, agriculture-based-economy and large family size.

Study Background

Child labor has serious consequences that stay with the individual and society longer than their years of childhood. Young workers not only face dangerous working conditions but also encode long-term physical, intellectual and emotional stress. They face an adulthood of unemployment and illiteracy (United Nations Secretary General, Kofi Annan, 1999, Okpukpara, B.C, & Odu-rukwe, N., 2003). The literature support that such work deprives children of their childhood, potential and dignity; and is harmful for their physical and mental development shall be known as child labor (Mazhar, 2008). In this context, child labor refers to work that is mentally, physically, socially, or morally hazardous to children and/or interferes with their schooling by depriving them of the opportunity to attend school, obliging them to leave school prematurely or requiring them to combine school attendance with an excessively long and heavy

workload (ILO, 2005, Program for the Elimination of Child Labor, 1999, CRC, 1989, Art. 32). Besides, there are opinions regarding child age and work whereas child laborers would include children younger than the age of 12 who are economically active; engaged in more than light work; engaged in the worst forms of child labor in which they are enslaved, forcibly recruited, prostituted, trafficked; forced into illegal activities; exposed to hazards (ILO 138, 1973; 182, 1999, UNESCO, 2008).

In many countries, there is a cultural and situational need for child work i.e. in an agricultural economy children are mostly engaged in farms, markets, streams, paid-jobs with parents to learn and to integrate them into the society (Nnaemeka, 2011). Because, to face the challenges of life in the future there are needs and requirements, children shall not be included in child labor (Okafor, E. 2010). Such work of children

is for sustaining the self - survival; maintaining familial life; supporting family at the loss of their own personal growth and development (Bhargava (2002). Such works are considered useful giving practical education and trainings, etc. (Mazhar, 2008). Ray (2000) in this context is the view that children working along with their parents in household chores, family enterprises or agriculture may be helpful in developing capabilities and learning potentialities in children which usually are considered socially valuable qualities mostly linked with various social and cultural factors and indicators. Mazhar (2008) argues that the low rates of productivity growth further contribute to the intergenerational poverty trap and hamper economic growth that ultimately is a leading factor in hazardous child labor (ILO Convention 182: 1999).

The trend of child labor in third world is mostly associated with poverty as serious determining force (Mazhar, 2008) sometimes, with families having low educational background and disadvantaged position (International Labor Organization, 2008, Psacharopoulos, G. and Woodhall, M. 1997). Further, child hawking involve a wide range of labor in Nigeria and the South-East zone where children hawk a wide range of cheap articles, edibles and products such as sachet water, plantain chips, bread, biscuits, okpa, ugba, fruits, vegetables, wears, newspapers in the streets and along the roads especially at damaged portions of roads where motorists and other road-users are constrained to slow down due to the bad condition of such roads (Nnaemeka, 2011).

Most of the child labor is bonded labor which refers to situations where a child's labor services are offered in exchange for a loan (Genicot.G., 2000) and such practice occur for a child alone or for the whole family as well. Millions of people are still held in bonded labor around the world (Human

Rights Watch Asia, 1996, Mazhar, 2008). He or she gets up very early in the morning and begins his or her work by fetching of water from a nearby well, balancing the heavy jug on his or her head as he or she returns, prepares breakfast, serves it, work their remaining jobs till evening and late in night (Okafor, 2010). Thus as a problem, child labor is concerned with damaging a child personality and future life as well and is mostly associated with various socio-cultural, economic and other multifaceted determinants.

Argument and Justification

The issue of child labor is one of the major concerns of the third world as various factors are involved in the promotion of child labor. Children faces higher risk and hazardous conditions in those places where they are involved in child labor activities. Among the various issues, child labor in an early age not only destroys the learning capabilities of the children but also may lead to lower down the earning capacities as well as educational loses in the future (Psacharopoulos, 1996). Bhargava (2002) also indicated that child work in the early age have multiple effects on the food and nutrition of the children as well as deprived children of education. Child labor has been regarded as an obstacle in child's education as well as prosperity in life while child labor is regarded as key factor in achieving Millennium Development Goals (MDG). Such internationally approved principles recommend the removal of child labor for better education and prosperity of the nation and give emphasis access to basic education, and defining the age and work for a child to perform (ILO Convention 182, 138 and Heady, 2003). In this regard, the current research explores the various social and cultural determinants responsible for child labor in Pakistan, particularly in Pakhtun society with reference to

Batkhela city at Malakand Division in Khyber Pakhtunkhwa. The study focuses on the conditions that compel children towards labor and are becoming disadvantageous in many of the aspects of life including economy, education, health, recreation and even social and physical development along-with moral and psychological growth. Specifically, the concern of the current study is upon such determinants associated with social structure, familial relations, divorce and even familial conflicts that seem to be playing a pivotal role in increasing child labor. The specific objectives of the study include:

Objectives of the Research

1. To know about the socio-cultural determinants of child labor in machine workshops
2. To assess the role of broken family, divorce, marriage and familial conflicts in child labor promotion

Hypotheses of Research

This research seeks to analyze the following potential hypotheses:

H-1: the normative social structure and traditional way of living contribute in child labor

H-2: Family disorganization, divorce among the parents and familial conflicts are the major determinants in promoting child labor

Methodological Procedure and Theoretical Framework

A survey of the various mechanical workshops in Batkhela city was conducted in September, 2013 (which was completed in two months) for obtaining firsthand information regarding the total number of workshops, number of children, familial status, conflicts and other relevant information. For quantitative analysis, a list of all the population of children was prepared i.e. 4355

children working in different capacities (average 2 to 8 children were found working) and a sample of 200 children of all age 5 to 18 year were randomly selected giving maximum representative to all age groups. The data was collected by using both aspects of qualitative and quantitative research where the quantitative approach had generated information about various aspects of child labor, determinants through interviews using an interview schedule from children while the qualitative methods have been utilized in the form of observations, case studies, comparison and other aspects related to the literature obtained and discussions made over the field data as well as other parts of the research as adopted by Gray- (2004), Mazhar, (2008) and Kottak (1991). The data processing was performed in various phases (i.e. editing, classification, and presentation) through SPSS (Version 18) and even in Excel and MS Word for tabulation and charts presentation. Through Chi-Square test, the association of various determinants of child labor have been analyzed at the 5% level. The current research has been framed under 'Human Capital Theory' given by Tharenou, P., Saks, M. and Moore, C. (2007). The second major work is 'Demand and supply Factors' as the dominant theoretical orientation. The approach has also been supported by ILO (2006), Goode (1959:147), Kiker, (1966:485), Baland and Robinson, (2000), Canagarajah and Nielsen (2001) etc. Besides, support has also been taken from the work of Amin, Shakil, M, Rives, M, Janet (2004)- Grimsrud, (2003), Jafarey, (2002), Silvers, J. (1996), Baland and Robinson, (2000), Rosenzweig, M. 1982. Lavy: 1996, Nielsen:1998, Grootaert :1998).

Results of the Study:

Socio-Cultural Poverty, Norms, Values and Child Labor

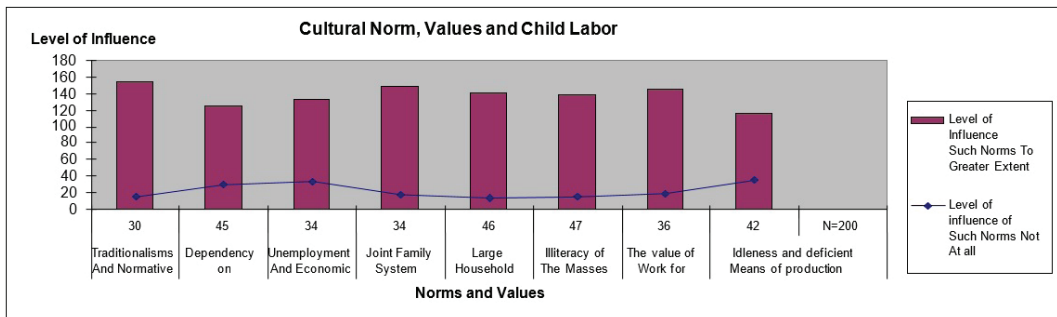
With regard to the current study, the research community possess and have its own social and cultural structure. The area is mainly dominated by traditionalism where majority of the subject respondents were of the opinion that the lives of the people are governed by the normative and traditional values of Pakhtun social structure. *Pakhtunwali* (traditional codes or way of life) dominates lives and thus it is believe that a child shall respect and obey the orders of their elders and shall work with them in the field, market or any place they deserve. Similarly, the field research provides details about the family structure. The majority of the population is living in joint families. The number of person in the household remains large and thus mostly is dependent on the earning of many hands in the family. There are many dependent members in a family and even females have to work hard to support their household. It is culturally believed that sending a child to the labor market is much better than their spending many years on getting education. Similarly, the major portion of the respondents belonged to an agriculture economy, working in fields of the rich people. During time of harvest and reaping, they strongly need the help of many hands, particularly of children. Thus, children are socially and culturally responsible to work in field and other areas.

