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Source: Boris Németh

*Developing and addressing socio-pathological phenomena in children, adolescents and young adults in marginalised environments*

**Original Articles**

- ✓HEALTH OF ROMA PEOPLE LIVING IN MARGINALIZED COMMUNITIES IN SLOVAKIA
- ✓URINARY INCONTINENCE IN PREGNANCY AND AFTER CHILDBIRTH
- ✓DETERMINING THE RELATION BETWEEN RELATIONAL INTERDEPENDENT SELF-CONSTRUAL AND PSYCHOLOGICAL RESILIENCE OF UNIVERSITY STUDENTS IN THE COVID-19 PANDEMIC PROCESS
- ✓CIVILIAN AND MILITARY MENTAL HEALTH CONCERNS IN UKRAINE
- ✓STUDENTS MOTIVATION AND ORIENTATION TO MIDWIFERY
- ✓IMPACT OF SUPERVISION ON BURNOUT SYNDROME IN WORKERS OF SOCIAL AND LEGAL PROTECTION OF CHILDREN AND SOCIAL GUARDIANSHIP
- ✓MANAGEMENT OF INFORMAL CAREGIVERS' BURDEN IN A SELECTED REGION OF THE CZECH REPUBLIC
- ✓„PASHTO POETRY & ENVIRONMENTAL CRISIS IN SWAT: UNDERSTANDING & PRESERVING THE ECOSYSTEM THROUGH POETRY“
- ✓CAREERS TRENDS OF NURSING STUDENTS IN THE CONTEXT OF CAREER PREFERENCE PLANNING
- ✓CONSTITUTIONAL FLAWS: UNREST IN SWAT 2007-09

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# Vladimír Krčméry

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## Editorial

# Developing and addressing Socio-pathological Phenomena in Children, Adolescents and young Adults in marginalised Environments

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The theme of this issue of *CSW* is *Developing and addressing socio-pathological phenomena in children, adolescents and young adults in marginalized environments*. This is a profoundly important concept affecting not just the indicated marginalized but all young people. In this age of digital & internet communications it means that younger & lonelier young people using texting on their telephones as their main contact with the world being damaged. Because texting means monumentally less person-to-person contact, society is losing respect and kindness to and from others leading to disrespect and anti-social pathological behaviors.

*CSW* begins with a paper *Urinary Incontinence in Pregnancy & After Childbirth* from M. Popovičova. *et al.* We are reminded that all the topics *CSW* covers, everything, all human beings experience, begins before birth. Olga Gouni of *Cosmoanelixis* in Athens, Greece says: “*CSW* is connecting the impact on mothers from natural disasters like earthquakes, to cultures, to every event she personally experiences, as *Whole-Self Prebirth Psychology* research has shown, is encoding and educating not just her not-yet-born baby but also its transmission to future generations.” From thousands of research papers including *Prebirth, Prenatal & Perinatal Psychology* now called *Prenatal Sciences*, this first paper suggests that the born baby could have urinary pathologies as she or he grows?

Tugba Toptaş Bocc *et al.* reminds us of the painful times *Determining the Relation Between Relational Interdependent Self-Construction and Psychological Resilience of University Students in the COVID-19 Pandemic Process during the 2 years of lockdowns*.

Lucia Ludvigh Cintulová *et al.* reveals the impact on perhaps the most marginalized society in just one region in *Health of Roma people living in marginalized communities in Slovakia*.

We are all concerned about the invasion in Ukraine possibly leading to World War III is expressed by Michael M. Costello, JD, MBA shared in his paper *Civilian and Military Mental Health Concerns in Ukraine*.

Katerina Ratislavova *et al.* returns us to the beginning of *Prenatal Sciences* describing *Students' Motivation and Orientation to Midwifery* of those woman & men training to safely of mother's and babies bring new humans into the world.

Helena Zaskodna *et al.* studies ways to care for caregivers in the paper *Management of Informal Caregivers' Burden in a Selected Region of the Czech Republic*.

As *CSW* has shared illustrations of the hypothesis that all human experience is initiated during the prebirth period, we gratefully honor the pioneering *Prenatal Sciences* research which was began at St. Elizabeth University & specifically the visionary creativity of the Founding Editors of *CSW*, Prof. Peter G. Fedor-Freybergh & Prof. Michael Olah. Thank You forth birthing a better future!

**Jon RG & Troya GN Turner**

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# Health of Roma People living in marginalized Communities in Slovakia

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## Abstract:

**Introduction.** The biggest Roma communities reside in the eastern part of Slovakia in the regions of Presov and Kosice, whose share is 35-40%. While the atlas of Roma communities from 2019 indicates that about 440,000 Roma live in Slovakia, only 156,000 Roma registered in 2021. Moreover, more than half of them stated Roma nationality only as a second nationality. Due to the fear of discrimination, racism and hate speech 10-15% of Roma did not state their identity because they consider it more advantageous in their efforts to integrate into society. It is also assumed that a significant part of the Roma (12-15%) living in the south of Slovakia have adopted the Hungarian nationality.

**Objectives.** The main goal was to map and analyse the development of civilizational and infectious diseases in the Roma population, taking into account the social, economic and cultural status of the Roma in Slovakia.

**Methods:** The data were analysed on the basis of available statistics and forecasts of the development of diseases in the all-Slovak databases maintained by the NCZI SR and the Statistical Office of Slovak Republic. We compared the development of tuberculosis, hepatitis, diabetes, and the overuse of psychotropic substances, which often occur in marginalized Roma communities.

**Results:** The results showed that although some diseases such as tuberculosis and hepatitis are decreasing along with the general average of registered diseases in the population, their highest occurrence in terms of the number of registered cases still occurs in Roma communities. Among Roma, the proportion of people addicted to psychotropic substances is increasing, the risk of infectious and civilizational diseases such as e.g. diabetes, asthma, obesity and cardiovascular diseases.

**Conclusion.** With the decreasing quality of life of the Roma, the number of infectious and civilizational diseases also increases, therefore we recommend that comprehensive prevention, education in the field of vaccination and support for early diagnosis of diseases be implemented.

## Introduction

In Slovakia and also in many other countries in Central and Eastern Europe, Roma is the biggest ethnic group with specific living conditions having social terms due to life in segregated communities with low standards of hygiene, housing, education and health including low immunization coverage which affect their health status and predispose them to various diseases.

To increase the health of Roma people there is need for the implementation of screening programs, preventive measures, and treatment of infectious diseases in Roma communities throughout Europe. We currently have more than 153,000 Roma in Slovakia, while not all of them have declared their origin. Even now, it is assumed that a significant part of the Roma minority, which did not declare their Roma origin in the census, applied for Slovak nationality, and due to the significant location of this minority in the south of Slovakia, it is likely that about 20% of the total number of Roma applied for Hungarian nationality (Suvada, 2015).

## Health and lifestyle of Roma people

Roma live in marginalized communities, whose dwellings are located on the outskirts of cities or in separate parts of individual districts of municipalities. Municipalities, characterized by a lifestyle that differs from the majority society are associated with behavior that endangers their health - smoking and cigarette addiction begin even before 15 years; increased incidence of oncological diseases; obesity in children and adults; various infectious diseases including viral hepatitis (Janicko et al., 2014). For Roma peoples food and eating habits have changed (Kiss et al., 2014). Changing values and lifestyle of Roma people open new challenges to increase prevention and health measures (Kremery et al, 2018); pandemic connected with the Covid-19 has changed attitudes to Roma as they were scared of the consequences of this disease and they had fear of death so they were more willing to get vaccinated. Inadequate nutrition as a result of poverty and poor real access to health care due to a lack of financial resources for travel to the doctor or medicines contribute to the unsatisfactory state of health in Roma communities. The rate of use of alcohol and tobacco products is also



worsening, as well as increasing addictions and other risks associated with them. According to a Dinge study (Dinge 2003), there is a relatively large genetic load in some Roma communities, which is related to a high incidence of congenital (born) diseases.

The study by Serafinova et al. (2022) confirms that the educational level of the Roma in the field of health is low, for this reason they are often unaware of the consequences of their risky behavior on their quality of health and subsequent health problems brought about by the neglect of prevention in any area of the body. In the villages with a segregated Roma community only 7.1% of parents visit dentists for preventive check-up of their children compared to the villages with integrated Roma people in 51.1%.

According to the general statistics of the Slovak Republic for the year 2021, there were 2.9 million people who were unable to work due to inhabitants, while in 2012 it was 2.3 million people, while the average morbidity rate rose to 4.3% of the total population. The average number of days of sick leave is 40 days, while due to the spread of the Covid-19 pandemic, many people stayed sick at home office or took vacation, while this number is not counted statistically. The statistics take into account only those people who have health insurance, since many Roma do not pay for health insurance, we cannot determine the average value of morbidity among Roma, however, based on the reports of community workers in Roma settlements, it appears that the morbidity of younger Roma under the age of 20 is decreasing, while that the morbidity of Roma over 40 is increasing.

Roma people have worse health status; higher infant mortality rates; shorter (10-15 years) life expectancy; higher prevalence of chronic diseases than the non-Roma (Sedlakova, 2014). Roma people have fewer opportunities to get health care on a regular basis and to ameliorate collapse of quantity and quality of healthcare staff, we have to focus on better financial acceptance of medical and paramedical staff in many Eastern Central European countries (Muss et al., 2022).

The living conditions of families in the Roma community is different, which brings different life values and myths that the Roma believe in; they trust the family more than professionals and

doctors (Tomanek, 2019). Distrust in formal institutions causes problems in the family to be diagnosed late, which also worsens health problems and the spread of infectious diseases due to the low educational level of the adult Roma population (Tomanek, Matejova, 2019).

## Research aims and methods

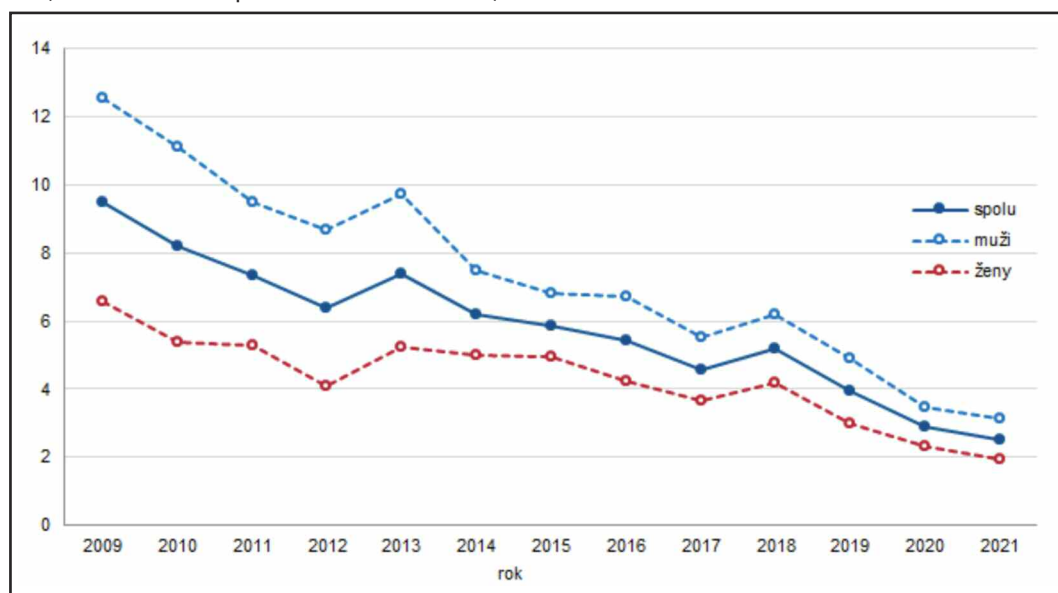
The research aim is to analyze development of specific diseases which occurred in the past in the Roma settlements and figure out the changes in the health situation of the Roma people in Slovakia. The data were analyzed on the basis of available statistics and forecasts of the development of diseases in the all-Slovak databases maintained by the NCZI SR and the Statistical Office of Slovak Republic. We compared the development of tuberculosis, hepatitis, diabetes, and the overuse of psychotropic substances, which often occur in marginalized Roma communities.

## Results

### Dimension: Tuberculosis

In Slovakia, the incidence of tuberculosis is highest in the Presov and Kosice regions whose value is at the level of 10-12% in 2021. It occurs most often in marginalized Roma settlements, where living and social conditions are deteriorated. In 2021, the downward trend in tuberculosis (TB) morbidity continued in the Slovak Republic. 137 TB cases were reported to the National Tuberculosis Registry (incidence 2.5 per 100,000 population), which was 21 cases less than in 2020. Compared to 2009, this was a decrease of up to 376 cases. In 2021, there were 96 cases of tuberculosis among Roma, which is caused by inappropriate living conditions, low hygiene standards, lack of drinking water, inappropriate lifestyle and risky behavior. Tuberculosis and its incidence are also increasing due to the influence of international and national migration of individual groups (Bundzelova et al, 2022).

### G1 Development of tuberculosis disease in period 2009-2021 (number of cases per 100 000 inhabitants)



**Tabel 1** Tuberculosis in Roma community in 2005-2021

Year	Total TB cases	TB in Roma people	Childhood TB in Roma children
2005	743	103	66,6%
2008	652	115	92,9%
2010	450	169	70,1%
2015	317	118	40,5%
2020	175	98	56,3%
2021	158	96	60,75%

### Dimension: Obesity and diabetes

In 2021, diabetes clinics registered 25,007 patients with type 1 diabetes mellitus (460.1 cases per 100,000 inhabitants). Within the observed period of 2009-2021, there were the fewest persons with this type of diabetes who were dispensaries. Compared to 2020, their number decreased by 4.4%. In the case of Roma, the number on average is 56% with diabetes mellitus I: due to poor health conditions high level of intake of high-calorie; unhealthy foods with a high sugar content. Out of the total number of 1,611 new patients with type 1 diabetes mellitus, the largest number of them increased in the age category of 30-34 years (44.6 cases/100,000 inhabitants of

the given age) and 25-29 years (43.0/100.000). (NCZI SR, 2021). This also applies to the Roma group of citizens.