Many of the cases were found during interview among the children that they are busy both at home and in the workshop. Even sometimes, they can't decide what to opt for work and which shall be the priority at first. The majority of children were found busy doing multiple activities in a day i.e. work in machine shop, bringing various vehicles, to clean, give services to the elder (owner of the workshop) along-with helping

their parents at home. Such schedules rigorously comple them to work for more than 15 hours a day which is socially and legally not acceptable. In this context, one of the interviews noted in the field can best describe the actual situation. The respondent was questioned about the various social and cultural norms, his schedule and activities in a single day. The summary is given here:

It is our familial and cultural norm to act according to the order issued by our elders. I live in joint family of 11 members in a small rented house. My three elder brothers are working in different areas i.e. one is a tailor, the other work on fixed pay at a shop while the elder is helping my father in fields and family matters. All of us are busy in different jobs from morning till evening i.e. I wake up early in the morning and bring milk and other daily items from the bazaar. After my breakfast, I help mother in various activities and then come to the mechanical workshop. Here I am busy in various tasks including bringing different material and items, washing and cleaning of parts of engine, vehicles, service etc and sometime to pay visits to the house of owner to bring items of daily use from the bazaar. I am also in touch with my father and brother in the field and providing services when needed to them. Many times, I came across with work for more than 15 hours a day and even on a single holiday I have no spare time to play with friends.... (Extract from an interview).

The field data obtained through the interview schedule also indicates that socio-cultural factors and poverty have much to do with child labor promotion in the area. The data has been given in the following diagram



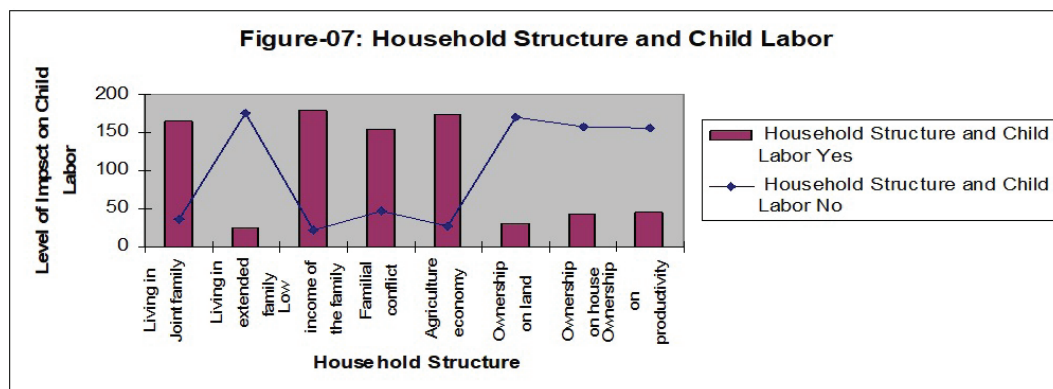
Household Structure and Child Labor

With respect to the current research study, it has been observed that dominant *Pakhtoon* traditional family joint family system is in vogue in the area and it is considered as greatest source of social insurance (Naz, A. 2011, and Naz, et al. 2012). The majority of the research participants are residing in joint family system where they bear common expenses not only for household activities. Further, the field observations shows that this system is a factor in the promotion of child labor in the area because economic support to family is hard to meet with earning of a single person. The field information support the literature and it is noted that majority of the elements i.e. study population belongs to the agricultural background and most of the time such children remain busy in field with the parents to earn for their family and thus is a source of child work in future.

Analysis of the field research and its discussion with the population under study, most of the hypothesis that considered the large family size i.e. joint or extended as the source of child labor in the area. The household structure can give a rise and fall in the ratio of child labor and most of the respondents agreed upon the notion that household's structure (in case of large family) put human being in a struggle for survival. The cases analyzed were the true examples and the information narrated by one of the child is given as under:

The family members are more than 13 where my parents, uncles, grandparents, brothers and sisters are included. My father work in fields and is helped by my mother and uncles while all the children also contribute in this matter at time of reaping and harvesting. The limited income resources of the family push all of us to go to works and to earn for our family. Only one of my brothers and two sisters are going to schools but schooling is supported by the neighbors. The incidents of quarrels, conflicts upon petty issues and visit to a doctor are the routine activities in our family... (Statements from an interview)

Analysis of field data and other such details confirm that child labor among the local community is due to the structural and functional requirements of the people. People send their children into the labor market due to their familial and household requirement. Most of the children in the machine workshop were of the opinion that majority of the work force of children belonged to large families with very low economic resources and even to them, their mother and sisters most of the time are engaged in the earning process. The information with regard to the household size and its impact on child labor is given here:



Family Disorganization and Child Labor

The current study and the field research about the role of family disorganization in child labor promotion have been analyzed through in-depth interviews with children and their immediate teachers. Cases with particular emphasis on the issue of family disorganization are given with reference to the secondary data and prove that family disorganization is playing a dominant role in child labor in the area under study. The concept of family disorganization in the field data has multiple directions. Among them, familial conflicts are the major concern where the field information is supporting such disputes to a major extent. Most of the children are of the opinion that there is conflict among their parents and most of conflicts are the outcome of a lack of the family necessities. According to interviews conducted in the field, majority of familial conflicts are associated with loans and dependency on economic benefits obtained through loans from well off people. However, the data indicates that the return of such loan then become impossible for family elders which ultimately is responsible for familial disorganization in the form of parental conflicts. Similarly, the field data and interviews with the owner of the workshops further confirm that most of the time, conflicts on such pity issues become severe and

may lead to gravity in the parent's relations or may sometimes become an easy excuse for separation. During the field visits, one of the cases of family separation was observed seriously and can authenticate family disorganization as a factor in child labor. The narration of the mentioned case has been given:

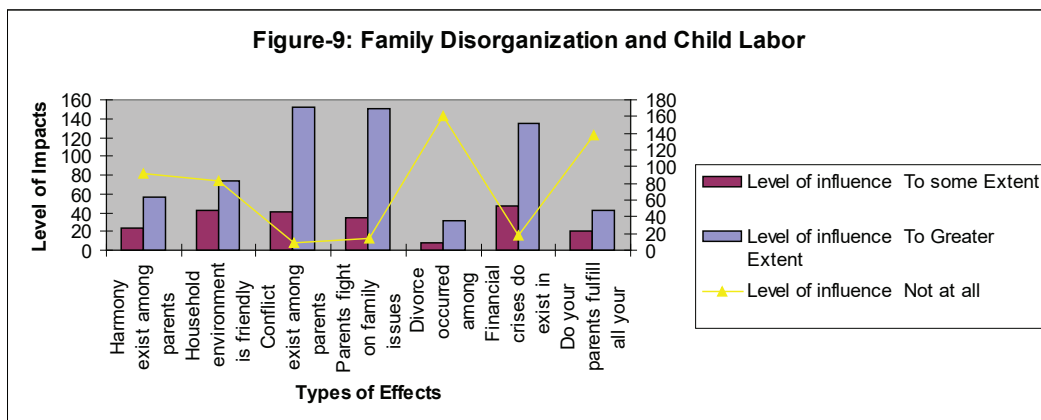
Our family is very poor and we have no such income generating resources in hand. Our family is surrounded by miseries in the form of loans, economic dependency, and other domestic issues related to education, medical treatment, and marriage of the sisters and even expenses of the household. We have taken daily item from the shops and also from the main bazaar regarding our household expenses and the loan has currently crossed the figure of Rs.25,000/- where the shopkeepers visit regularly to our house for getting their loan back. Although, we are trying to combat with the issue but still we are far behind to return the amount. Besides, there are regular conflicts in our family and even my mother has left for home many times and stayed with her own parents..... (extract from an interview)

In the context of family disorganization, field research links such disorganization of unhappy family relations among couples. An unhappy and conflicting atmosphere created by social issues i.e. income, medical

facilities, problems in child socialization, education provision and its non-fulfillment create a scenario of dissatisfaction among husband and wife that ultimately is a leading factor in throwing children into the worst form of child labor. Field research with regard to marriage dissatisfaction has been observed from field data and most of the children were of the opinion that there is conflicting atmosphere inside the family and even conflicts on minor issues among their parents. Similarly, marriages among their parents have shown many time overt and even violent kind of behavior leading to separation of couple. Besides, even there occurs a fight between parents that even many times make wounds on the body of the mother as proclaimed by many of the respondents. In a similar context, one of the respondents told the story of their parents fight as narrated in the following lines:

we feel better in our workshops than the house..... (extract from an interview).

Field data and many other aspects analyzed indicate that family organization play an important role in child education and promotion of excellence in character building among them. However, while questioning the children, a majority of them were of the opinion that the reason of harshness and disobedience among many of the laborer children is associated with family disorganization and disharmony among parents. Aspects of organization and harmony are found missing in many of households of the area leading towards child labor and child work as well. The information has been graphically presented in figure-09 below while the tabular data has been presented in table-09 (See Annexure-A).



My father and mother have no ideal relations with each other and many of the times, they we have confronted conflicting situations with one another. Similarly, even children at the home feel exhausted of their conflicts because the exchange of words among them is very harsh and even the beating of my mother make injuries on her body as well. There is no harmony at the home and

Discussion over Results

The information and findings of the test statistic with regard to hypothesis-1 prove that social and cultural determinants, i.e. poverty, norms and values, household size and structure are the major reason in child labor. The test statistic i.e. (Chi-Square application) about the social norms and values on the .05% of confidence level indicates

that the proposed hypothesis is accepted for the data grouped under various variables. The Pearson Chi-Square Test confirmed to the value of 333.342, D.F. 04 and the value of P is .000 shows significant association of norms and values with child labor promotion. In a similar way, the household size has been evaluated with chi-square and the values for the table have been obtained through SPSS which confirm the association for household size and child labor. The value of chi-square results is 156.344., D.F. 05 and the value of P is .000 that shows a significant association between household size and child labor with ratio of .05% confidence interval. Similarly, data regarding hypothesis-2 which is about family disorganization, divorce and broken family system, conflict among parents are further analyzed. The value of the Chi-Square test indicates that there is significant association between family disorganization, divorce and parental conflict and child labor where the association of family disorganization and child labor has been proved with $P=.000$ D.F. 4, chi-square value is 135.222 and the level of significance i.e. .05% and 95% confidence interval validate the hypothesis.

Conclusion and Recommendations

On the basis of the data obtained from the field, their analysis and statistical conclusion with theoretical discussion, the researchers recommend the following:

- Research confirms that there are various social, cultural determinants in the area where by as it is impossible to eradicate child labor in such a rigid atmosphere. However, through propagation of education as the basic right of a child and its implementation through the concern authorities can reduces the hold of such aspects to a greater extent.
- Youth and children are easy victim in the early age and if we look at the area, there

is no importance given to education in general, child education in particular. An image of the educated community shall be propagated and the age limits shall be strictly observed in machine workshops as well as other such places.

- Familial organization in the local area is disrupted and there are conflicts among family members on issues related to family income and other such minor issues. Besides, there are more chances of divorce and separation among family members which deprive children not only from parental care but also push them in the labor market. Such issues shall be treated according to the custom and traditions , the law enforcement agency shall be involved to take care of the matter.
- Similarly, family coordination is also necessary the expenses shall be made according the priority of the family. In this regard, a proper saving scheme shall be initiated to keep some money for difficult times and shall be utilize for child education.

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Hospice and Palliative Medicine in the Republic of Poland, Romania & the Slovak Republic: Policy Implementation, Medical Economics, & Clinical Outcomes

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Abstract:

Objective: The aim of this research is to compare the current state of hospice and palliative medicine in The Republic of Poland, Romania, and the Slovak Republic.

Design: The paper is a secondary source literature review.

Results: Hospice and palliative medicine are well integrated into each national healthcare system, but proper funding is needed in order to continue expanding this form of care and reach all patients in need.

Conclusion: Since the 1990s, Poland, Romania, and the Slovak Republic have made significant strides in developing hospice and palliative medicine and integrating this care into their national healthcare systems. Opportunities for future development include creating models for funding through the national healthcare systems and expanding home-based palliative care modalities.

Development

Polish Palliative Care

The term “hospice-palliative care” is commonly used in Poland, originating from the necessity for special care of terminally ill cancer patients (Schmidlin, 2012). The beginning of palliative care in Poland is associated with the democratic opposition in the 1980s. Earlier in 1978, Dame Cicely Saunders visited Gdansk, Warsaw, and Krakow, supporting an organization of palliative care in Poland. By 1981 palliative care societies, which had previously been only informal, became formal and officially registered. Both institutional and home-based hospice care existed in all larger cities in Poland in the 1990s (Swietlik & Doboszynska, 2009).

In Poland, many of the palliative care organizations are run by religious organizations, considering the Polish palliative care movement began primarily as a religious undertaking. There are also nearly 200 institutions within the national health care service created by civic associations. Though they still have many volunteers, they have evolved from fully volunteer hospices in the beginning (Schmidlin, 2012). In 1991, National Forum of the Hospice Movement was founded, and in 1998, Poland officially offered a specialization in palliative care for both physicians and nurses (Swietlik &

Doboszynska, 2009). According to Dr. Stephen Connor (personal communication, April 3, 2017), the Executive Director of the Worldwide Hospice Palliative Care Alliance, today Poland is one of the model nations for palliative care development in Central Eastern Europe.

Romanian Palliative Care

In Romania, the concept of palliative care arose in the late 1980s from a need to care for HIV/AIDS patients, specifically children (Mosoiu, Andrews, Perolls, 2000). As the result of a heavily regulated system, gaining access to opioids was extremely difficult, and Romania’s annual morphine consumption was among the lowest in Eastern Europe (Institute of Medicine, 2007). Since then, a number of developments have turned Romania into a regional leader in end-of-life care. The palliative care movement gained momentum in the late 1990s, with the support of a philanthropists from the United Kingdom, Graham Perolls. Through that support, the first home-based hospice in Romania, *Hospice Casa Sperantei*, opened in Brasov in 1992, covering an area with a population of 400,000 (Hospice Casa Sperantei Annual Report, 2015).

Today *Hospice Casa Sperantei* has become a model institution, now replicated in other parts of Eastern Europe, while its funder, the Hospices of Hope, has helped establish partner organizations and hospice care programs across Romania and in the Central Eastern European Region (*Hospice Casa Sperantei Annual Report, 2015*). According to the Annual Report for 2015, during that year 3,498 children and adults received services free of charge. There were “17,531 home visits, 849 hospice inpatients, and 4,867 received consultation from the outpatient clinic.” Additionally, in Romania individuals can redirect 2% of their income tax to the care of patients with incurable illnesses. In 2015, “18,500 donors chose HOSPICE, redirecting a total of 301,000 euros to the organization. There is no cost to the donor.”

Slovak Republic Palliative Care

In the Slovak Republic, palliative medicine was developed on the principles of pain management for the terminally ill, developing primarily in the 1990s. The term “hospice” first appeared in legislative documents in 2000, and the first hospice was *Matky Terezy Hospice* in Bardejovská Nová Ves, established in July 2003. Many other hospices followed after that, and by 2006 palliative care was adopted in multiple care settings such as outpatient departments, hospitals, hospice institutions, in the home setting. In 2014, eight hospice facilities had 154 beds, and 94 beds were in hospital-based palliative departments (Križanová & Škripeková, 2015).

Policy Implementation

The most important, practical healthcare policy that affects the quality of palliative care in a country is its opioid access laws. Everything done in palliative medicine revolves around pain management. “Pain

management opens the gate to bringing in all the rest that we know—the social, spiritual, cultural issues that are there,” says Anne Merriman, founder of Hospice Africa. “With pain control, people can start to think again.” (*The Economist, 2010*).

The World Health Organization (WHO) decreed that adequate pain control is an essential component of caring for cancer patients, and there is no other measure that can improve the quality of life of that population as much as palliative care (*The Economist, 2010*). In order to achieve quality pain control, the WHO and the International Association for Hospice and Palliative Care (IAHPC) have a published list of recommended opioid formularies, with the WHO recommending four formularies and the IAHPC recommending seven formularies. The chart below outlines the specific recommendations on opioid use.