Obesity and overweight among Roma is characterized not only by improper nutrition, but also by lack of exercise; genetic predisposition chronic diseases; especially by a poor social life, in which the passive spending of free time; insufficient prevention and health promotion prevail. The result is various functional diseases that worsen with age. Obesity already occurs in Roma children in the first grade of primary school (8.9%), in adulthood this proportion increases to 14.6% on average.

### Dimension: Hepatitis A, B, C and E

Poor living conditions in segregated Roma settlements and in localities with a high concentration of the Roma population, as well as low health awareness, have an impact on the occurrence frequency of infectious diseases. There are indications that diseases such as hepatitis, bacillary dysentery is still a serious problem in many Roma communities. It is about the so-called diseases of dirty hands, which are spread, for example, by contaminated water and food. Serious problems also include respiratory tract infections. Diseases such as scabies and pediculosis originate from a lack of hygiene. Similarly, in the pre-

**Table 2** The epidemiology of hepatitis A, B, C and E among Roma population in Slovakia in 2008-2018

E	Cases	Epidemiological Information System HAV: Hepatitis A virus; HBV: Hepatitis B virus; HCV: Hepatitis C virus; HEV: Hepatitis E virus.	Source
2008	730 reported cases 299 cases of Roma people	573 cases of viral hepatitis type A occurred in the Presov Region. More than 80% of diseases were found in 13 epidemics. In the largest epidemic, in the village of Lomnicka (district of Stara Lubovna), people fell ill during the months of August to November 300 persons (out of a total of 730 cases reported here for the whole year), of which 299 were Roma.	Hrivniakova et al, 2009
2009	HBsAg overall 2.18%-9.07%;	Regions: Presov, Kosice, Bratislava pregnant women 0.82%-4.13%	Kristian et al.2013
2011	195 Roma living in Roma settlements, age 18-55 years	Total anti-HEV 21.5%, highest in Romamen–29.4%	Halanova et al.,2018
2012	441 Roma, age 18-55 years	Anti-HCV 0.7% Region: Kosice	Veseliny et al,2014
2014	324 cases, 221 Roma people	The incidence of hepatitis B among Romain settlements is at the level of 12.5 percent,even 53 percent of the population has activeor overcome hepatitis	Veseliny et al,2014
2018	175 cases	Total anti-HEV 45.5%	Paralicova et al,2020 Paralicova, Schreter, 2021

vention of infectious diseases, the lower vaccination rate of the Roma population as well as of children compared to the majority population is a problem.

### Dimension: Suicides

In the Slovak Republic, 548 suicides were recorded in 2021, which is 59 more than the year before. Male suicides (449) significantly outnumbered female suicides (99). Last year, most suicides were committed by men in the aged 60-69 years (83 suicides) and 70 and over (82 suicides). In the Roma community, men over 50 years of age commit suicide most often, women end their lives at an older age and in a smaller proportion compared to Roma men, on average 2x less often.

Women ended their lives by suicide most often at the age of 70 and over (22 suicides) and 50-59 years (21 suicides). In the age group of children under 14, one girl and one boy took their own lives. A significant year-on-year increase of 72.7% occurred in the number of suicides among teenagers in the 15-19 age group, where 19 suicides were committed (12 men and 7 women). Suicide attempts were recorded most often in the Bratislava Region (158 attempts) and the Trnava Region (102 attempts), the least of which were reported from the Nitra Region (30 attempts) in 2021. Most often, Roma suffer from severe psychological problems: dementia; mental illness; severe depression; chronic syndromes caused by an inappropriate or pathological lifestyle (Krcmery et al., 2018), which can lead to suicides.

Among Roma, suicide occurs most often in the age group of 50-55 years, when the reason is the perception of the life situation as hopeless or the trigger is addiction to psychotropic substances, mental illness. Men commit suicide more often than women, choosing to end their lives by jumping from a bridge or under a train, death by use of any type of weapon.

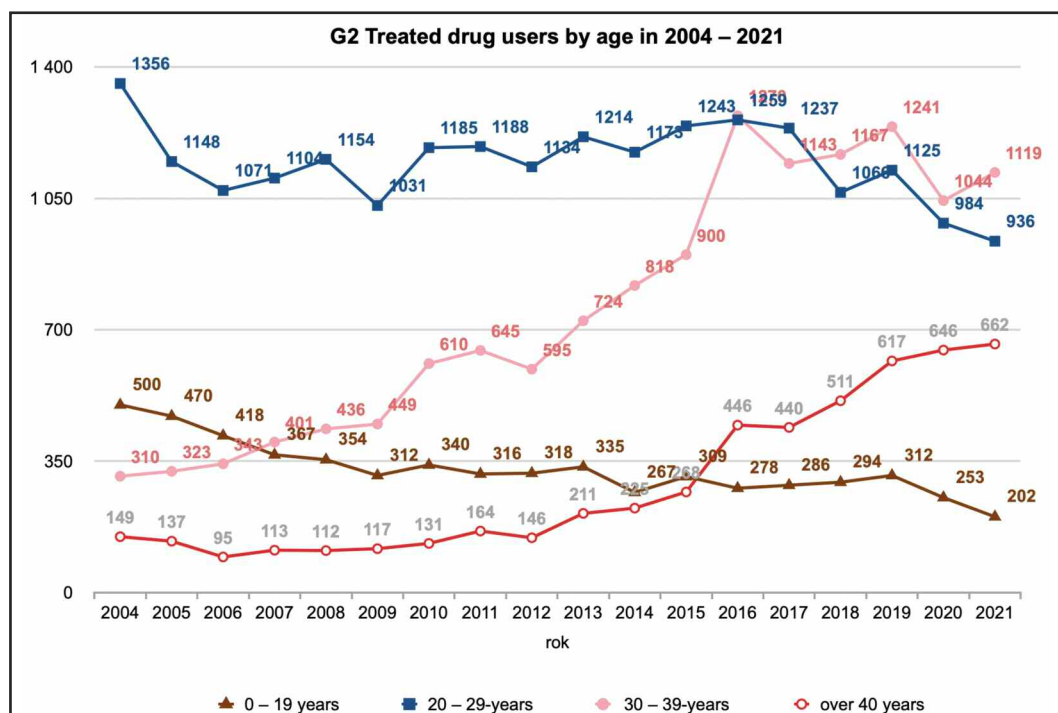
### Dimension: Poverty risk and health

The rate of poverty risk after social transfers is the share of persons with an equivalent disposable income below the threshold of 60% of the national median equivalent income. Equivalent disposable income is calculated by dividing household disposable income by the equivalent household size. This income is then assigned to each adult member of the household. The poverty risk rate for the unemployed is 52.6% in 2021 compared to 2012, where the value was 44.6%, which means an increase of 10%. The increase in the risk of poverty for workers is 1.5% and for pensioners it is 3.6%, while the deterioration of the health status of Roma due to the inability to financially secure the costs of treatment, medicine and prevention amounts to 28%. With increasing taste, the perception of the meaning of life also decreases, intergenerational poverty also reduces

the prospects for a successful life for Roma from marginalized communities, with which they later identify. (Davidova M, Hardy M, Hamarova, 2017). More than 75% of unemployed Roma find themselves on the verge of poverty, which is associated with substance addictions, most often excessive use of alcoholic beverages, tobacco and drugs. The pandemic situation associated with the disease Covid-19 and the economic crisis caused the Roma to fall to the poverty line at the level of 5%, that is, it affects every second Roma who receives benefits in material need.

### Dimension: Drugs and psychoactive substances

The total number of people treated in 2021 remained at the level of the first pandemic year of 2020 and differed only by a minimal change (8 fewer people). Compared to the average of the years 2016-2019, when the highest number of treated drug users was recorded (an average of 3,173 persons) for the monitored period, there was a decrease in those treated in 2021 by 8.0%. A more pronounced decrease in admissions to treatment (- 24.6%) was in treatment wards of prisons (department of the Ministry of the Interior of the Slovak Republic). In the health facilities of the Department of the Ministry of Health



of the Slovak Republic and other founders, the number of patients treated in 2021 was approximately at the level of the average for the years 2016-2019 (an average of 2,178 persons treated). In the age range of 30-39 years, the number of excessive drug users increases; in the age range of 14-18 years, drug experimentation begins in Roma communities.

Roma have started to smoke at young age at 13-16 years old, the nicotine (73%) cannabis (28%), LSD (1.5%) and methamphetamine (13%), psychoactive substance (17%) being the most reported substances. Alcohol consumption (beer, wine, distillates) was reported by 72.5% of males and 67.3% of females, and reported levels of alcohol consumption increased since becoming unemployed. At Roma teenage, binge drinking was reported by 35% of males and 40% of female (NCZI SR, 2021).

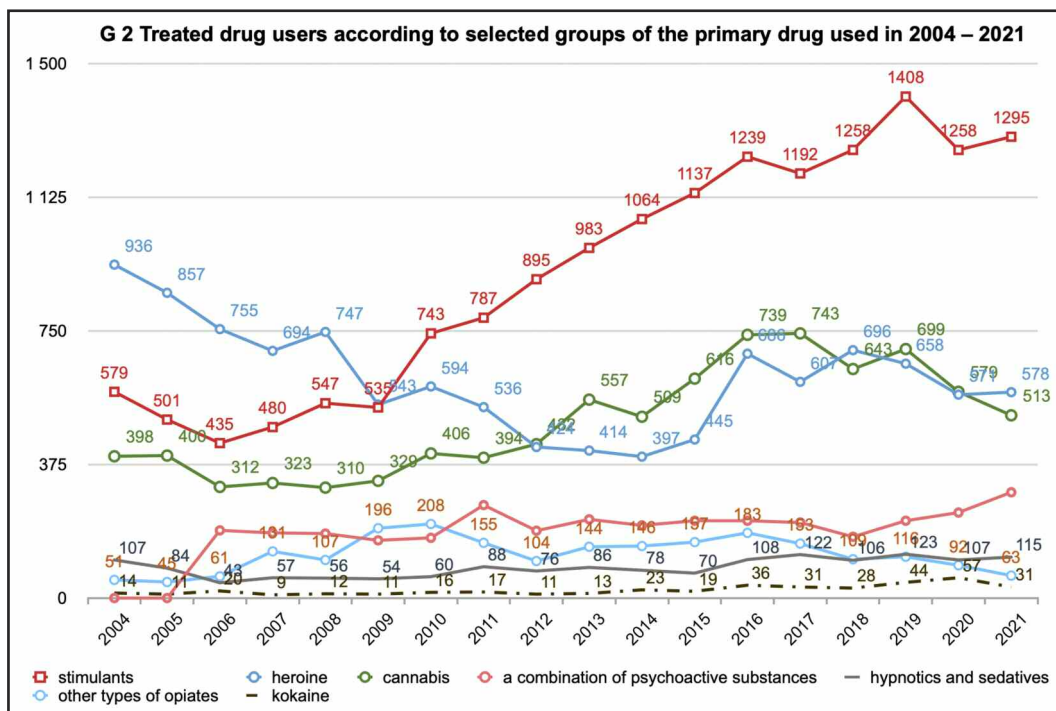
### Discussion

Substance use, including daily smoking and regular excessive alcohol drinking, has been 2-6 times higher among Roma compared to the general population. This substance use is not consequences of ethnicity, but it is highly connected with the long-term unemployment, poverty, family lifestyle and habits.

Infectious and viral diseases occur more often in Roma settlements, because their high isolation causes a low hygienic standard; health literacy; a community way of life with the high-risk behavior degrades the personality of the Roma who do not have internal mechanisms to manage their life situation, therefore they are more often subject to alcohol, psychotropic substances and drugs.

The lack of financial resources causes Roma to neglect their own health, lead an unhealthy lifestyle, which is associated with obesity; civilization diseases; diabetes; hepatitis. The Roma's feelings of hunger, anxiety and depression are driven away by excessive smoking, drinking energy drinks or psychoactive substances. Late seeking of: a doctor in the event of a health problem; irregular use of medicines and drinking them down with alcoholic beverages (beer); lack of funds for treatment; fear of hospitalization or discriminatory behavior of health professionals are typical.

Pathological phenomena often occur in Roma communities, but they are mostly associated with high unemployment, low literacy and education, and low social status. These groups of Roma live in marginalized communities, where civilizational, viral and chronic diseases occur, which are associated with low hygiene standards'; insufficient ac-



cess to drinking water; lack of sewage; a minority lifestyle affect their health status and predispose them to various diseases, including viral hepatitis. Hepatitis A, B, and E are highly prevalent among Roma and mainly associated with low socio-economic status and health literacy.

## Conclusion

The lifestyle of the Roma reflects turbulence; changes and the economic state of the society; how we approach the inclusion and education of the Roma; what changes the families themselves and their structure go through also affects their demographic behavior and attitudes. The value orientation of Roma is changing, as is their view of the need for education and work in life. Although there are a large number of segregated settlements, despite the high level of dysfunctional family relations, intergenerational poverty and low social status, Roma with a solid internal mechanism, positive role models and motivation are able to overcome these barriers and fully integrate into society. On the other hand, if these mechanisms are missing or disturbed, disintegration of the personality occurs and, consequently, pathological behavior. In order for Roma to take responsibility for their social roles, they must learn how to fulfill these roles and expectations without using addictive substances.

## Conflict of interest statement

The authors declare no conflict of interest.