	WHO essential medicine 2007	IAHPC 2007
Codeine	X	X
Morphine, PO immediate release (tablet or liquid)	X	X
Morphine, PO controlled release	X	X
Injectable morphine	X	X
Oxycodone, PO immediate release		X
Fentanyl, TD		X
Methadone, PO immediate release		X

WHO, World Health Organization; IAHPC, International Association for Hospice and Palliative Care; PO, oral; TD, transdermal.

(Cherny N, Baselga J, de Conno, F, Radbruch L, 2010)

All three countries provide access to all recommended medications, but this was not always the case.

Another aspect of opioid availability is how easily physicians can provide patients with the necessary medication, and regulations vary by country.

	Regulations require patient permit/registration to receive opioid prescription			Physicians need permit to prescribe opioids		
	Out Patient	In Patient	Hospice	Oncologist	Family MD	Surgeon
Poland						
Romania						No data
Slovakia						

No Permit Needed
Permit Needed

(Cherny N, Baselga J, de Conno, F, Radbruch L, 2010)

In February 2002, Romania, because of its severe restrictions on access to opioids, was selected as a pilot for follow-up from a workshop run by the University of Wisconsin Pain and Policy Studies Group, which is part of the World Health Organization’s European Office and the Open Society Institute (Mosoiu, D., *et al.*, 2006). During the years of 2003 to 2005, in partnership with University of Wisconsin at Madison, the Ministry of Health and its Palliative Care Commission prepared revisions of Romania’s national narcotics law and regulations. Their recommendations were adopted by the Romanian Parliament in November 2005, and the new law eliminating the regulatory barriers eased access to pain medication for dying patients (Institute of Medicine, 2007). These regulatory changes played a significant role in Romania becoming a regional leader in the provision of palliative care.

Not all physicians are able to prescribe opioid medications to their patients in all three countries. Currently, only Poland allows all physicians to prescribe opioid medications to their patients. In both Romania and the Slovak Republic, only oncologists, surgeons and some pain specialists can prescribe opioid medication. No family medicine physicians can prescribe opioids, and currently in the Slovak Republic, no palliative physicians can prescribe opioids (Cherny N, Baselga J, de Conno, F, Radbruch L, 2010). Additionally, Romania and the Slovak Republic require that most patients who are to receive the opioids register and receive a permit stating that they are indeed eligible to receive the medication. If a patient is an inpatient in a hospital, no permit is needed, but on an outpatient basis, permits are required, though steps have been taken to ensure that permit processes are not burdensome for patients. Poland has no such permitting process and any patient who

has a prescription for an opioid may have the prescription filled. Additional regulations exist on the amount of opioid medication that may be prescribed at one time. Poland allows physicians to prescribe an unlimited number of days per opioid prescription. In Romania and Poland, each prescription is limited to a 30-day supply (Cherny N, Baselga J, de Conno, F, Radbruch L, 2010).

Level of Integration

Another aspect of hospice and palliative medicine policy in each country is how well palliative medicine is integrated into the national health care systems. The Worldwide Hospice and Palliative Care Alliance created a Global Atlas of Palliative Care at the End of Life (2014), and in this atlas the organization developed categories for how well palliative medicine is integrated into the mainstream service provision. Both Romania and Poland are at a 4b (the highest level of integration), and in 2014 the Slovak Republic was re-categorized from a 3b to a 4a (the second highest level of integration). Both Romania and Poland being at a 4b means that palliative medicine is at an advanced state of integration into the mainstream service provision. This is because of the following facts about the country's palliative services:

- comprehensive provision of all types of palliative care by multiple service providers
- broad awareness of palliative care on the part of health professionals
- unrestricted availability of morphine and all other strong pain-relieving medicines
- substantial impact of palliative care upon policy, particularly public health policy
- existence of a national palliative care association
- (Worldwide Hospice and Palliative Care Alliance, 2014)

Slovakia's category 4a means:

- many hospices had opened in the country
- hospice beds were now available in hospitals and teaching hospitals
- palliative care being implemented into postgraduate education for physicians and undergraduate education for nurses
- a Chair of Palliative Medicine at Slovak Medical University had been established
- good availability of morphine
- national association of palliative care (Slovak Association of Hospice & Palliative Care)

(Worldwide Hospice & Palliative Care Alliance, 2014).

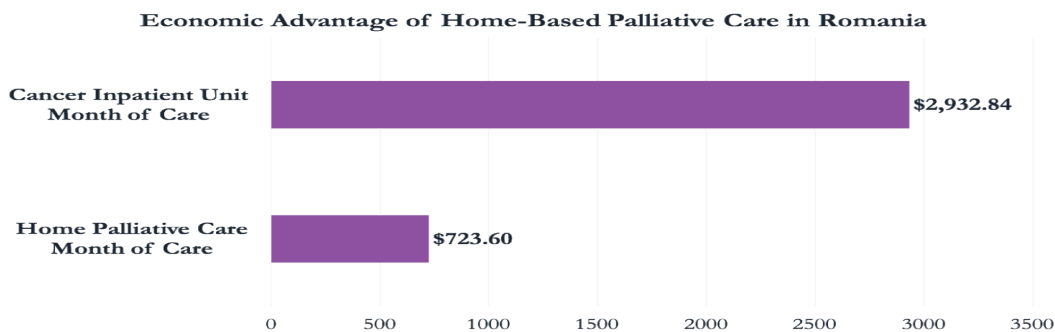
Medical Economics

As palliative medicine becomes further integrated into mainstream service provision, it becomes important to understand how much it will cost, and specifically how much it will cost to provide quality palliative care. With a limited amount of financial resources available to devote to palliative care, it is useful to develop a standardized costing framework. Studies of palliative care wards in Poland show that payments from the national health system cover only 60% of the costs incurred by the units (Ciałkowska-Rysz, 2016). In Slovakia hospices, 40 – 60% of the cost of inpatient palliative care is paid for by patients and families, as the health insurance companies do not consider hospices to be necessary medical facilities. And for outpatient care, patients must contribute to the cost of medications (Križanová & Škripekov, 2015).

A 2014 study in the *Journal of Pain and Symptom Management* developed a costing framework for palliative care (Mosoiu, Dumitrescu, & Connor 2014). Using Romania as a model, the authors developed

cost analysis elements for palliative care providers in two different settings, the inpatient units and home-based palliative care. First, an interdisciplinary group of palliative care experts identified standards of quality palliative care delivery in the inpatient and home care settings. Surveys were conducted of government agencies and palliative care providers to identify payment practices and budgets for palliative care services. In the second phase, unit costs were defined and a costing framework was designed to measure inpatient and home-based palliative care unit costs. The final phase was advocacy for inclusion of the calculated costs into the national funding system. It was the author's intent that the framework could be applied to many countries (Mosoiu, Dumitrescu, & Connor 2014).

Through the Romanian study, the significant economic benefit of home-based palliative care became evident as represented in the graph below:



(Mosoiu, Dumitrescu, & Connor 2014)

Home care allows the patient to receive care in their preferred environment and to have greater independence and control of the care, in addition to involving the family in daily care with support from a specialized team. From an economic standpoint, home care involves less financial and

human resources and offers care to a larger number of patients. This demonstrates that with a finite amount of funding available in national health care systems, an investment in expanding home-based palliative care is of great economic value (Mosoiu, Dumitrescu, & Connor 2014).

Clinical Outcomes

The most important aspect of hospice and palliative care is the impact it has on patient care and clinical outcomes. There is a direct, measurable change in the quality of care patients receive once they elect this form of treatment. As demonstrated by Mosoiu (2014), the average patient admitted to hospice services had 13.4 symptoms on admission. These were symptoms such as pain, nausea, anxiety, and fatigue due to disease progression and often the side effects of curative treatment the patient had undergone prior. By the time of death, the patient

had improved to only have an average of 5.4 symptoms. Additionally, the remaining symptoms were reduced in severity, with any pain being lower on a scale of 1-10, and other symptoms being much less distressing, such as dry-mouth, which is often a side effect of medication (Mosoiu, D. 2014).

In addition to improved symptom management, patients experience an improved quality of life. This is due in large part to the physical relief they experience, and also because many palliative care programs offer care at home, in a familiar environment for the patient. Caregivers are also less likely to experience depression and mental health issues after the death of their loved one (Mosoiu, D. 2014). An inter-disciplinary approach ensures the whole person is cared for, body, mind, and soul, which is beyond only managing a disease. And the interdisciplinary team also facilitates better decision-making as they are able to help align treatment with the patient's wishes and are involved in all care transitions providing a greater continuity of care and consistent follow-through on the plan of care (Mosoiu, D. 2014).

Conclusion

One of the unique and sacred aspects of palliative care is that there is only one chance to get it right. Patients only die one time. A daughter will lose her mother only one time, a husband will watch his wife die only once, and health care systems only have one chance to ensure that a patient's death is a good death. With the medicines and medical expertise available in the world today, no one should live in pain or distress until they die. Poland, Romania, and the Slovak Republic have undertaken significant work since the 1990s to ensure that those with life-limiting illnesses in their country can die in comfortable dignity, fully living as many days as they have left.

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Struggling for Survival: The Intricate Relationship between Poverty & Hiv/Aids In District Dir Lower, Khyber Pakhtunkhwa

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Abstract:

Poverty a multifaceted phenomenon has been defined as hunger, deprivation, constrained choices and other interrelated features that impact upon the standard of living and quality of life of people. Poverty not only consists in the absence of financial capital but also includes an inability to access education, a doctor, information, social assets and skills. There has been a close association between poverty and HIV infection. HIV/AIDS is widely known around the world where the disease is destroying the lives and livelihood of tens of thousands of people. A major portion of infected people are found in developing countries like Pakistan. The issue calls for the immediate attention of the research community because of its rapid spread in Pakistan. The current research was conducted with the objectives to identify the relationship between poverty and the spread of HIV/AIDS. The study applying a qualitative research approach was conducted in District Dir Lower, Khyber Pakhtunkhwa. Primary data was collected from fifteen (15) respondents through in-depth interview (using an interview guide) while the selection of the sample was made through non-probability sampling using a purposive sampling technique. Further, the research was analyzed qualitatively and a thematic discussion was made to clarify the issue under study. Research concluded that poverty and the spread of HIV/AIDS have close association and some remedies were also suggested in order to control the spread of the disease.

Introduction

Health is a valuable and crucial asset for people and ill health is often associated with many factors including poverty (WHO, 2003). Poverty exposes people to various health hazards and infectious diseases such as malaria, diarrhea, tuberculosis, HIV and other risks through malnutrition, and lack of basic services of life (Pattanayak & Paff, 2009). The Human Immune-deficiency Virus (HIV) is principally a sexually transmitted disease, and most of medical scientists agree that HIV cause the syndrome (AIDS). The transmission routes of HIV i.e. unprotected sexual intercourse, blood transfusion, sharing of HIV contaminated needles, breastfeeding, blood products and artificial insemination show that HIV transmission is caused by many interrelated factors (Karewa, 2000). It was during early 1980s that

HIV/ AIDS was first clinically identified in the USA, however, currently the disease is more prevalent in the developing countries including Pakistan (Okeregebe, 2000). In the developing countries the higher prevalence rate of the disease is because of poverty, poor knowledge of hygiene and poor availability of disease preventive measures. The combination of low level of knowledge and poverty further lead to: poor environmental situations; adverse sanitation; malnutrition; overcrowded dwellings, limited availability of portable water increase the risks of HIV.

Poverty is a multifaceted phenomenon that includes hunger; having no shelter; an inability to see a doctor during sickness to maintain a minimum standard of living (World Bank, 2008). Deleck, *et al* (1992)

defined poverty as a relative term that includes several multi-dimensional and dynamic aspects including social, economic and psychological. There have been close links between poverty and HIV/AIDS; poverty contributing not only in the spread epidemic but also producing poverty in its turn. Similarly, HIV/AIDS strongly interacts with poverty and such interaction has increased the intensity of vulnerability of those households who were already vulnerable to the shocks of poverty (Gaanyaza & Segeer, 2005). The strong association between HIV/AIDS and poverty is also evident from the fact that the disease exists more in resource poor countries and communities (UN, 2004).

At the same time, poverty is perceived as both a cause and an outcome of HIV/AIDS because HIV/AIDS impact households and families when income earning adults in poor households become ill and require treatment, care and thus household expenditures increase due to medical treatment and care costs (Heiland & Lexow, 1999). Similarly, poor households, most of the time exhaust their savings losing their economic resources to pay for the medical care of sick members; their productivity becomes severely reduced. In poverty stricken and least developed countries poor people are further exposed to greater risks including contracting the HIV infection (Barnett, Whiteside & Desmond, 2001). Poverty then promotes negative and fatalistic attitudes. Many poor people consider it less important to protect themselves from risky sexual and other behaviors, so individuals in such conditions are poorly motivated to take the necessary measures to protect themselves from HIV (Bachmann & Booyesen, 2004). HIV is not only a medical disease but many other factors including poverty is at the core of spreading the disease. Being a developing country in Pakistan the risks of HIV spread is further intensified by: lack

of awareness; poverty; lack of HIV related education; lesser or no access to HIV treatment centers.

Statement of the Problem

Poverty and HIV/AIDS are closely related with each other and could result in having the ability to reverse the economic development in many countries including Pakistan. In Pakistan, there is a rapid increase in HIV patients (World Bank, 2003). In the absence of a comprehensive poverty reduction and growth strategies in Pakistan, currently there is little chances to control or eradicate the disease in the near future (UNDP, 2012). Although, there have been certain health sector interventions, these are not sufficient at providing support to those deprived and susceptible to HIV. In recent years, no significant improvement has been observed in understanding of the consequences of HIV/AIDS. Similarly, those socio-economic factors that drive the HIV epidemic in Pakistan are not well understood, which further deteriorates the situation and thus resulted in the increase number of untreated HIV population (Barnett *et al.*, 2002). Poverty increases the vulnerability of an individual and decreases the capability of a person to avoid the infection. These may include limited knowledge, information and skills required to protect from HIV; inability to access health care services; no affordability of treatment costs (UNAIDS, 2008). The relationship between HIV/AIDS and poverty is complex. HIV is both an outcome and cause of poverty as it results in depletion of income resources; reduces the ability of assets accumulations; intensifies the process of economic exclusion (Collins & Rau, 2000). Similarly, poor people are unable to meet their basic needs and are vulnerable to engage in risky behavior such as use of contaminated needles; unprotected sexual intercourse; poor hygiene practices

including commercial sex (Iceland, 2005, (Dibua, 2010, Yekaterina *et al.*, 2012). It was emphasized that poor people including young female labor, migrant workers, and other economically disadvantaged people are more exposed to HIV infection. Thus, the current study was conducted in District Dir Lower of Khyber Pakhtunkhwa, with the objectives to find out the relation between poverty and the spread of HIV/AIDS.

Methodology

A qualitative study design was adopted for conducting the study. A study sample was taken from the total registered HIV infected patients from District Dir Lower. In this regard, the primary field research was collected from fifteen (15) respondents through in-depth interviews (using an interview guide) while the selection of the samples was made through non-probability sampling (using purposive sampling technique). For maintaining the anonymity of the respondent's first alphabet of their names was used as a code and number of their interview was used as a serial number. Further, data was collected from married and unmarried respondents of the age group between 25-50 years. In order to analyze the phenomenon of HIV/AIDS and its close association with poverty detailed primary information were collected from the selected respondents using secondary information as a base. As the study was qualitative in nature therefore the collected information were elaborated, interpreted and thematically discussed in detail and conclusions were drawn on its basis for clarification and understanding of the issue under study.

Results & Discussion

General & Demographic Characteristics of the Respondents

Table 1: General & Demographic Characteristics of the Respondents

Age Group	Frequency	Percentage	Total
25-30	03	20	03
31-35	05	33.3	05
36-40	05	33.3	05
41-50	02	13.3	02
Total	15	100	15
Family Types	Frequency	Percentage	Total
Joint Family	10	66.6	10
Nuclear Family	02	13.3	02
Extended Family	03	20	03
Total	15	100	15
Education	Frequency	Percentage	Total
Illiterate	9	60	10
Primary	03	20	03
Middle	01	6.66	01
Matric & above	02	13.3	01
Total	15	15	15
Marital Status	Frequency	Percentage	Total
Married	13	86.6	13
Unmarried	02	13.3	02
Total	15	100	15

The demographic information shows that respondents who were interviewed belong to different age groups. In this regard, the interviewed respondents were between the ages of 25-50 years. Out of the total respondents 3 (20%) were between the ages

of 25-30; 5 (33.3%) each were in the age category from 31-35; 36-40; while the remaining 2 (13.3%) were in the age group from 41 to 50. The research also reveals that most of the respondents: 10 (66.6%) belong to a joint family; 2 (13.3%) were from a nuclear family; the remaining 3 (20%) were in an extended family systems. Further, regarding education: 9 (60%) respondents were illiterate; 3 (20%) were having primary education; while 1 (6.6%) middle education; 2 (13.3%) metric and above level of education. Similarly, on the basis of marital status, respondents were distributed into married and unmarried categories: married 13 (86.6%); 2 (13.3%) were unmarried.