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# Urinary Incontinence in Pregnancy and after Childbirth

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Original Article

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## Abstract:

**Introduction:** The development of incontinence depends on many factors and more often affects women who have already given birth. It is related to the growth of the fetus and the pressure of the head and fetus on the bladder and pelvic floor muscles. Hormonal influences also play an important role, as they relax the muscles and also affect the pelvic ligament. Due to this fact, in the research, we investigated urinary incontinence in a selected research sample and determined the degree of connection between incontinence of the respondents and factors such as pregnancy, number of births and the method of delivery. **Methods:** Using Microsoft Excel, we performed a mathematical-statistical evaluation of the data, which we expressed as a percentage in the attached graphic and tabular processing. We verified the hypotheses with the correlation coefficient, the Spearman coefficient and the non-parametric Kruskal-Wallis test. We made the decision about the existence of statistical sig-



nificance based on the calculated p value and the significance level of 0.05.

**Results:** By processing the results, we pointed out the degree of connection of urinary incontinence with several factors, namely pregnancy, the method of delivery and the number of births. For stress and overflow incontinence, the differences between the groups are very small. In urge incontinence, the differences are more pronounced between means and the mean ranks. However, even here, significant difference between the groups was not confirmed. Also, the connection between the number of births and urinary incontinence was not confirmed. However, we found a connection between the method of delivery and overflow and urge incontinence.

**Conclusion:** Urinary incontinence during pregnancy and after childbirth is a significant burden for a woman. It covers the issues of the women it concerns in all spheres of life. Urinary incontinence is a certain burden for the whole society, not only for the affected woman. Therefore, one cannot forget exact drug therapy and other conservative treatment procedures, including the often underappreciated special therapeutic gymnastics – pelvic floor strengthening.

## Introduction

Loss of the ability to hold urine is one of the most common health problems, especially in women. It is not associated with high morbidity or mortality, but it has a fundamental impact on the quality of life of affected persons. Even though incontinence is not a disease in the true sense of the word, but only a symptom of some disease states, it has a negative impact on affected persons and their quality of life.

Women do not mind talking about their illness, menstruation, childbirth, but they consider talking about urinary incontinence humiliating, something to be ashamed of. For most women, the topic of urinary incontinence is a taboo subject not to be discussed. Women who develop incontinence do not want to admit their condition, they consider leakage of urine to be only rare accidents, or they are aware of the seriousness of the problem, but do not have the courage to seek medical help and talk about it. In order to prevent women's social isolation and more serious health damage, it is necessary to pay more attention to the issue of female incontinence from the healthcare sector, especially by educating women of all ages, from their youngest age to their senior age. Lack of information among women about the prevention, diagnosis and treatment of urinary incontinence results in an increasing number

of women affected by it. In pregnant women, urinary incontinence is encountered quite often, the frequency is reported in up to half of the women. The development of incontinence depends on many factors and more often affects women who have already given birth. It is related to the growth of the fetus and the pressure of the head and fetus on the bladder and pelvic floor muscles. Hormonal influences also play an important role, as they relax the muscles and also affect the pelvic ligament. Treatment and prevention of urine leakage during pregnancy is based on strengthening the structures of the pelvic floor.

## Factors affecting incontinence in pregnant women

**Pregnancy** - One third of pregnant women suffer from incontinence during pregnancy. Incontinence itself usually occurs after the 36th week of pregnancy, or there are the greatest number of cases reported in women in whom leakage of urine occurs in that period.

According to the trimesters, physiological changes in the area of the lower urinary tract are as follows:

- 1st trimester: reduced bladder capacity (approx. to a volume of 410 ml), frequent urinating even at night (once or more often);

- 2nd trimester: increase in bladder capacity up to 460 ml, nocturnal urination is on decline thanks to the displacement of uterus higher in the small pelvis, thus freeing up space for the bladder;
- 3rd trimester: bladder capacity limited to approx. 270 ml due to the pressure of the fetal head, irritation of the nerve endings in the small pelvis, polyuria as a result of reduced volume capacity of the bladder (1). Due to the increase in intra-abdominal pressure and the growing uterus, blood flow and the passage of nerve signals to the bladder worsen.

**The impact of the labor management** - The aim of most studies is to evaluate the prevalence of urinary incontinence depending on the method of delivery, i.e. whether it was ended vaginally or by caesarean section. An important factor affecting the damage to the pelvic floor is the way of delivery management and the associated development of pelvic organ prolapse and stress incontinence.

- Damage to the pelvic floor can be caused by injury to nerves, muscles or fascia and other supporting structures of the small pelvis (2). The ability of the pelvic floor to support the preservation of urinary incontinence is undoubtedly threatened by the processes of **vaginal delivery**. At the moment when the head appears in the vaginal entrance, the muscles, fascia and nerves of the pelvic floor are stretched by the widest part of baby's head and the maximum opening of the pelvic floor occurs. It is obvious that tension and possible tearing of the intrapelvic fascia and muscles together with damage to the pudendal nerves can cause pelvic floor dysfunction. Subsequent fascial tears are able to heal, but the resulting connective tissue is thought to be not as strong as the original, and the woman therefore suffers from pelvic floor symptoms that manifest as incontinence or pelvic organ prolapse. A recent study led by Krofta (2015) also confirms the results pointing to the negative benefit of a higher age limit depending on the incidence of urinary incontinence. It showed that women older than 35 years had significantly higher incidence of urinary incontinence 12 months after vaginal delivery. The main emphasis was placed on the age of the woman at first birth (3).

- In 2016, Tähtinen conducted an extensive meta-analysis, where he compared the results of 15 foreign studies that showed the risk of stress and urge urinary incontinence in a comparison of spontaneous vaginal delivery versus **caesarean section** one year after delivery. The result was a demonstrably higher incidence of mainly stress incontinence; to a lesser extent urge incontinence, almost twice as much in favor of vaginal delivery. Four studies showed no difference; 8 studies showed a greater risk of developing long-term stress incontinence after delivery (37%), with caesarean section (2.6%). Furthermore, it was confirmed that the incidence of urinary incontinence with greatest increase mainly affected younger women (4).

The prevalence of stress urinary incontinence during pregnancy ranges from 8% to 85%, but usually resolves after delivery. Childbirth can weaken or damage the structures of the pelvic floor and the innervation of the sphincter mechanism of the urethra. The conclusions of many studies support the association of increased risk of incontinence in women who have given birth frequently (4 or more births) (5).

### **Prevalence of urinary incontinence in pregnancy**

The prevalence of urinary incontinence in pregnancy is unexpectedly high. A large questionnaire study by the *Norwegian Institute of Public Health* found that the most common type of urinary incontinence is stress incontinence, with a high incidence in both primigravida 31% and multigravida 42% (6). These are very serious numbers, also confirmed by the subsequent study of Morkved & Bo. It also showed that 8 weeks after giving birth, 38% of women still suffered from stress incontinence. Other European studies from Great Britain, Spain, Scotland, Germany and Denmark report the prevalence of urinary incontinence in pregnancy very similarly (7). The data are also confirmed by studies from other continents, with a higher incidence in countries with greater demands on the quality of life. An extensive Chinese study reports figures slightly lower than European ones, on the contrary, studies from the USA report the highest prevalence, Thomason 60% SUI and Raza-Khan even 70% in primiparous and 75% in multiparous, with 32% incidence of pure stress urinary inconti-

nence. The Australian results practically copy the American ones - Chiarelli & Campbell 64% (8), Brown's more recent study then 36.9% stress urinary incontinence, 13.1% mixed; 5.9% urge incontinence. Although the prevalence of incontinence varies slightly according to the country of origin, study design and sample size, practically all the authors agree that it clearly increases with gestational age, with a maximum in the 3rd trimester or after the 36th week of pregnancy. In the 1st trimester, the incidence of incontinence is reported to be 13-19%; in the second around 19-20%; with a significant increase in the 3rd trimester up to 37.5% and more. According to the type of incontinence, stress incontinence prevails with an incidence of 18.6-60%, urge incontinence varies from 2% to 35%; mixed incontinence between 3.8-13.1% (9).

### Research objectives

- To determine whether pregnancy has an effect on urinary incontinence
- To verify the association between the number of births and urinary incontinence
- To map the connection between the way of delivery management and urinary incontinence

### Data analysis methods

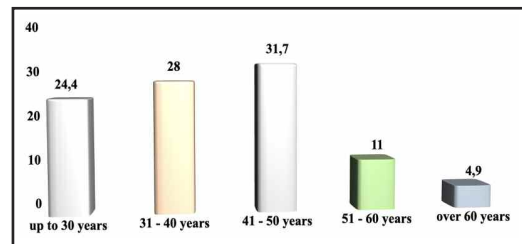
The research group was made up of various women, be it nurses, auxiliary medical staff and, of course, patients. Using the Microsoft Excel, we performed a mathematical-statistical evaluation of the data, which we expressed as a percentage in the attached graphic and tabular processing. We verified the hypotheses with the correlation coefficient, the Spearman coefficient and the non-parametric Kruskal-Wallis test. We made the decision about the existence of statistical significance based on the calculated p value and the significance level of 0.05.

### Demographic data

The first monitored demographic data for the respondents was their age. The average age of female respondents was 40.37 years; the oldest respondent was 70 years old; the youngest was 19 years old. 24.4% (20) female respondents were from the age group under 30; in the age category from 31 to 40 years, there were 23 (28%) women. There were 9 (11%) female respondents aged 51-60. The most numerous age group consisted of

female respondents in the age category from 41 to 50, in this age there were 26 (31.7%) women. The least represented were women aged 60 and over, there were only 4 of them and made up 4.9% of the research sample. Detailed data are shown in Graph 1.

**Graph 1** Age of respondents



In our research, we determined the degree of stress, urge and overflow incontinence through the relevant items. According to our research, *stress incontinence* affects 79.3% of respondents. Another type of incontinence is *urge incontinence*. We asked the respondents how often they feel a sudden and intense urge to urinate, which is a typical symptom of this type of incontinence. Almost half of the respondents (48.8%) admitted that this happens to them very rarely. More often it happens to 18.3% of interviewed women and very often to 7.3% of female respondents. Another type of incontinence is *leakage of urine when the bladder is full*, also called *overflow incontinence* in professional literature. 34.1% of interviewed women do not have this problem at all. Exactly half of the respondents experience it only very rarely. At the same time, 40.2% of women said that in such situations they only leak a few drops, and 9.8% of women leak an average amount of urine. More often, 12.2% of women leak urine with a full bladder; 3.7% of them state that in these situations it is only drops; in 6.1% of the women the amount is medium; in 2.4% of the respondents the amount is more than 30 ml. The other 3.7% of asked women always have a problem with overflow when their bladder is full. 1.2% of them leak a moderate amount; 2.4% of these women leak a lot of urine - over 30 ml.

**Table 1** Stress, urge and overflow incontinence

Stress incontinence			urge incontinence			overflow incontinence	none	Very little, drops	Medium to 30 ml	A lot, more than 30 ml
						Frequency quantity				
none	17	20.70%	Never	21	25.60%	Never	34,10%			
1st degree	26	31.70%	Very rarely	40	48.80%	Very rarely		40.2 %	9.80%	
2nd degree	29	35.40%	More often	15	18.30%	More often		3.70%	6.10%	2.40%
3rd degree	10	12.20%	Very often	6	7.30%	Always			1.20%	2.40%

When asked if they were currently pregnant, 12.2% of the interviewed women gave positive answer; 80.5% answered negatively. The other 7.3% chose the answer *I don't know, I'm not sure*. Those who answered that they were pregnant also stated the week of pregnancy. It ranged from the 5th to the 41st week.

**Table 2** Current pregnancy

Current pregnancy	n	%
Yes	10	12.2
No	66	80.5
I don't know, I'm not sure	6	7.3
Total	82	100

In addition to the current pregnancy, we determined the number of previous pregnancies in the next item of the questionnaire (Table 3). Before now, 20.7% of the interviewed women were never pregnant; 28.0% of the women were pregnant once; 23.2% of the women twice; 18.3% three times. Multiple pregnancies occurred rarely. 6.1% of the interviewed women had been pregnant 4 times. 5, 6 or 8 pregnancies were reported by only one woman for each, i.e. 1.2% of the research group.

**Table 3** Number of pregnancies

Number of pregnancies so far	n	%
none	17	20.7
1	23	28.0
2	19	23.2
3	15	18.3
4	5	6.1
5	1	1.2
6	1	1.2
8	1	1.2
total	82	100

In the next item of the questionnaire, the respondents were to indicate the number of births. The same 20.7% of respondents said they had never given birth; 29.3% of respondents gave birth once; 25.6% of respondents twice; 17.1% of respondents had given birth 3 times. 4.9% of respondents had given birth 4 times and 2.4% of respondents 6 times. (Table 4)

**Table 4** Number of births

Number of births	n	%
none	17	20.7
1	24	29.3
2	21	25.6
3	14	17.1
4	4	4.9
6	2	2.4
total	82	100

In the next item of the questionnaire, we asked how much time had passed since the last birth. 25.6% of respondents gave birth 1 to 5 years ago; 17.1% of respondents 6 to 10 years ago. Likewise, 17.1% of female respondents gave birth 11 - 15 years ago; 6.1% of respondents gave birth 16 - 20 years ago; 13.4% of respondents more than 20 years ago. The above-mentioned 20.7% of female respondents have not yet given birth.

**Table 5** Last childbirth

Last childbirth	n	%
1-5years ago	21	25.6
6-10years ago	14	17.1
11-15years ago	14	17.1
16-20 years ago	5	6.1
more than 20 years ago	11	13.4
never	17	20.7
total	82	100

The way of delivery management can also have an impact on problems with urine leakage. Therefore, we investigated this fact as well. Of the 65 interviewed women who had given birth in the past, 15.4% had their last vaginal birth induced by medication; 53.8% of respondents gave birth naturally vaginally; 24.6% of respondents gave birth by caesarean section; 6.2% of respondents gave last birth by forceps.

**Table 6** Way of delivery management

Delivery management	n	%
vaginal– induced	10	15,
vaginal– natural	35	53.8
caesarean section	16	24.6
forceps delivery	4	6.2
total	65	100

## Hypotheses verification

**Hypothesis 1:** *We assume that there is a statistically significant relationship between pregnancy and urinary incontinence.*

In the first hypothesis, we verified and compared the rate of stress, urge, and overflow incontinence in two groups of women. One consisted of 10 women who are currently pregnant. The second group consisted of 66 women who answered that they were currently not pregnant. We used the Mann-Whitney test for verification. Table 7 shows the results. In *stress incontinence*, the differences between the groups are very small. In the group of pregnant women, the mean is 1.40. In the group of other women, the mean grade is 1.45. The corresponding p-value of 0.848 is very high, well above all common significance levels. There is no significant difference between the groups. It is the same with *overflow incontinence*. The mean in the group of pregnant women is 1.00. In the second group, the mean is 0.91. However, the p-value of 0.768 is again very high and confirms the non-significance of differences between the groups. In *stress incontinence*, the differences between the groups are very small. It is very similar with *overflow incontinence*. In case of *urge incontinence*, we already see significant differences between means and mean ranks. In the group of pregnant respondents, the mean is 1.50, in the other group it is 1.02. However, even here the p-value of 0.204 is above conventional significance levels. This is probably mainly because the group of pregnant women is relatively small and very inhomogeneous. Even here, the significant difference between the groups was not confirmed. Hypothesis 1 was not confirmed. According to our findings, none of the examined types of incontinence is related to pregnancy.

**Table 7** Comparison of incontinence by pregnancy

**Ranks**

	Pregnancy	N	Mean	Mean Rank
Stress incontinence	no	66	1.45	39.70
	yes	10	1.40	38.32
	Total	76		
Overflow incontinence	no	66	0.91	38.23
	yes	10	1.00	40.30
	Total	76		
Urge incontinence	no	66	1.02	3733
	yes	10	1.50	4620
	Total	76		

**Test Statistics**

	Stress incontinence	Overflow incontinence	Urge incontinence
Mann-WhitneyU	318,000	312,000	253,000
WilcoxonW	1527,000	2523,000	2464,000
Z	-,192	-,295	-1,269
Asymp. Sig. (2-tailed)	,848	,768	,204

**Hypothesis 2:** We assume that there is a statistically significant relationship between the number of births and urinary incontinence.

In the second hypothesis, we will again verify all three investigated types of incontinence depending on the number of births. Since we examined both variables with an ordinal variable, we will use the Spearman coefficient again. The correlation coefficient between the number of births and stress incontinence is 0.179. The value expresses a direct connection, but a very weak one; and according to the p-value of 0.154 statistically insignificant. The correlation coefficient is even lower for the second type of incontinence. The value of 0.030 expresses only a trivial connection of the variables and the p-value of 0.789 confirms that it is also insignificant. The correlation coefficient -0.135 for urge incontinence is even negative. It indicates an indirect relationship. Thus, as the number of births increases, this type of incontinence decreases. However, the value is close to zero, so the connection is again only trivial and statistically insignificant, as the p-value is 0.228. Hypothesis 2 was not confirmed. None of the examined types of incontinence is related to the number of births.

**Hypothesis 3:** We assume that there is a statistically significant association between the way of labor management and urinary incontinence.

The aim of the last hypothesis is to compare incontinence in groups of women who gave birth in different ways. From our sample, 66 interviewed women gave birth, which we divided into 4 groups according to the method of delivery. The first group consisted of 10 women after in-

**Table 8** Correlation between number of births and incontinence

Correlations		number of births	
Spearman's rho	Stress incontinence	Correlation Coefficient	179
		Sig.(2-tailed)	154
		N	65
	Overflow incontinence	Correlation Coefficient	030
		Sig.(2-tailed)	789
		N	82
	Urge incontinence	Correlation Coefficient	-135
		Sig.(2-tailed)	228
		N	82

duced vaginal birth. The second group consisted of 36 women after a natural vaginal birth. The third group of women consisted of 16 women after caesarean section, and the last group included only 4 women (the least numerous group) who experienced forceps delivery. Any differences between these groups were determined by means of the non-parametric Kruskal-Wallis test. In the table we can see that the means in the groups are different for stress incontinence. The lowest mean rate of incontinence is in the group of women after caesarean section (1.13). In both groups, the average is higher after vaginal delivery (1.50 and 1.67). The highest average (2.50), i.e. generally the greatest degree of stress incontinence, is experienced by women after a forceps delivery. However, the corresponding p-value of the test of 0.102 is higher than normal significance levels. Therefore, we cannot consider these differences between groups to be statistically significant. With the second type of incontinence – overflow – the differences are even more pronounced. Here, too, the mean is the lowest in the group of women after caesarean section (0.50). It is slightly higher in both groups of women who gave birth vaginally (1.00). The highest mean (2.75) is in the group of women who had a forceps delivery. For this type of incontinence, the p-value is 0.001. As it is lower than the significance level, we therefore consider the differences between the groups to be statistically significant. In urge incontinence, we find similar trends as in the first two types. The lowest mean is in the group of women after caesarean section (0.69). For induced vaginal birth, it is almost the same (0.70). It is slightly higher in the group of women after a natural vaginal birth (1.11) and the highest, again, among women after a forceps birth (2.00). A p-value of 0.036 below the significance level again confirms the statistical significance of these differences.

**Table 9** Comparison of incontinence by method of delivery

Stress incontinence	Vaginal - natural	36	1.67	29.34
	Caesarean section	16	1.13	21.64
	Forceps delivery	4	2.50	36.50
	Total	53		
Overflow incontinence	Vaginal - induced	10	1.00	33.60
	Vaginal - natural	36	1.00	34.93
	Caesarean section	16	0.50	23.06
	Forceps delivery	4	2.75	62.13
	Total	66		
Urge incontinence	Vaginal - induced	10	0.70	26.80
	Vaginal - natural	36	1.11	36.67
	Caesarean section	16	0.69	26.44
	Forceps delivery	4	2.00	50.00
	Total	66		

#### Test Statistics

	Stress incontinence	Overflow incontinence	Urge incontinence
Kruskal-Wallis H	6.201	15.888	8.546
df	3	3	3
Asymp.Sig.	102	001	036

*Hypothesis 3* was confirmed for overflow incontinence and urge incontinence. Both types of incontinence are related to the way of delivery management. The impact on stress incontinence was apparently not confirmed mainly due to the low number of women after a forceps birth.

## Discussion

Urinary incontinence is a significant burden for a woman. It covers the issues of the women in all spheres of life. Urinary incontinence is a certain burden for the whole society, not only for the affected woman. Because of this, we investigated whether pregnancy has an effect on urinary incontinence. We also verified the association between the number of births and urinary incontinence and between the method of delivery and urinary incontinence. The research group was made up of various women, be it nurses, auxiliary medical staff and, of course, patients. The average age of female respondents was 40.37 years. The oldest respondent was 70 years old; the youngest was 19 years old. The most numerous age group consisted of female respondents in the age category from 41 to 50; in this age there were 26 (31.7%) women. The least represented were women aged 60 and over; there were only 4 of them and made up 4.9% of the research sample. In the respondents, we investigated the method of delivery, which may have an impact on problems with urine leakage. Of the 65 interviewed women who had given birth in the past, 15.4% had their last vaginal birth induced by medication; 53.8% of respondents gave birth naturally vaginally; 24.6% of respondents gave birth by caesarean section; 6.2% of respondents gave their last birth by forceps.

In *Hypothesis 1*, we verified and compared the rate of stress, urge and overflow incontinence in two groups of women, pregnant and non-pregnant. For stress and overflow incontinence, the differences between the groups are very small. In urge incontinence, the differences are more pronounced between means and mean ranks. However, even here, the significant difference between the groups was not confirmed. According to our findings, none of the examined types of incontinence is related to pregnancy. In *Hypothesis 2*, we assumed that there is a statistically significant relationship between the number of births and urinary incontinence, but this hypothesis was not confirmed either. None of the examined types of incontinence is related to the number of births in a woman. According to Švabík-Martán (2003), the birth weight of the child over 4,000 g, mother's age over 30 years at the time of the first birth; a prolonged second birth period, but also a too short second birth period, with the use of

Oxytocin, appear to be risk factors for incontinence as well as, forceps birth, episiotomy, obesity of the mother, when the BMI is higher than 30. A reduced risk of stress incontinence has been demonstrated in women who had their first birth by a planned caesarean section. On the contrary, with repeated caesarean sections, the risk of urge incontinence increases. It is again evident that there is a combination of both mechanical as well as metabolic and endocrine factors occurring simultaneously (11). The aim of the last hypothesis was to compare incontinence in groups of women who gave birth in different ways. We found a statistically significant association between the method of delivery and urinary incontinence in overflow and urge incontinence. Both types of incontinence are related to the delivery management. The impact on stress incontinence was not confirmed mainly due to the low number of women after a forceps birth.

## Conclusion

Urinary incontinence is an extremely sensitive, professionally and economically demanding problem. Curing or improving urinary incontinence means a substantial improvement in the quality of life (12). The professional and lay public is relatively well informed about the various manifestations or pathologies of pregnancy, but there is still lack of awareness about pregnancy incontinence. However, this problem is taboo in society, and little attention is paid to prevention: both to the prevention of these problems itself and to the possibility of more effective treatment and prevention of recurrences. In the last 10 years, the diagnosis of urinary incontinence has undergone rapid development. Modern surgical procedures have been developed, but unfortunately even these do not always bring the expected effect. Approximately every fourth patient sooner or later has a recurrence of incontinence. We cannot forget the exact drug therapy and other conservative treatment procedures, including the often underappreciated special therapeutic gymnastics – strengthening the pelvic floor.

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# Determining the Relation Between Relational Interdependent Self-Construal and Psychological Resilience of University Students in the COVID-19 Pandemic Process

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## Abstract:

**Objective:** The purpose of the study was to determine the relationship between relational interdependent self-construal and psychological resilience of university students who continued their education during the COVID-19 pandemic period.

**Design and Methods:** The study was designed with a quantitative design and a correlational survey model was used. The study data were collected by using an online questionnaire, a personal information form that contained demographic information, the Relational Interdependent Self-Construal Scale (RISCS), and the Adult Psychological Resilience Scale (APRS).

**Participants:** The sampling consisted of 363 university students who were selected with the convenience sampling method.

**Results:** As a result, Spearman's correlation coefficient was found to be positive (0.361) at a significance level of 0.01 between RISCs and APRS scores. In this respect, it can be argued that as the relational interdependent self-construal levels of students increases, their psychological resilience also increases.

**Conclusion:** The study results can guide practitioners in terms of intervention focuses by contributing to uncovering the importance of relationality and social support resources.

## Introduction

The COVID-19 pandemic, which has affected the world and Turkey, has necessitated some changes in almost every aspect of human life. Social life, business life, and educational life are some of these areas. No doubt, all stages of the educational institutions, which include millions of students, are at the forefront of the structures that have been affected by this process. The university education process, which has an important place in the lives of individuals, brings with it many changes and transformations that might affect the individual in life, not only in terms of education, but also in terms of friendships, newly established relations, and new environments. The individual and social problems faced by university students, who have experienced university years differently with the effect of COVID-19, which corresponds to an important process in terms of acquiring a profession and directing life, in the developmental periods of individuals, brought with it some issues that need to be examined. The prolongation and uncertainties of this process, which was at first considered to be short, increased the levels of anxiety, hopelessness, and stress in students. One of the most important effects of the pandemic has been the damage it caused to the physical and psychological health of people. In this social isolation process, it has had great importance to protect individual and societal psychosocial well-being and to improve psychological resilience strategies in the face of negative situations that stemmed from the pandemic process (Özer, 2020; Özer & Suna, 2020). In a study that was conducted in China to evaluate the psychological health of young people after COVID-19 and to investigate the factors that affected the psychological health of young people, it was shown that approximately 40.4% of young people tended to have psychological problems. It was also argued that low educational levels, PTSD symptoms,

and negative coping styles were among the factors that affected young people's psychological health (Liang et al., 2020). In a study that was conducted by Tönbul (2020) in our country, it was reported that the pandemic also affected psychological resilience.

## Psychological Resilience

One of the concepts regarding psychological health and psychological resilience, which is more on the agenda under today's circumstances, was defined by Walker (2020) in the simplest way as the ability to cope with unexpected conditions and to continue working in the same way under these conditions. Hunter (2001) on the other hand, emphasized the concepts of "adaptation" and "success" when he defined psychological resilience. According to Block & Kremen (1996), the adaptive competencies of individuals vary greatly in their ability to perceive and balance the ever-changing world. In this respect, according to them, the distinctive feature of psychological health is the complementary combination of external abilities and constraints with the internal motivations and needs of the individual. In light of this information, the characteristics of the individual (being social, intelligence, communication skills, self-efficacy perception, etc.), as well as relations with family members, communication status with others such as friends, teachers, neighbors, and environmental conditions can also be considered as the determining variables for psychological resilience.

## Self and Relational Interdependent Self-Construal

The factors affecting how people define themselves, and how they think, feel, and interact with each other are expressed with the concept of "self-construal" (Cross et al., 2002).

Self-construal is also referred to as "*the past, present, and future behavior patterns of the indi-*

vidual, and cultural differences in the way individuals perceive and interpret the world”, and is conceptualized under two titles, which are; intertwined/dependent self-construal and independent self-construal (Markus & Kitayama, 1991). Individuals who have dependent self-construal attach more importance to relations and encode and organize information in terms of relations. It is seen that individuals who have an independent sense of “self” emphasize their uniqueness or individuality (Cross & Madson, 1997).