Poverty & HIV/AIDS in the Area

World Bank (2008) defines poverty as hunger, lack of shelter; poverty is also being sick and not able to see a doctor; having no access to doctor or job. Historically, there have been strong linkages found between HIV/AIDS, and poverty conditions and poverty is regarded as both a cause and an outcome of HIV/AIDS (UN, 2004). HIV/AIDS impoverishes families when working adults in poor households become ill; need treatment and care; household expenditures increase due to medical care costs (Heiland & Lexow, 1999). Similarly, poor households often spend their savings and lose their assets in order to purchase medical care for sick members; their productivity becomes severely curtailed. Primary research and observations reflect similar results as compared to the secondary information where a majority of respondents explain that poverty and HIV/AIDS have close relationship and the disease affect the poor worsely. According to a respondent:

"..We, the poor are badly affected by many diseases including HIV/AIDS. HIV/AIDS intensify our poverty, as we spend most of our saving and medical care.." (4-S-1).

Various research studies show that HIV/AIDS slows economic growth and expose the poor to a greater risk of contracting HIV/AIDS (Barnett, Whiteside & Desmond, 2001). Poverty then fosters a fatalistic attitude that manifests in indifference to high-risk sexual and other behaviors; individuals in such situations are poorly motivated to take necessary steps to protect themselves from HIV (Bachmann & Booyesen, 2004). In this regard a respondent affirmed that:

"..Because of poor economic condition also both men and women are compelled to involve in risky sexual and other behaviors that cause the contracting of the disease..." (5-T-4).

Similarly, poor households may find it even more difficult to exonerate themselves from dire poverty due to HIV infection. Rather they are further exposed to HIV because of their risky behaviors. While HIV intensifies poverty and generates a culture of poverty this circle of poverty is likely to repeat itself and so be felt over generations (Cohen, 1998). A majority of the participants believe that HIV/AIDS long term consequences are not only limited to us but will be felt by our children as well. It was substantiated by respondent during interview that:

"..Our children will also bear the long-lasting consequences of HIV/AIDS as in absence of adequate economic resources they will remain vulnerable to the infection. ..." (2-G-5).

HIV/AIDS appears to have strong interaction with poverty and the depth of vulnerability, intensified on the disadvantaged and poor households and communities.

Poverty, Risky Sexual Behavior & HIV/AIDS

In patriarchal societies men hinder women access to achieve elevated socio-economic status and control the social system, resources, family and opportunities (Mason, 1986 & 2001). Kabeer (2000) asserts that in patriarchal societies men make the decisions regarding health, education, family planning and residence. As men are expected to be the primary breadwinner for their families, women often experience poverty; have lesser control over economic resources; make productive and reproductive decisions which lead to the poor socio-economic position of women in society (Folbre & Bruce, 1988). During interviews a respondent was of the opinion that:

"...In our society men control economic resources and make major decisions regarding family affairs, while women have little or no say in decisions and are deprived of exercising economic powers..." (3-M-7).

Studies indicate that many rural men who work outside their homes often replace their rural wives with town women (Cohen, 1993). Similarly, in the absence of proper opportunities to earn livelihood millions of women throughout the world are engaged in commercial sex work on a regular basis, and many other exchange sex for money or goods on an occasional basis (USAID, 2007). Poverty stricken women are at high risks of unwanted pregnancies and of contracting HIV/AIDS and other sexually transmitted diseases (Cohen, 1993). The field data also confirms the same because a respondent argues that:

"...Both men and women both are responsible for illegal sexuality in society. Many men and women are involved in unprotected sexual relations, and women in particular are exposed to the infection ..." (8-W-18).

Due to a persistent increase in economic insecurity women become vulnerable to sexual harassment, exploitation, and ultimately to HIV/AIDS. While commercial sex workers do not use condoms as men will make the decision regarding the use of condom because it is he who pays for the sex (Tobias, 2001). It is evident that both poverty and excess in money contribute in spreading the disease (HIV), while a respondent argues that:

"...Both poverty and abundance in wealth promote commercial sexual practices in society. The poor sell their bodies, and the rich pay for sex and both are responsible for transmitting HIV in our society...." (11-Y-19).

Conclusively, people both men and women are engaged in risky health behavior for their social and economic survival which results in their exploitation, and also promotes sex without condom use and contribute to the spread of HIV/AIDS.

Poverty, Polygamy & HIV/AIDS

The practice of polygamy allows a husband to have more than one wife. The risks of direct sexual transmission of HIV can occur in these sexual relationships because of the presence of multiple cross infections (Tumwine, 2005). In developing countries like Pakistan, inequality between women and men exist, and this gender bias has limited the value, opportunities, rights and economic resources for women (Kabeer & Subrahmanian, 1996). In spite of their high contribution in rural agriculture production, they are not being benefited properly and equally; are economically dependent on their men; are in the clutches of poverty throughout their life. A respondent during a field interview also shares that:

“..Women are working in the agriculture fields, and also perform other domestic tasks levels, but their jobs are unpaid and their economic contribution is not recognized....” (17-J-9).

Further, research shows that in poverty stricken societies polygamy is practiced in order to sustain equity of resources (Gazdar, 2001). There is a strong relationship between polygamous relationships and HIV, and in Africa 42% of HIV positive were in those who have practiced polygamy (Cohen, 1993). Therefore, the spread of HIV/AIDS within polygamous relationships are regarded as higher risks than in monogamous marriages because of the presence and spread of multiple cross infection (Tobias, 2001). Moreover, polygamous women while tired of waiting for their husbands, indulge into extra marital affairs and expose themselves to HIV, so if one woman contracts the virus eventually everyone would be infected (Adow, 2007). An extract from an interview is:

“..Women’s poverty makes them voiceless and they are compelled for polygamous marriages. Infection in one wife or husband will expose all the others to the disease....” (18-S-23).

Similarly, poverty also played an important role in perpetuating teenage marriage in order to ensure financial security; daughters are considered an economic burden in the family (WHO, 2006). Poor parents think that feeding, clothing, and especially educating girls is costly, and the family can recover its investment in a daughter by having her married in exchange for a dowry as soon as possible. Conclusively, polygamy and teenage marriages are practiced in poor patriarchal societies, and risks of HIV within these marriages are more than in monogamous relationships.

Poverty, Livelihood, Nutrition & HIV/AIDS

Livelihood includes assets such as natural, physical, financial and social capital and access to institutions and social relations (Ellis, 2004). HIV infected and poverty stricken households may find it difficult to maintain their livelihood and nutrition, and thus exert tremendous pressure on the household’s ability to provide for their basic needs of food and nutrition (Samatebele, 2005). Such circumstances also compel infected households to spend their savings for medical costs of the ill person and the huge cost of treatment and care will never allow them to live a better life. Most of the field information and information validate the literature and an extract from a field interview explain that:

“...HIV/AIDS has impacted our livelihood and nutrition. Also due to high costs of treatment the inability of the infected person to work thus badly impacts our livelihood and nutrition.....”(13-F-11).

Relevant literature also suggests that HIV is a hurdle to household’s well-being reducing their income and productivity. Waal & Whiteside (2003) argue that decline in agricultural production is attributable to the effects of HIV/AIDS. They further assert that households with a chronically ill person see an income reduction of between 30% to 35% affecting the food security of the household with an infected person. As a result these families will adopt alternate strategies for their economic survival that may also include engaging in commercial sex that puts them in general, and women in particular danger of acquiring HIV infection (Rosegrant, 2001). Field information also shows similar findings and an extract from an interview shows that:

“...HIV/AIDS ruined me and my family economically. I could not maintain my business and am unable to work long hours and hardly bear food expenses of my family....” (16-Z-16).