Individuals who have high dependent self-construal tend to define themselves over their relations, prioritizing maintaining an existing relationship, and agreeing with others (Markus & Kitayama, 1991; Singelis, 1994). Also, Suh (2007) argued that individuals who have a dominant dependent self-construal attach great importance to maintaining adjustment in the relations and following social rules; and therefore, he added that some psychological factors (for example, self-esteem and expressing emotions) might be an obstacle to the happiness of such individuals.

In this context, the purpose of the study was to determine the dependent self-construal and psychological resilience levels of university students and the relations between these two variables during the COVID-19 pandemic period. In line with this main purpose, differences among the participants’ gender, perceived socio-economic level and the scores received from the scales were evaluated.

## Methods

### Design and sampling

This study was conducted by using the quantitative research method with the correlational screening model, which aims to describe a past or present event as it exists (İslamoğlu & Alınacı, 2016). The universe of the study consists of individuals who were undergraduate students in any city in Turkey and have access to a phone or computer. Convenience sampling, which is characterized by low cost and ease of application, was used as the sampling method (İslamoğlu & Alınacı, 2016). To determine the sampling size, the formula ( $N = N \cdot t^2 \cdot p \cdot q / d^2(N-1) + t^2 \cdot p \cdot q$ ) is used in descriptive studies when the number of people in the population is known. As a result of this calculation, it was found that it was neces-

sary to reach a minimum of 384 people. Considering the possible data losses, the purpose was to reach 400 individuals, but 380 people were reached and 363 people constituted the sampling of the study because the questionnaires of 17 people were excluded from the evaluations. The data were analyzed with a 95% Confidence Interval and at a 0.05 significance level.

### Data collection

The data of the study were collected between 20.02.2021 and 20.04.2021 with an online survey method. The questionnaire form used to collect data consisted of the personal information form prepared to collect information on the sociodemographic characteristics of the participants, the “Relational-Interdependent Self-Construal Scale” developed by Cross, Bacon & Morris (2000) whose Turkish validity and reliability study was conducted by Akın, Eroğlu, Kayış & Satıcı (2010), and the Adult Psychological Resilience Scale, which was developed by Friborg et al. (2005) whose Turkish validity and reliability study was conducted by Basım & Çetin (2011).

### Data analysis

The IBM SPSS (Statistical Package for Social Sciences) 22 program was used when the data obtained at the end of the study were evaluated. Firstly, descriptive statistics (percentage, mean, standard deviation, frequency) were determined, the Kolmogorov Smirnov test was used, the skewness-kurtosis values were examined, and it was determined that the dataset was not normally distributed ( $p < 0.05$ ).

### Ethical consideration

To collect the data in the study, firstly, ethics committee approval was obtained from the Social and Human Sciences Scientific Study Ethics Committee of X University on 19/02/2021 with the number 2021/109. On the first page of the online questionnaire, information was given about the purpose of the study, and the participants were informed that the study would be initiated only if they provided consent.

## Results

The Mann Whitney U, Kruskal Wallis, and Spearman Correlation Analysis results of the

scale scores of the findings of university students during the COVID-19 pandemic process are given below according to the variables of gender, perceived socio-economic level (the analysis results that did not show significant differences between the variables and the sub-dimensions of the adult psychological resilience scale are not included in the tables so that the tables do not tire the eyes and are more understandable in the presentation of the findings). Descriptive analyzes were made to find the socio-demographic characteristics of the university students during the COVID-19 pandemic. In this respect, 75.5% of the students were female, 29.8% were 21,

28.1% were 22 years old. The mean age of the sampling was found to be 21.48. A total of 37.5% of the students were third-year students; 84.8% perceived their socio-economic status as moderate.

According to Table 1, when the average of both scale scores was evaluated, it can be argued that both the relational interdependent self-construal and psychological resilience levels of the participants are relatively high.

According to Table 2, statistically significant differences were detected between the gender of the students and the self-perception sub-dimension scores. The adult psychological resilience scale self-perception sub-dimension scores of the male students were higher than those of the female students ( $p:0.002$ ).

According to Table 3, significant differences were detected in terms of the perceived socio-economic level and adult psychological resilience scale total score ( $p:0.004$ ), self-perception ( $p:0.002$ ), future perception ( $p:0.018$ ), structural style ( $p:0.004$ ), and family adjustment (0.017) sub-dimension scores. Those who had a perception of upper socio-economic level had higher adult psychological resilience total score, self-perception, and sub-dimensions of family adjustment than those who had a perception of moderate and lower socioeconomic level. Also, the future perception and the structural style sub-dimension scores of the participants who had a perception of upper socio-economic level were higher than those who had a perception of lower socio-economic level.

According to Table 4, The Spearman Correlation Coefficient (0.361) was positive at a significance level of 0.01 between RISCS and

**Table 1** Findings on the RISCS and APRS scores of the participants

	Mini- mum	Maxi- mum	$\bar{x}$	SD
RISCS	16	74	55.55	8.66
APRS- total	55	165	125.29	18.09
APRS- self- -perception	6	30	23.00	3.60
APRS- future perception	4	20	14.94	3.08
APRS- structural style	7	20	15.11	2.77
APRS- social competence	6	30	22.46	3.96
APRS- family adjustment	6	30	22.19	5.04
APRS- social resources	8	35	27.57	4.69

**Table 2** Mann-Whitney U results of RISCS and APRS scores according to the gender of the participants

Dependent variable	Gender	n	$\bar{x}$	SD	Median	Min-max	Q1-Q3	Z	p
RISCS	Female	274	55.80	7.78	57	16-74	52-61	-0.350	0.726
	Male	89	54.79	10.94	56	19-73	49.50-61.50		
APRS- total	Female	274	124.84	16.85	127	55-163	115.75-136	-1.596	0.111
	Male	89	126.67	21.50	131	60-165	120.50-139		
APRS- self- perception	Female	274	22.81	3.33	23	6-30	21-25	-3.046	0.002*
	Male	89	23.60	4.27	24	10-30	22.50-26		

**Table 3** Kruskal Wallis results of the RISCS and APRS scores according to the perceptions of the participants regarding their Socio-Economic Status (SES)

Dependent variable	SES	n	$\bar{x}$	SD	Median	Min-Max	Q1-Q3	Chi-square	Difference	p
RISCS	a. Upper	15	56.20	8.33	61	44-66	46-63	.560	-	0.756
	b. Moderate	308	55.73	8.48	56	19-74	52-61			
	c. Lower	40	54	10.12	56	16-66	51.25-59			
APRS-total	a. Upper	15	138.40	14	143	112-163	131-147	10.817	a>ba>c	0.004*
	b. Moderate	308	125.32	17.32	128	60-165	116-136			
	c. Lower	40	120.12	22.59	127.5	55-157	107.2-132			
APRS-self-perception	a. Upper	15	25.80	2.59	27	21-29	24-27	12.811	a>ba>c	0.002*
	b. Moderate	308	23	3.54	23	6-30	21-25			
	c. Lower	40	21.97	3.85	23	11-29	20-25			
APRS-future perception	a. Upper	15	16.33	3.03	17	11-20	13-19	8.038	a>c	0.018*
	b. Moderate	308	15.04	2.97	15	4-20	13-17			
	c. Lower	40	13.65	3.61	14.5	4-19	11-16			
APRS-structural style	a. Upper	15	16.93	2.73	18	12-20	15-19	10.820	a>c	0.004*
	b. Moderate	308	15.18	2.64	15.5	7-20	14-17			
	c. Lower	40	13.85	3.28	15	7-19	11-16			
APRS-family adjustment	a. Upper	15	25.20	3.42	26	16-29	24-28	8.129	a>ba>c	0.017*
	b. Moderate	308	22.15	4.95	23	6-30	20-16			
	c. Lower	40	21.35	5.86	22	8-30	18-25			

APRS scores ( $p:0.000$ ). It was determined that there is a positive and significant relation between relational interdependent self-construal scores and adult psychological resilience scores of university students who returned to their families because of COVID-19. In this context, as the relational interdependent self-construal levels of the students increase, their psychological resilience increases.

## Discussion

In this study, the relational interdependent self-construal and psychological resilience levels

of university students and the relation between these two concepts were investigated during the COVID-19 pandemic. In the light of the findings, when the mean scores of the students in both scales are considered, it can be argued that the relational interdependent self-construal and psychological resilience levels of the participants are relatively high.

According to the results of this study, no statistically significant differences were detected between the relational interdependent self-construal and adult psychological resilience scale scores in terms of gender of the participants. Statistically

**Table 4** The Spearman Correlation Analysis results of the RISCs and APRS scores of the participants

		RISCs	APRS						
		1	2	3	4	5	6	7	8
RISCs	1.Total	1							
APRS	2. Self-perception	.196**	1						
	3. Future perception	.168**	.696**	1					
	4. Structural style	.296**	.597**	.602**	1				
	5. Social competence	.220**	.484**	.437**	.420**	1			
	6. Family adjustment	.309**	.422**	.407**	.451**	.427**	1		
	7. Social resources	.396**	.491**	.381**	.466**	.515**	.716**	1	
	8. Total	.361**	.746**	.704**	.296**	.700**	.797**	.800**	1

significant differences were detected between the genders of the students and their self-perception sub-dimension scores. The adult psychological resilience scale self-perception sub-dimension scores of the male students were higher than those of the female students. The fact that self-perception, which refers to the characteristics such as self-confidence and having a positive perspective, was higher in males, can be interpreted as self-confidence in males being an important factor in the context of psychological resilience.

In the literature, there are different results in terms of the gender variable. Studies that were conducted with university students reported that there were no significant differences between self-construal and psychological well-being levels according to gender (Ak, 2019; Kuyumcu, 2012; Çuhadaroglu & Akfırat, 2017; Duman et al. 2020). On the other hand, in the study that was conducted by Tonbul (2020) in which the post-coronavirus psychological resilience of individuals aged 20-60 was investigated, it was concluded that the psychological resilience of women was found to be higher than that of men. Cross & Madson (1997) reported that women tended to define themselves in relational terms more than men based on independent and relationally dependent self-construal.

According to the results of this study, those who had a perception of upper socio-economic level had higher adult psychological resilience total score and self-perception, and sub-dimensions of family cohesion than those who had

a medium and lower perception. Also, the future perception and the structural style sub-dimension scores of the participants who had a perception of upper socio-economic level were higher than those with a perception of lower socio-economic level. The high scores of the participants who had the perception of upper socio-economic level in the total and some sub-dimensions of the adult psychological resilience scale may be because the economic power of the individual increases the alternatives in life, giving the chance to choose in every sense, and reduces anxiety about the future. Also, access to online platforms in the distance education process is directly related to the socio-economic levels of families (Özer & Suna, 2020). This result also shows the positive contribution of not experiencing socio-economic problems, in other words, not being in economic distress, on the psychological health.

As a result of this study, it was found that there is a positive and significant relationship between the relational interdependent self-construal scores of university students and adult psychological resilience scores in the COVID-19 pandemic process. In this respect, as the relational interdependent self-construal levels of the students increase, their psychological resilience also increases. It was also argued that family processes, shared family beliefs, and close relations play central roles in psychological resilience in the context of COVID-19 (Prime et al. 2020). In the study, the positive relation between relational interdependent self-construal and psychological resilience showed that the sense of

support and security brought by relationality can contribute to the psychological resilience of the individual when the COVID-19 pandemic has deeply affected human relations. Because the concept of psychological resilience is also considered as “the ability of an individual to use family and social and external support systems in the process of coping better with stressful situations” (Hurmeydan, 2019).

## Conclusion

As mentioned above, there are many studies conducted on the effects of COVID-19 on the psychological health of individuals. In this study, it was found that relational interdependent self-construal may contribute positively to psychological resilience which is a dimension of psychological health during the pandemic process. In another study conducted with 1,004 US adults by Killgore et al. (2020), it was argued that psychological resilience is related to modifiable factors in this challenging period. These factors are listed as follows. At least 10 minutes of exercise per day, perceived family support; perceived friend support; less insomnia; perceived care and support from a close and significant other; and prayers. Study results showed that those who scored higher on a combination of these factors tended to have greater psychological resilience during the quarantine period. In other words, those who participated in these vital activities and nurtured their relations may be more resistant to the negative impacts of COVID-19 on psychological health.

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## Conflict of interests

The authors declare that there is no conflict of interest.

## Data availability statement

The data supporting the findings of this study are available from the corresponding author upon request.

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# Civilian and Military Mental Health Concerns in Ukraine

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## Abstract:

The intense warfare within the borders of Ukraine has caused severe disruption to the lives of refugees, the citizens remaining in the country and the military engaged in the fighting. The invader's targeting of residential areas and supporting infrastructure is negatively impacting the mental health of civilians and military personnel. The international efforts to rebuild the nation at the conclusion of the hostilities must include a focus on rebuilding mental health diagnostic and treatment capability.

## Introduction

The most recent stage of the war in Ukraine began in February 2022 with the invasion by Russian military forces into the independent nation. In addition to the conflict between the invading forces and Ukrainian military, the civilian

population of Ukraine has been impacted by direct attack on residential, commercial, educational and health care facilities by the invading forces. More recent attacks on the nation's energy infrastructure are to the detriment of both the civilian and military population. Sources of

heating fuels, electricity, clean water and cell phone connectivity make daily life in Ukraine more harsh. Rocket and artillery attacks on nuclear power plants pose further dangers. Rather than focusing on military targets, the invading forces have also concentrated on civilian targets in an effort to demoralize the population.

### Defining The Crisis

As of mid-November, 2022 Statista reported on civilian casualties as verified by the United Nations High Commissioner of Human Rights. The verified counts were 6,557 deaths which included 408 children and 10,074 injured including 750 children. The hostilities also impact both the civilian population and Ukrainian military fighting to defend their homeland. Quirke et al (2022) write that the armed conflict has had “wide-ranging” consequences; “It has emphasized the need for comprehensive and sustainable reform of the Ukrainian mental health system.”

The Ukrainian Ministry of Health has estimated that 15 million people may be in need of professional help because of the war. Previous studies have indicated that certain segments of the population are more susceptible to mental health issues and that people in war zones are almost three times more affected by mental illness (trtworld 2022). For instance, 7.6 million refugees have left Ukraine and another 7 million have been internally displaced within the country. Children are affected by the violence including use of explosive devices in urban areas.

The elderly are impacted and their mental health issues are often influenced by physical health problems as well. The elderly may suffer because they feel unable to flee or because they cannot envision leaving their homes at an advanced age. With men summoned for, or volunteering for combat duty, women are often left in roles as head of households, fighting for themselves and the safety and well-being of their families.

A severely damaging aspect of war is the impact on mental health. Not since the end of World War II has Europe experienced such severe impact. The World Economic Forum (2022) predicts that 22% of the population in the area of conflict will experience a “mental health challenge” sometime within the next 10 years to include: acute stress; anxiety; depression; sub-

stance abuse; post-traumatic stress disorder (PTSD). The publication also estimates that 10% of these will suffer from a moderate or severe condition such as depression with “suicidal behavior or psychosis.” Gen. Mark Milley, one of America’s highest ranking military officers estimates that Russia and Ukraine have each suffered 100,000 troops killed or wounded. (Lock, 2022)

The Ukrainian conflict also causes concern for the mental health of military combatants, many of whom were civilians who volunteered for armed conflict. They had to leave their families and civilian occupations with short notice and many had little formal military training before joining tactical combat units. Audriy Sadoyvi, the Mayor of Lviv said: “Psychological support is crucial and it is one of the most critical needs right now.” (BMJ, 2022). Since 2015, many Ukrainian combat veterans have committed suicide, and a Ukrainian public health survey in 2020 found that 57% of military veterans needed psychological support according to Sadoyvi (ibid).

A contributing factor to the mental health of Ukrainian civilians and military is psychological warfare, the dissemination of misinformation or disinformation to targeted audiences with the goal of diminishing morale and weakening resolve (Abrams, 2022). Known as propaganda, earlier efforts made use of short-wave radio broadcasts aimed at civilian and military populations, but modern technology has facilitated the spread of propaganda through the use of social media platforms.

### Conclusion

The mental health situation in Ukraine will not come to an end when the hostilities conclude. The World Economic Forum also believes that people “with pre-existing mental health conditions who previously relied on public mental health and social care facing additional challenges in accessing the services they need.”

Ukraine has begun using Community Mental Health Teams (CHMTs) with support provided by the World Health Organization (WHO, 2022). Although 65 such teams were in place at the start of the invasion, many more such teams would be needed to make a significant impact in Ukraine (ibid).

Institutional mental health facilities have also been impacted during the armed conflict. Smaller

facilities began to evacuate patients and staff to larger hospitals as hostilities intensified in certain parts of the country. In addition to receiving transferred patients from other facilities, hospitals like Lviv Regional Psychiatric Hospital have begun receiving civilians and military from the front lines of the war which experts say “is creating additional mental health scars that threaten to push Ukraine’s fragile health care system into a lasting crisis.” (MacDonald, 2022).

The effort to increase mental health treatment capability would seemingly require strong international support in the shorter term while the hostilities continue and in the longer term as the country attempts to rebuild.

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# Students Motivation and Orientation to Midwifery

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Original Article

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## Abstract:

**Objective:** The purpose of the research was to determine the motivation and orientation of midwifery students towards professional expertise and associated factors.

**Design:** A cross-sectional study.

**Participants:** A total of 241 undergraduate midwifery students in a convenience sample participated in this study at a Faculty of Health Care Studies.

**Methods:** Data were collected through a questionnaire, which was composed of 3 parts: motivation factors, a Midwifery Orientation Tool, and background questions.

**Results:** The most powerful motive for the study of midwifery was “to be useful to others, take care of others”. The motivation factor of completed professional practice decreased sta-

tistically significantly after the second year of study ( $p < 0.001$ ). Orientation towards midwifery did not significantly differ statistically over individual years. Students dissatisfied with their studies were significantly less motivated to study midwifery ( $p < 0.001$ ) and had significantly higher average scores on the caring orientation scale ( $p < 0.001$ ) and the midwifery expertise scale ( $p < 0.001$ ) when compared to satisfied and moderately satisfied students.

**Conclusion:** We recommend that educators in midwifery discuss issues relating to the curriculum. Teachers and mentors should pay attention to the individual problems of students during the academic year, both in the classroom and during clinical placements.

## Introduction

The current situation in the health professions is impacted by a shortage of qualified staff at all levels of care provided. In Western countries, this problem is solved by the targeted recruitment of employees from other countries. The main motivation factors for choosing non-physician study programs include: the desire to help others; job opportunities; having friends and relatives who work in the same field; the positive image of non-physicians; previous work/volunteer experience of taking care of someone including relatives; the attractiveness of the profession since childhood; negative experiences of a different educational field or at work; the failure of other plans (4,10,12). At the beginning of their studies, students generally have unrealistic expectations that change over the course of study (14,16). The factors that lead students to termination of their studies are: ineffective supporting mechanisms from educational institutions; a large difference between their expectations and reality; unsatisfactory experience from practice; an unexpected high study load; financial problems (6,8). The concept of orientation is based on cognitive psychology theory and defined as the process of foreseeing, analyzing, and activity planning. Orientation is driven by motives, and the quality of orientation predicts the quality of learning. Social processes contributing to the orientation of students of non-physician professions, such as; a caring orientation; a nursing expertise orientation; a life orientation have been specified (17). The caring orientation is defined by the opportunity to take care of somebody and is higher at the end of study than at the beginning. The purpose of our research was to determine the motivation

and orientation of midwifery female students towards professional expertise and associated factors. We were interested in determining differences in the motivation to study and orientation towards midwifery during a three-year bachelor study program.

## Methods

### Study Design and Sample

A quantitative cross-sectional design was used. Respondents were female students of a midwifery Bachelor's program at a health care faculty in the Czech Republic. All midwifery students ( $n = 287$ ) who commenced the 1st, 2nd, and 3rd years of study from 2016 to 2019 were approached.

### Instruments

A questionnaire composed of 3 parts (1. motivation, 2. a Midwifery Orientation Tool, 3. background questions) was used in the study. The motivation questionnaire contained 22 statements related to different motivation factors, which were evaluated by students on a 5-point Likert scale. Only the question about the motivation measure was evaluated by students on a 7-point Likert scale. The second part of the questionnaire was the Nursing Orientation Tool (17), which contains 17 statements. The tool is divided into 3 subscales: caring (6 statements), nursing expertise (6 statements), and life orientation (5 statements) (16). The statements are evaluated on a 5-point Likert scale; the maximum score is 30 for the caring orientation; 30 for the nursing expertise orientation; 25 for the life orientation. The higher scale values, the lower orientation is to-

wards professional expertise. The validity and reliability of the tool have been tested in previous studies (9,16). Individual statements in the questionnaire were translated with the author's consent into Czech using the translation/back-translation method. The term "nursing" was replaced by that of "midwifery". That is why we called the revised questionnaire the Midwifery Orientation Tool (MOT).

## Data Collection

Data for this study were collected from 2016 to 2019, always at the beginning of the academic year (in September). Thus, 4 first, second, and third years were involved. Students were familiarized with the survey objectives and informed about the anonymity and voluntary nature of their involvement completing the questionnaire. Informed consent for participation in the study was embedded in the survey. Ethical approval for this study was guaranteed by the institutional review board.

## Data Analysis

Testing was performed in RStudio 2021.09.0 (Build 351) with R version 4.1.1. Hypotheses were evaluated using the Mann-Whitney U test, the Kruskal-Wallis test, and the Chi-square test of independence. A conventional significance level of 0.05 was used.

## Results

### Demographics

Overall, 241 fully completed questionnaires were obtained; the response rate was 84%. All the respondents were female; the mean age was 20.9 years (SD 2.3; min. 19; max. 41). The total cohort included 44.4% (n=107) of first-year students; 31.5% (n=76) of second-year students; 24.1% (n=58) of third-year students in the midwifery program.

### Student Motivation and Motivation Factors

The mean score of the motivation towards midwifery study was 5.62 on the 7-point Likert scale (SD 1.30). Only 5.0% of students had a motivation score of lower than 4 on the Likert scale. During the course of study, the mean score on the motivation scale increased slightly (first year =5.54; second year =5.57; third year =5.71). Stu-

dents who preferred the midwifery study program on admission had significantly higher values on the motivation scale than students who preferred another study program (5.66 vs. 4.45;  $p=0.006$ ). The type of secondary education (health vs. other) completed did not influence the motivation level. The most powerful motive for the study of midwifery was "to be useful to others, take care of others". On the contrary, the weakest motives were "salary and provision" and "demands of parents". The preference of motivation factors was not significantly influenced by field preference (midwifery vs. other) or the secondary school type (health vs. other) completed. We had expected that the professional practice of students would be a strong motivation factor. However, 81.6% of students after the first year of study and 58.6% of students after the second year mentioned that completed professional practice was motivating for further study. The difference is statistically significant, i.e. after the first year, completed professional practice is more motivating for further study than after the second year ( $p<0.001$ ).

### Orientation towards midwifery

The mean score for the caring orientation scale was 14.10 (SD 3.2, min. 7, max. 22). High scores (20–30) on the caring orientation scale were obtained by 4.2% (n=10) of the respondents; 88.0% (n=212) had average scores; 7.9% (n=19) of the students had low scores (0–9).

The mean midwifery expertise score was 12.49 (SD 2.5, min. 6, max. 22). Only one of the students had a high (20–30) midwifery expertise score, while 88.4% (n=213) had average scores (10–19), and 11.2% (n=27) had low (0–9) midwifery expertise scores. The average score results of the MOT subscales did not differ statistically significantly between individual years (see Table 1).

Students from all 3 years perceived most strongly the following statements: "A midwife must have a powerful need to take care of others. I expect as a midwife to have the opportunity to develop as a person. In midwifery, I can learn to understand myself and others better than in some other professions". The mean scores of individual MOT subscales were not significantly influenced by discipline preference (midwifery vs. other) or the type of secondary school (health vs. other) completed (see Table 2).

**Table 1** Survey responses for MOT (caring orientation, midwifery expertise, and life orientation) according to student's years of study

MOT	Mean		
	Year 1	Year 2	Year 3
<b>Caring orientation scale</b>	<b>13.90</b> <b>(SD 3.32)</b>	<b>14.11</b> <b>(SD 2.88)</b>	<b>14.49</b> <b>(SD 3.31)</b>
I've dreamt of becoming a midwife since I was a child.	3.84	4.03	3.93
Midwifery is a calling.	2.15	2.07	2.16
A midwife must have a powerful need to take care for others.	1.78	1.78	1.81
It is important to me that I get to study midwifery.	2.03	2.18	2.29
Working as a midwife gives my life a meaningful content.	2.29	2.23	2.29
I expect, as a midwife I have an opportunity to develop as a person.	1.83	1.85	1.97
<b>Midwifery expertise orientation scale</b>	<b>12.23</b> <b>(SD 2.60)</b>	<b>12.45</b> <b>(SD 2.44)</b>	<b>13.03</b> <b>(SD 2.08)</b>
I chose midwifery because of the variety of jobs available.	2.30	2.30	2.53
I am confident I will become a good midwife.	2.20	2.27	2.38
One of the most important qualities of a midwife is mental strength.	1.54	1.54	1.48
In midwifery, I can choose my working field according to my personal interests.	2.19	2.14	2.33
I expect this training to give me a possibility to progress in my career.	2.16	2.28	2.34
In midwifery, I can learn to understand myself and others better than in some other professions.	1.83	1.92	1.97
<b>Life orientation scale</b>	<b>18.42</b> <b>(SD 2.72)</b>	<b>18.58</b> <b>(SD 2.82)</b>	<b>18.95</b> <b>(SD 2.79)</b>
I would not have started studying midwifery here if it had meant moving away from my family.	3.57	3.51	3.43
I would have applied to study here earlier but, it was not possible because of where my family was living.	4.41	4.61	4.43
My studying is dependent on the financial situation in my family.	3.36	3.03	3.47
I applied to study midwifery, because I was unemployed / going to be unemployed.	4.33	4.53	4.50
I do not want to make decisions in my life that would risk my family being together.	2.80	2.95	3.12

n=241



### Problems during Study and Teaching Satisfaction

In the questionnaire, 2nd & 3rd year students were presented with statements related to their satisfaction with their preceding study (with their academic achievements, study contents, teaching methods, and professional practice). Study contents were not satisfactory for 24.6% of the students; 14.2% were dissatisfied with the teaching methods. However, only 10.4% of students were not satisfied with their academic achievements. When analyzing the responses, we divided the respondents into 3 groups by score: totally satisfied students (score 5–10); moderately satisfied students (score 11–15); dissatisfied students (score

16–25). The results (see Table 3) showed that students dissatisfied with their studies are significantly less motivated to study the field ( $p < 0.001$ ) and have significantly higher average scores on the caring orientation scale ( $p < 0.001$ ) and the midwifery expertise scale ( $p < 0.001$ ) when compared to satisfied and moderately satisfied students. This means that students' low study satisfaction negatively affects not only their motivation to study, but also their orientation towards the field of study.