Poor nutrition is also linked with adverse outcomes of HIV/AIDS, which increase the vulnerability from HIV infection to mortality (Bates *et al*, 2004). Poor nutrition weakens the body's defenses against infections; infections in turn weaken the efficiency of absorption of nutrients, thus contributing to further HIV vulnerability and infection (Nattrass, 2004). Moreover, HIV progress fast in households with poor nutritional status, affect immune system further, and cause the death of ill persons. Regarding, the association of HIV livelihood and nutrition, the respondents explained that HIV/AIDS badly affected the quality of the food and thus we face multiple diseases:

"...I am unable to fulfill food requirement of my children and two of my children are declared as malnourished by the doctor." (9-A-20).

The majority of the informants were of the opinion that that HIV adversely impact income, livelihood, productivity of the infected individuals and families, and there was both direct and indirect economic impacts of HIV/AIDS on the infected people.

Conclusion

HIV/AIDS is one amongst the most devastating public health issues affecting thousands of people in Pakistan. In Pakistan, the disease is rapidly expanding and has tragic consequences on individuals, families, communities and on the entire population both at national and provincial levels. The infection has close association with poverty and exclusively affects the poor and vulnerable people and communities. Economic factors such as poverty; individual and household income; lack of access to productive resources; livelihood; nutrition; economic dependency have made the people vulnerable to HIV/AIDS. This study also concluded that in order to provide treatment for HIV/AIDS patients,

households and families' health care expenditures increased, and further intensify their poor economic position. It also will reduce the size of the working-age population at household levels; reduce the working capacity of the infected individuals; have negative consequences upon social networks; effect family integration and recognition.

Recommendations

On the basis of the findings of the research, the study suggests investment in human resources development; food security; youth employment; gender equality in order to alleviate poverty and contribute toward addressing HIV/AIDS. Further, lack of health education and HIV related information have been significant contributors to HIV/AIDS. Thus there is a need to improve people's knowledge and information regarding the causes, consequences and control measures of HIV/AIDS. Moreover, formulation and implementation of a comprehensive HIV treatment and prevention strategy is necessary, keeping in consideration all the economic factors of the infection in the society. Moreover, jobs opportunities must be created in local areas in order to focus the key drivers of the disease in poor communities and reduce the import and import of the disease.

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Factors Influencing The Fluctuations of Nursing Staff

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Original Article

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Abstract:

This article focuses on the problems connected with fluctuation of nursing staff. Today, the fluctuation of health care staff is a widespread phenomenon. This was further accentuated after the Czech Republic joined the EU as nursing staff started to make greater use of the free movement of people in the labor market. They departed to other countries as well as to more attractive workplaces which were less demanding on their personal, family and work life. It is for this reason that attention is paid to this problem. The main objective was to find out which

selected factors influence the fluctuation of nursing staff and which serious factors influence the fluctuation. The chosen survey respondents were nurses working in intensive care units and general wards.

Introduction

Much has been written about the difficulties of the nursing profession. This issue is often discussed amongst health care professionals as well as the general public. It is important to realize that the nursing profession is demanding not only in terms of knowledge and practical skills but also in terms of the overall burden that often leads to fluctuation, which is a frequent phenomenon of this profession today. In recent years, health care facilities have not only faced fluctuation but also a considerable shortage of nursing staff. The International Labor Organization and the World Health Organization labels the nursing profession as one of the professions most at risk of fluctuations.

Many authors have written about the expectations of the performance of the nursing profession and the descriptions of the personality requirements. Whether it is a description of character traits (17); dispositions towards work (15); or demands on the personality traits of the nurse and social prestige of the nursing profession (20). However, the views expressed on the personality of a professional nurse can be largely perceived as the theoretical desire of the authors to describe the ideal nurse and health care professional. The current understanding of personality prerequisites for the work of the nursing staff is based on a much more concise description of their characteristics, such as those reported by Goldmann, Cicha (9). In particular, these are traits of character on which good nursing care should generally be based.

Difficulties faced in the profession; great responsibilities in everyday clinical

practice; physical or mental burden often affect the personal and professional life of the nursing staff. If staff are not given enough attention then their work tempo may not last long. Because of work overload, job dissatisfaction then occurs and subsequently fluctuation occurs.

Today, the fluctuation of nurses is a serious problem faced by most organizations around the world (21). According to Tourani *et al.* (2016) a fluctuation process is where an employee voluntarily leaves a job or organization. This is not a one-off event but it is the result of the alienation process which can take days, weeks, even years before the employee decides to leave.

The website Personalista.com (2017) indicates that fluctuations in health care in the Czech Republic ranks in third place, right after the manufacturing and media sector. The lack of nursing staff is a global problem and the Czech Republic is no exception. Low staff levels in the departments have an impact on the fatigue of nurses which thereby increases their intentions to leave (16). Gladkij (2003) states that the actual number of health professionals is growing but there is still a shortage of them on the labor market (8). This view is confirmed by data held in the Health Yearbook of the Czech Republic (22). The fluctuation of nursing staff is influenced by interconnected factors such as workload; working time; stress; burnout; quality of team leadership; interpersonal relationships in the workplace; lack of communication and management of employees; social considerations; career growth; further education; wage conditions (13). Currie and

Carr Hill (2012) state that there is no particular reason for the fluctuation of the nurses but that it does change over time. Addressing the reasons for the fluctuation of nurses should be flexible and focus on the specific causes of this (6). The departure of key people can have a negative impact on the functioning of the organization (2). Health care facilities should therefore concentrate primarily on creating a positive working environment that will be a prerequisite for reducing the staff turnover of health care professionals (23).

Objectives & goals of the empirical research

Determine which selected factors affect the fluctuation of nurses who work in intensive care units and standard wards.

Sub-objectives & goals:

1. Determine what reasons the nurses have for considering leaving their existing workplace.
2. Determine the degree of perception of the mental demands of their work.
3. Determine whether interpersonal relationships in the workplace affect nursing satisfaction.
4. Determine to what extent wages affect nursing satisfaction.

Survey respondents & survey methods

The group of survey respondents comprised a total of 192 nurses. There were 100 survey respondents (52%) from the general ward and 92 survey respondents (48%) from the intensive care unit. The largest group consisted of survey respondents aged 41 to 50 years old (35%). Given the sensitivity of the topic, hospitals were divided into state and non-state types. The survey respondents had different lengths of work

experience and different levels of education. The survey itself was preceded by a pilot study conducted at the Urgent Income Department (URGENT) of the University Hospital in Olomouc, Czech Republic. The quantitative scientific method was chosen for purposes of the research. Data collection was carried out using an electronic questionnaire which was created on the internet website www.my.surveio.com. Anonymous data was processed. Microsoft Office Excel 2010 was the software program used to analyze the data. Collection of the research data took place between September 2017 and March 2018.

Results and discussion

The results obtained were compared with published research and the opinions of experts who have devoted a significant amount of time studying this topic. We have formulated the research objectives into four questions.

Research Question 1: Is there a higher rate of fluctuation for nurses who work in intensive care units than for nurses who work in general wards?

This question was to determine what percentage of the nurses who work in intensive care at the ICU, Anesthesiology & Resuscitation, or Emergency Departments for both state as well as non-state health facilities in the Czech Republic are considering leaving their existing workplace. Results show positive findings where approximately 70% of survey respondents from both workplaces are not considering leaving work or only rarely. However, it is necessary to emphasize that these results apply only to the sample of survey respondents examined and cannot be applied to the whole population of nurses in Czech Republic. 36% of survey respondents working in general wards would change their jobs for working reasons as

would 41% of survey respondents working in intensive care departments. The working reasons included professional advancement; shiftwork; organizational changes in the workplace; interpersonal relationships; negative workplace atmosphere. With regards to survey respondents considering leaving the health sector, 62% of survey respondents working in the general ward would consider staying whilst 38% would leave the health care profession. While 82% of the intensive care survey respondents would consider staying, 18% would leave the health care profession. Gurkova *et al.* (2012) in an international cross-sectional study approached 1,055 nurses from the Slovak Republic and Czech Republic who worked in hospital inpatient facilities.

Research has explored the relationship between nurses' feelings and their considerations of leaving their profession. The research showed that the reason for the fluctuation of the nurses is job dissatisfaction and the subjective discomfort of the nurses. In Slovakia the reasons for the fluctuations of nurses in both examined phenomena included family relationships, personal life and health. Most of the nurses from Czech Republic cited overall job dissatisfaction as the cause for possible departure from their profession.