### Discussion

The mean age of the midwifery students in our cohort was 20.9 years. Cullen et al. (3) mention that younger graduates of midwifery do not

**Table 2** Survey responses for MOT (caring orientation, midwifery expertise, and life orientation): field preference and completed secondary education

MOT	Completed secondary education			Preferred study program		
	Secondary health school	Different secondary school	p-value	Midwifery program	Different study program	p-value
Caring orientation scale	13.70 (SD 3.96)	14.4 (SD 2.75)	.510	13.76 (SD 2.84)	15.58 (SD 3.29)	.073
Midwifery expertise orientation scale	11.75 (SD 2.41)	12.53 (SD 2.72)	.090	12.10 (SD 2.61)	13.08 (SD 2.57)	.279
Life orientation scale	18.84 (SD 2.71)	18.18 (SD 2.73)	.174	18.54 (SD 2.74)	17.75 (SD 2.67)	.344

n=107

**Table 3** Survey responses for motivation and MOT (caring orientation, midwifery expertise, and life orientation) according to student's study satisfaction

MOT	Dissatisfied with study (n = 17)	Moderately satisfied with study (n = 58)	Satisfied with study (n = 59)	p-value
Caring orientation scale	16.71 (SD 3.06)	15.49 (SD 2.78)	12.41 (SD 2.28)	<.001***
Midwifery expertise orientation scale	14.35 (SD 2.69)	13.29 (SD 2.13)	11.68 (SD 1.92)	<.001***
Life orientation scale	18.29 (SD 3.46)	18.68 (SD 2.85)	18.98 (SD 2.60)	.596
Motivation to study	4.41 (SD 1.33)	5.38 (SD 1.09)	6.22 (SD 1.10)	<.001***

n=134

\*\*\* p-value is significant at 0.001 level

A change of study field was considered by 4.6 % of the students; only 4.1 % considered a change of career after graduation.

**Table 4** Comparison of the Czech results with those reported by other authors

Study	Number of Respondents	Country	Scale		
			Caring orientation	Nursing/Midwifery expertise orientation	Life orientation
Vanhanen & Jahonen (2000)	184	Finland	11.23 (SD 3.67)	10.43 (SD 3.3)	18.78 (SD 4.7)
Grainger & Bolan (2006)	363	Canada	13.13 (SD 3.42)	10.86 (SD 2.67)	19.75 (SD 3.16)
Bolan & Grainger (2009)	213	Canada	12.30 (SD 3.13)	10.94 (SD 2.43)	19.74 (SD 3.27)
Current study (2022)	241	Czech Republic	14.10 (SD 1.05)	12.49 (SD 0.25)	18.60 (SD 2.8)

have the advantages of more mature students, who have gained them thanks to life experience. The motivation to study increased moderately over the 3 years of studies; a positive influence was found of the preference for a midwifery study program at admission on motivation during the study. The most powerful motive for midwifery study was “to be useful to others, take care of others”. Taking care of others is one of the most cited motivation factors for non-physician health professions. Altruism was the most commonly mentioned reason for choosing a non-physician health profession (11). The motivation factor of professional practice had a declining trend during the study. Students may have a feeling of disappointment and disagreement between the theory studied and the practice experienced (5) where they cannot rely on theoretical knowledge (6). In the study by Vanhanen & Janhonen (16) it was discovered that midwifery students had the lowest caring orientation scores and high life orientation scores. In our study, the results of the subscales were genuinely lower (higher scores mean a lower orientation towards nursing) than in the studies from Finland and Canada. In addition, our midwifery students were more oriented towards life/family than were the nursing and other non-physician profession students from the cited studies (see **Table 4**).

Vanhanen & Janhonen (16) mention that female students (100% in our study) are likely to face financial, interpersonal and family problems and may thus perceive bigger problems with study/work and personal life balance. In our study, the results of the subscales did not differ

statistically significantly between individual study years, in contrast to the studies by Vanhanen & Janhonen (16), Grainger & Bolan (5) and van den Boogaard et al. (18). Most students in the study by Ten Hoeve et al. (15) mentioned reasons for quitting related to the study program (the academic level of the education being too high or too low, learning too much theory; unsatisfying clinical placements). It seems that teaching satisfaction is one of the most significant factors related to students’ motivation to study and orientation to nursing or midwifery. Vanhanen & Janhonen (16) came to similar conclusions. Students often had financial problems during their studies (32.1% of the students), and the time-consuming curriculum did not allow them to have temporary jobs or have spare time for their hobbies (1). In the study by Hamshire et al. (7), financial difficulties were a frequently cited problem attributed by students to thoughts about interruption their studies. To solve student attrition, it is important to closely watch, support, and mentor students during their educational program, especially in the first years of study (6, 2, 15). Nikodemova, Matulnikova (13), emphasizes the importance of certified courses for mentors, which increase the level of knowledge and skills of mentors, the ability to navigate social changes and increase knowledge about the educational program implemented by the faculty. Mentors achieved better results in self-assessments of behavior and communication with students after completing the course. The better motivation of the students was achieved, which supports their development as part of the practical training.

**The limitations** of this study include convenience sampling, the choice of questionnaire and our study was conducted at a single faculty only; therefore, the results may be specific (as a result of the teaching style and organization of the studies).

## Conclusion

This study was focused on the motivation of female midwifery students to study and on the factors associated with the orientation towards midwifery. The orientation towards midwifery did not differ statistically significantly between individual years of study, but a statistically significant negative impact of students' dissatisfaction with their studies on their motivation, the caring orientation scale, and the midwifery expertise scale was discovered. Students were dissatisfied with the contents of their studies and with the time-consuming curriculum; the motivation function of professional practice was declining. We recommend that educators in midwifery discuss issues relating to the curriculum. Teachers and mentors should pay attention to individual problems of students during the academic year, both in the classroom and during clinical placements.

## Conflicts of interest

The authors have no conflict of interest to declare.

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# Impact of Supervision on Burnout Syndrome in Workers of social and legal Protection of Children and social Guardianship

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Original Article

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## Abstract:

**Objective:** The aim of this research is to compare the level of burnout in workers of social and legal protection of children and social guardianship with regard to their perception of supervision effectiveness.

**Design:** Comparative and quantitative research.

**Participants:** The sample consisted of 317 workers of the social and legal protection of children and social guardianship departments.

**Methods:** The level of burnout syndrome was determined and subsequent comparison was carried out using the MBI questionnaire by Christina Maslach & Susan E. Jackson.

**Results:** The results of the research confirmed that workers of

the social and legal protection of children and social guardianship who consider supervision to be effective show a lower level of depersonalization than workers of the social and legal protection of children and social guardianship who consider supervision to be ineffective. It has also been confirmed that workers of the social and legal protection of children and social guardianship who consider supervision to be effective report higher levels of personal satisfaction than workers of the social and legal protection of children and social guardianship who consider supervision to be ineffective.

**Conclusion:** The results of the research point to the importance of effective supervision, which has a significant impact on the level of burnout syndrome among workers of the social and legal protection of children and social guardianship.

## Introduction

The research on burnout syndrome in social workers shows that child welfare social workers are among those most at risk of burnout. Decisions made by social workers of the social and legal protection of children and social guardianship department can affect the lives of children and their families, either positively or negatively, for the rest of their lives. From the clients' perspective, it is important that they have as little contact as possible with social workers experiencing burnout.

In terms of burnout prevention, experts cite a number of effective prevention options, which clearly include supervision. Supervision is the main form of support for social workers. Social workers often turn to supervisors for help with cases or for assistance with further skills development (1). Supervision can be defined as a method of continuously improving the professional competence of a social worker, which leads the worker to practice the profession independently and protects the client from incompetent and iatropathogenic interventions (2). Undergoing supervision under the expert supervision of a certified supervisor who seeks to detect the onset of burnout syndrome also protects the status of the profession (3). The results of another research also show that emotional support from both supervisors and co-workers is associated with lower levels of burnout, job stress, and mental health problems (4).

The aim of the research is to determine the perception of supervision effectiveness by workers of the social and legal protection of children and social guardianship and to compare the level

of burnout of workers of the social and legal protection of children and social guardianship with respect to their perception of supervision effectiveness.

## Methodology and results

### Research sample

The research sample consisted of a total of 317 workers of the social and legal protection of children and social guardianship from various parts of Slovakia. Workers of social and legal protection of children and social guardianship were unevenly represented by gender. In total, we received 32 completed questionnaires (10.1%) from men and 285 completed questionnaires (89.9%) from women. Workers of the social and legal protection of children and social guardianship were aged from 23 to 61 years. The mean age was 38.72 years (SD = 10.26). The length of experience of social workers ranged from 0 to 46 years. The mean length of experience was 8.68 years (SD = 9.86).

We also surveyed the number of cases (files, families) per year among the workers of the social and legal protection of children and social guardianship. Overall, 78 workers (24.6%) reported 0 to 30 cases per year; 61 workers (19.2%) reported 30 to 60 cases per year; 50 workers (15.8%) reported 60 to 90 cases per year; finally 128 workers (40.4%) reported 90 or more cases per year.

### Research methods

Burnout syndrome in workers of the social and legal protection of children and social

guardianship was detected using the MBI questionnaire (Maslach Burnout Inventory) by Christina Maslach and Susan E. Jackson for helping professions, which is based on three factors: emotional exhaustion; personal satisfaction; depersonalization (5). Emotional exhaustion and depersonalization are considered negative and personal job satisfaction is considered positive. The questionnaire contains a total of 22 items and respondents comment on the frequency of experiencing the given feelings using a 7-point scale: 0 - never, 1 - several times a year, 2 - monthly, 3 - several times a month, 4 - weekly, 6 - several times a week, 6 - daily. Supervision effectiveness was rated on a 5-point Likert scale ranging from 1 (completely ineffective) to 5 (completely effective).

### Statistical analysis

Data were summarized and analyzed using SPSS (Statistical Package for Social Science) version 22. In the statistical analysis, we used the variable description through basic measures: arithmetic mean; median; mode; standard deviation; minimum; maximum; as well as absolute frequencies (frequencies) and relative frequencies (percentages). Given the size of our dataset or the size of the subsets analyzed, we decided to compare variables using parametric tests. With a large enough dataset (> 30 or 40), even rejecting the assumption of normality of the data distribution need not cause a serious problem, allowing us to use parametric methods even when the data are not normally distributed (6). For two groups, we used the Student's t-test for two independent groups.

### Results

Workers of the social and legal protection of children and social guardianship rated the effectiveness of supervision on a 5-point scale from 1 (completely ineffective) to 5 (completely effective). A total of 34 workers (10.7%) assigned a value of 1; 46 workers (14.5%) assigned a value of 2; 117 workers (36.9%) assigned a value of 3; 73 workers (23%) assigned a value of 4; 47 workers (14.8%) assigned a value of 5 to supervision effectiveness.

**Hypothesis 1:** We hypothesize that workers of the social and legal protection of children and social guardianship who consider supervision to

be effective show lower levels of emotional exhaustion than workers of the social and legal protection of children and social guardianship who consider supervision to be ineffective. Workers of the social and legal protection of children and social guardianship who consider supervision ineffective ( $n = 80$ ) had a mean value of emotional exhaustion equal to 21.9 ( $SD = 12.52$ ) and workers of the social and legal protection of children and social guardianship who consider supervision effective ( $n = 120$ ) had a mean value of emotional exhaustion equal to 19.09 ( $SD = 12.11$ ). We compared workers who considered supervision ineffective and those who considered it effective using the Student's t-test for two independent groups (Tab. 1) and found that there was no statistically significant difference in emotional exhaustion between them ( $t(198) = 1.585$ ,  $p = 0.115$ ). Practical significance is low ( $d = 0.228$ ).

**Table 1** Comparison of emotional exhaustion with respect to supervision effectiveness (t-test)

	t-test value	degrees of freedom	significance
ineffective vs. effective supervision	1.585	198	0.115

**Hypothesis 2:** We hypothesize that workers of the social and legal protection of children and social guardianship who consider supervision to be effective show lower levels of depersonalization than workers of the social and legal protection of children and social guardianship who consider supervision to be ineffective. Workers who considered supervision ineffective ( $n = 80$ ) had a mean depersonalization value equal to 6.83 ( $SD = 5.77$ ) and workers who considered supervision effective ( $n = 120$ ) had a mean depersonalization value equal to 4.57 ( $SD = 4.14$ ). We compared the level of depersonalization in workers who considered supervision effective and ineffective using the Student's t-test (Tab. 2) and we found that there was a statistically significant difference between them ( $t(198) = 3.221$ ,  $p = 0.001$ ). Workers who perceived supervision to be ineffective had higher levels of depersonalization than those who perceived it to be effective. Practical significance is medium ( $d = 0.45$ ).

**Table 2** Comparison of depersonalization with respect to supervision effectiveness (t-test)

	t-test value	degrees of freedom	significance
ineffective vs. effective supervision	3.221	198	0.001

**Hypothesis 3:** We hypothesize that workers of the social and legal protection of children and social guardianship who consider supervision to be effective report higher levels of personal satisfaction than workers of the social and legal protection of children and social guardianship who consider supervision to be ineffective. Workers who considered supervision ineffective ( $n = 80$ ) had a mean value of personal satisfaction equal to 30.61 ( $SD = 6.95$ ) and workers who considered supervision effective ( $n = 120$ ) had a mean value of personal satisfaction equal to 33.79 ( $SD = 6.21$ ). We compared the level of personal satisfaction for workers who considered supervision effective and ineffective using the Student's t-test (Tab. 3) and we found that there was a statistically significant difference between them ( $t(198) = 3.38, p = 0.001$ ). Workers who considered supervision ineffective had lower levels of personal satisfaction than those who considered it effective. Practical significance is medium ( $d = 0.483$ ).

**Table 3** Comparison of personal satisfaction with respect to supervision effectiveness (t-test)

	t-test value	degrees of freedom	significance
ineffective vs. effective supervision	3.38	198	0.001

## Discussion

Burnout in workers of the social and legal protection of children and social guardianship was compared with respect to supervision effectiveness. In Hypothesis 1, we hypothesized that *workers of the social and legal protection of children and social guardianship who perceive supervision to be effective will report lower levels*

*of emotional exhaustion than workers of the social and legal protection of children and social guardianship who perceive supervision to be ineffective.*

The differences between workers in terms of perceived supervision effectiveness were not confirmed by statistical testing, and therefore we reject hypothesis H1 and claim that there is no statistically significant difference in emotional exhaustion between workers who perceive supervision to be ineffective and those who perceive it to be effective (Table 1). The results of McFadden's research do find differences. Ineffective supervision has been shown to increase the risk of emotional exhaustion among social workers. High levels of emotional exhaustion were reported by 60% of social workers who had effective supervision and up to 86% of social workers who had ineffective supervision (7).