Reasons for leaving the workplace were largely associated with leaving the nursing practice completely or with the intention of leaving to go and work abroad. The results of the study show that labor uncertainty in the nursing profession has increased in the Czech Republic as well as the Slovak Republic which can thereby increase the risk of a shortage of nursing staff (10). In 2010, an international study entitled The European Nurses - Early Exit Study of European Nurses was conducted in Germany. This study was conducted in 71 departments

from 16 hospitals. 2,119 nurses participated in the study. It was found that nurses from former post-communist countries (Poland, Slovak Republic) reported job dissatisfaction as the main reason for leaving their job, stating family reasons and poor working conditions (18).

Harokova and Gurkova (2015) investigated the available studies relating to job satisfaction in regard to the fluctuation of nurses. Their conclusion is to appeal to managers of health care facilities to develop strategies that will improve nurses' job satisfaction; strengthen interpersonal relationships; increase staff levels. Work relations; rewards; leadership style; leadership support; work environment; mental and physical stress are the most influential intentions to remain in existing employment (12).

Research Question 2: Is there a higher level of perception of mental demands in the nurses who work in intensive care units than the nurses in the general wards?

The mental demands of the nursing profession were verified. They may experience signs of burnout when they are exposed to severe mental stress for a long time (11). Many studies from around the world show that the nursing profession is a very mentally demanding profession. The results of the research confirmed that 93% of nurses perceive their work as being really mentally demanding. If we compare our chosen departments, it was proved that the majority of survey respondents perceive their work as mentally demanding. 94% of survey respondents working in the general ward perceived it as so with 92% of survey respondents in intensive care. From these results it is clear that the nurses who work in the general ward perceive the mental demands of the work slightly more than the nurses in intensive care.

Survey respondents from both types of workplaces chosen by us state they are most stressed during shifts due to inadequate staff levels (36%). The second most common response in the general ward was the amount of administrative work (26%) and the second most common response in intensive care department was the number of work conflicts (26%). Alarming, was the answer to the question about whether survey respondents often feel exhausted at work. 78% of survey respondents from general wards feel exhausted with 69% from intensive care departments feeling exhausted. Dawson *et al.* (2014) stated that the lack of qualified personnel in the treatment unit contributes to increasing the fatigue and nursed being overworked. These factors can lead to low levels of care and risks of undesirable events associated with patient care. Furthermore, research suggests that stress and burnout in nursing staff has led nursing staff to find another job (7). According to Branham (2009), long-term exposure to difficult situations (such as care for the dying, where quick decision-making is needed and where every second may decide a persons' life) leads to greater mental demands and towards gradual burnout of nurses.

The most at risk are nurses who work, for example, in Anesthesiology & Resuscitation, ICU and Oncology Departments (5). Merlani *et al.* (2011) conducted an international multicentric study of burnout rates in ICU nurses working in Switzerland. 2,415 nurses participated in the study. The results showed that 28% of nurses have a high burnout rate. Most often this is due to age, excessive interest in work and no support from the family. In particular, nurses under 40 years of age show a high degree of burnout (14).

Research Question 3: Are nurses who have interpersonal workplace relationships

more satisfied in the standard departments than nurses in the intensive care departments?

For this task, we investigated how interpersonal relationships in the workplace affect satisfaction. Working relationships are among the most important aspects of a quality workplace atmosphere. Communication, teamwork, and collaboration among the members of the health care team with focus on patient care are all important. As Vevoda states, teamwork is one of the main conditions for effective medical care but also nursing care (23). According to our findings, it was shown that 80% of nurses who work in the general ward are satisfied with workplace relationships while 58% of nurses who work in intensive care are satisfied with workplace relationships. Other research questions showed a positive conclusion, namely that workplace relations between nurses, doctors and superiors are assessed as good in both departments. However, it is surprising that 65% of survey respondents from intensive care units are thinking about changing positions because of workplace relationships while survey respondents working in a general ward would not make a change because of workplace relationships.

The recommendation to strengthen interpersonal workplace relations to reduce the fluctuation tendency of nurses is the result of many studies. High importance is placed on work relationships as these influence the retention of nurses in the wards (12). Bartlova and Hajduchova (2010) discovered in a research carried out in hospitals in the Czech Republic that, where the relationship between the attending nurses and the physician is positive, the attending nurses have less of a tendency to fluctuate than the nurses who evaluate the relationships with doctors as being negative. A third of survey respondents surveyed stated that another cause for

fluctuation was due to a poor workplace environment and disagreements within the nursing team (3). Bartlova and Chloubova (2009) agree with these research results, stating that relationships between nursing staff and physicians play an important role in maintaining a good workplace atmosphere. The level of staff dissatisfaction is reflected in these relationships and consequently affects the quality of care. Doctors still often regard nurses with disrespect and may perceive nurses as subordinates to execute their orders (4). According to our survey, a surprising finding was made in that 45% of survey respondents in intensive care units perceive the atmosphere in the workplace as being tense. Whilst only 22% of survey respondents from the general ward perceive their workplace atmosphere as being tense. The fact is that healthy interpersonal relationships and mutual respect are the foundation of quality care, as individual members are dependent on each other for care, interpersonal needs and interpersonal relationships are highly reflected throughout the working environment and significantly affect the sick.

Research Question 4: Are nurses who work in intensive care units more satisfied with their wages than those who work in general wards?

There is no significant difference in the satisfaction regarding financial remunerations for nurses who work in general wards and nurses who work in the Anesthesiology & Resuscitation and ICU Units. A surprising finding was that 67% of survey respondents from intensive care units are satisfied with their wage. 52% of survey respondents from the general ward are also satisfied. Interestingly, for 59% of survey respondents, wages are not the reason to consider changing their jobs. However, the vast majority of research stated low pay and under-valuation as possible causes of fluctuation. This

is confirmed by Bartova and Hajduchova's research (2010) that stated that low pay, together with a great administrative burden, contributes towards the nursing staff leaving the profession (3).

Results of a national research study by Dawson *et al.* (2014) agree with previous results and that low appreciation of the work of the nursing staff seemed to be demotivating for them and also led to a fluctuation of the nursing staff. This research was conducted in three Australian states (7). Aiken *et al.* reached the same conclusions in a cross-sectional study conducted in 12 European countries. 33,659 nurses participated in the study. Research suggests that low wages and insufficient remuneration for work performed have led to fluctuations (1). In the quantitative study, Spurna-Dolezalova (2014) again concluded that the reason for the fluctuation of the nursing staff was mainly due to insufficient financial remuneration. 192 Czech nurses who performed bedside rounds participated in this study. These were nurses who worked in cities where there is more choice of health care facilities. During this study, 13% of survey respondents considered leaving or were already serving their notice period. The main reason for fluctuation in Czech nursing staff that participated in the research was insufficient financial remuneration (19).

Improvement recommendations

There are several improvement recommendations based on the results of the research investigation that was carried out and from the study of professional literature. These recommendations can be beneficial not only for top managers of hospitals but also for middle management in the workplaces.

Recommendations for top management:

- Contribute to job satisfaction and prevention of staff weakness by having a suitable organizational culture.
- Collaboration between individual line managers across the entire health care facility where the demands for care are high.
- Collaborating with work psychologists, introducing peer care and supervision in the health care facilities.
- Consider the introduction of stress management training to support the relationship between nurses and managers.
- Systematically evaluate fluctuation indicators within the management of individual workplaces.

Recommendations for middle management:

- Ensure optimal sizes of the teams.
- Place emphasis on suitable staff qualifications to ensure an optimal ratio of qualified nurses.
- Reduce the nursing workload and provide enough numbers of nursing staff.
- Focus on the work atmosphere and work relationships that require special attention and provide feedback on the performance of their work tasks.
- Regularly ensure time-outs (rest breaks)
- Create more opportunities for communication through group discussions, operational meetings or regular meetings for that purpose.
- Provide appreciation, recognition and provide the same emotional support to all staff.

Conclusion

A serious shortage of professional nurses and the increasing fluctuation is alarming for all health care facilities. The nursing

profession is a very demanding profession in terms of training, performance and responsibilities especially in recent years in connection with the rapid development of medicine and the development of nursing as a science. Nurses are difficult to replace and this is compounded by the current situation in the labor market. Nowadays, the situation in some workplaces, predominantly non-state institutions, is critical and there is a reduction in the number of beds as well as the closing down of individual departments. The difficulty of working in the health sector cannot be alleviated and continues to grow. Adequate numbers of support staff are needed to alleviate the workload as to not burden qualified nurses with menial work. Management must regularly evaluate the work of the nurses and fully appreciate them. This is the only way to create a positive working environment which in turn positively affects the workplace atmosphere and reduces fluctuation.

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