The second hypothesis hypothesized that *workers of the social and legal protection of children and social guardianship who perceive supervision to be effective will show lower levels of depersonalization than workers of the social and legal protection of children and social guardianship who perceive supervision to be ineffective (H2).*

The differences between workers of the social and legal protection of children and social guardianship in the area of depersonalization were also confirmed in the perception of supervision effectiveness, therefore we accept hypothesis H2 and claim that workers who consider supervision ineffective had a higher level of depersonalization than those who consider it effective (Table 2).

Our findings are confirmed by the research that suggests that the risk of depersonalization is increased by ineffective (inefficient) supervision. Here, 24% of social workers who had received effective supervision showed high levels of depersonalization, and depersonalization rose to 35% in social workers who considered supervision ineffective. Supervision protects not only the client from unprofessional, incompetent interventions that a social worker may carry out as a result of burnout, but also the social worker himself, who verifies the correctness of working procedures, finds out that he is not alone in his "problems", and can share his experience with other colleagues as part of the supervision.



In the last hypothesis, we hypothesized that *workers of the social and legal protection of children and social guardianship who perceive supervision to be effective will report higher levels of personal satisfaction than workers of the social and legal protection of children and social guardianship who perceive supervision to be ineffective (H3)*.

To test this hypothesis, we examined the level of personal satisfaction for workers who perceive supervision to be effective and ineffective and found that there is a statistically significant difference between the two (Tab. 3). Therefore, we accept hypothesis H3 and claim that workers who find supervision ineffective have lower levels of personal satisfaction than those who find it effective. The importance of supervision in social work practice was again confirmed. Of course, we are talking about supervision, which is perceived as meaningful, high quality and rewarding by the social workers. The supportive, helping nature of supervision, the aim of which is to help gain perspective, can be achieved through a supervisor with whom the social worker can talk to whom the social worker can turn for help; as the role of the supervisor is to help not to control. This claim has also been confirmed by experts who have found in their research that social workers who perceive their supervisor as supportive have less potential for burnout (8). Act No. 305/2005 Coll. on Social and Legal Protection of Children a Social Guardianship does regulate who can carry out supervision and under what conditions, but the results of our research show that it is necessary on the part of the employer to pay attention to selecting a good supervisor who can have a positive impact on the prevention of burnout of workers of the social and legal protection of children and social guardianship (9).

## Conclusion

The results of our research have clearly demonstrated that effective supervision leads to a lower rate of burnout syndrome among workers of the social and legal protection of children and social guardianship. It is therefore necessary to focus attention on the quality of the supervision provided and choose knowledgeable supervisors. In conclusion, effective supervision is one of the important factors in the prevention of burnout syndrome.

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# Management of Informal Caregivers' Burden in a Selected Region of the Czech Republic

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Original Article

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## Abstract:

**Objective:** Care of handicapped or elderly by the family members in the home environment brings not only many positives for the care recipients, but can also impose a significant burden on the caregiver. The goal of the study was to assess the caregiver burden, burnout syndrome and the effect of caregivers' sociodemographic characteristics.

**Design:** Cross-sectional study.

**Participants:** The sample consisted of 168 caregivers who took care of disabled children or seniors.

**Methods:** Zarit Burden Interview identifying the subjective burden of informal caregivers, and Maslach Burnout Inventory assessing the burnout syndrome were used.

**Results:** A higher level of caregiver burden and the development of burnout syndrome occurring most frequently in the dimensions of Emotional Exhaustion and Personal Accomplishment was observed. The caregiver burden was found to be lower in men, in caregivers living alone, and in the respondents from higher income households; it increased with the weekly amount of care.

**Conclusions:** The results proof the demanding nature of informal care. A longitudinal study could illuminate the temporal changes in the family dynamics.

## Introduction

Informal family care represents an important component in the long-term care system of a significant one not only in our country, but also in other European countries (Horová et al., 2021). In addition to chronic patients and disabled children, who are cared for by their parents, the ageing dependent adults rely on the informal caregiver network so that they can stay in their familiar setting and their communities. This dependency can cause considerable physical, psychological and financial problems to their caregivers, including their social isolation (Schulz & Sherwood, 2008; Schulz & Tompkins, 2010; Sallim et al., 2015; Loh et al., 2017, etc.).

Personal engagement, particularly the emotional engagement of individuals who take care of a dependent member of the family, can result in a caregiver burden, specifically manifested by stress. It is a condition in which the degree of burden is greater than the tolerable limit of the adaptation possibilities of the organism. In the course of stress, real or subjective demands exceed the individual's adaptation capabilities, or these capabilities are not fully used, and, as a result, the subjective comfort, health, and self-image are at risk (e.g., Hladký et al., 1993; Cohen et al., 1997; Boss, 2002; Paulík, 2020).

Burnout syndrome can develop in the course of long-term care of a disabled or ill person (Chang, 2011; Truzzi et al., 2012; Vévodová et al., 2016; de Souza Alves et al., 2019). Its development is influenced by several external and internal factors.

## Methods

The objective of the study was to identify the degree of subjectively experienced care burden in family caregivers in the region of South Bohemia in correlation with their sociodemographic profile and burnout syndrome. The study was designed as an observational study. The project was approved by the Research Ethics Committee of the Faculty of Health and Social Sciences, University of South Bohemia in České Budějovice (protocol no. 005/2019).

## Sociodemographic profile of the respondents

The sample consisted of 168 respondents chosen using a deliberate (systematic) sampling following defined criteria according to which the respondents were individuals aged 18+, with a permanent address in the South Bohemian Region, taking care of a spouse/child/relative with reduced self-sufficiency in the home setting for

minimally 8 hours a day. All respondents were informed about the goal of the study, also that their participation is voluntary and the data remain strictly confidential. The study was carried out in the second half of 2020.

In the sample, women outnumber men in the ratio of 139 women (82.7%) to 29 men (17.3%), following the traditional division of roles in the family. Part of the female role consists of the care of dependent family members (by mothers or daughters). The age ranged between 20 and 85 years, with a median age of 47 years (IQR 42–57).

In almost all cases, the length of care of a dependent person is long-term. Almost half of the respondents (42.3%) have been providing care for an extremely long time of more than 10 years; 13.7% of the respondents provide their care in the range between 6 and 10 years; 31.5% of caregivers have been providing care for 1 to 5 years; (12.5%) have been caring for their relative for less than a year. The number of hours consumed by care is very high, on average 58.6 hours per week, with a median of 40.0 hours. The demanding nature of the work of informal caregivers is increased by the fact that there are no fixed working hours.

## Measures

Two methods were used to obtain the data on family caregivers. First, the subjective burden of informal caregivers was explored by the Zarit Burden Interview (ZBI; Zarit et al., 1986; Czech translation by Topinková, 1995). The questionnaire assesses the degree of burden associated with the care of ill or disabled individuals with physical, sensory, or combined disorders. It contains 22 questions that express the most common feelings of people who take care for an elderly dependent relative. The questions relate to the feelings that accompany the care. They identify the degree of demandingness and perceived unpleasant duties. The intensity of the burden was assessed using a Likert scale in the range of 0 to 4.

Second, the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1981) was used to assess burnout syndrome. The inventory contains 3 scales; each of them assesses a separate burnout dimension. The Emotional Exhaustion scale (EE) comprises 9 items that diagnose the intensity and frequency of the motivation effort, the degree of

fatigue, exhaustion, and life pessimism. The Depersonalization scale (DP) contains 5 items that assess changes in the quality of mental activity, i.e., apathy and estrangement, particularly in the interpersonal context. The Personal Accomplishment scale (PA) consists of 8 items to identify the subjective assessment of one's own abilities to deal with and positively influence problems. Note that the PA scale was inverted to have the same meaning as the other 2 scales (i.e., the higher the score, the more negative the assessment). So, Personal Non-achievement (PN) scale is used throughout the paper. The intensity of the feelings on all 3 scales was evaluated on a 7-point Likert scale.

Both measures were evaluated according to the authors' guidelines. Results are presented as frequencies (%) and means ( $\pm$ SD) or medians (Me; IQR) as appropriate. The effect of demographical factors on the results was studied using non-parametric tests (Mann-Whitney, Kruskal-Wallis). The correlations were analyzed using the Spearman's correlation coefficient. Results with  $p < 0.05$  were considered significant. IBM SPSS 26.0 statistical package was used for all analyses.

## Results

The data in Table 1 show that caregivers perceive their work as stressful, although to a different degree. Only 8.9% of the respondents find the burden very low; on the other hand, 3.6% of the respondents perceive a severe burden. The majority of respondents feel moderate burden (Me 38, IQR 29–47).

**Table 1** Distribution of the burden of care score assessed by the Zarit Burden Interview (ZBI) (N=168).

ZBI Score	Degree of burden	Frequency	Percentage
0–20	Little or no	15	8.9%
21–40	Mild to moderate	81	48.2%
<b>41–60</b>	<b>Moderate to severe</b>	<b>66</b>	<b>39.3%</b>
<b>61–x</b>	<b>Severe</b>	<b>6</b>	<b>3.6%</b>

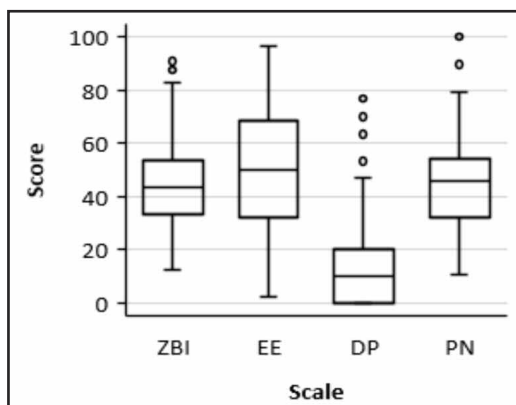
**Table 2** Distribution of the scores of the MBI subscales according to the degree of burnout (N = 168).

Scale	Score	Degree	Frequency	Percentage
EE	0–16	Low	40	23.8%
	17–26	Medium	41	24.4%
	27–x	Burnout	87	51.8%
DP	0–6	Low	132	78.5%
	7–12	Medium	26	15.5%
	13–x	Burnout	10	6.0%
PN	0–9	Low	17	10.2%
	10–16	Medium	32	19.0%
	17–x	Burnout	119	70.8%

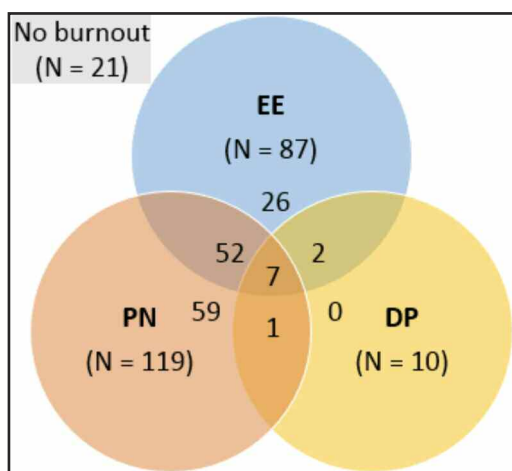
The variability of the 3 dimensions of the MBI scores is not homogeneous (Table 2; Figure 1); it is very high in the dimension Emotional Exhaustion (EE). The EE score ranges from 1 to 52 points; Me = 27 is located in the burnout zone (IQR 17.25–37). On the other hand, the variability of the Depersonalization (DP) score is much lower – more than three quarters of the respondents fit in the low degree of this dimension. The values range between 3 and 23, Me = 6, i.e., at the border-line of the low and medium depersonalization (IQR 0–6). Although the variability of the Personal Non-achievement (PN) scale score is again higher, most of the respondents belong to a high degree of burnout (see Table 2). The results range from 5 to 48 points. Me = 22 is in the zone of low burnout (IQR 15.25–26).

**Figure 1** Distribution of the 4 scale scores.

All scores were transformed to a 0–100 scale to aid the comparison (theoretical scale minimum = 0, and maximum = 100, respectively).



**Figure 2** Distribution of respondents with indicated burnout syndrome in the three dimensions of MBI (N = 168).



The MBI values show an extremely high degree of emotional exhaustion as a result of an excessively high work load. More than half of the EE scores (51.8%) are in the burnout category. DP score shows a different distribution, with burnout scores found only in a minority of caregivers. Most caregivers do not experience feelings of depersonalization or cynicism. Obviously, most caregivers do perceive their care as unsuccessful or insufficient. The actual burnout situation of informal caregivers is illustrated by summarizing the number of respective scales where the degree of burnout was achieved. Most of the respondents (87.5%) achieved high scores (i.e., burnout) on at least one scale. Approximately a third of them (32.7%) scored on 2 scales; 4.2% of caregivers scored on all 3 scales (Figure 2).

The effect of demographic factors was rather limited, with only the ZBI score showing some significant (but not very unexpected) results. The ZBI score was found to be different in male and female caregivers ( $p = 0.026$ ), with the male caregivers showing greater resistance to burden (Me 32, IQR 23–42) compared to women (Me 39, IQR 29–50). Additionally, the type of living (together with the care recipient or alone) affected the burden ( $p = 0.030$ ), which was lower in the caregivers living alone (Me 34, IQR 27–42, and Me 39, IQR 29–50, respectively). Finally, the ZBI score was positively correlated with the length of care in hours per week ( $r_s = 0.251$ ,  $p = 0.002$ ), and negatively with family income ( $r_s = -0.217$ ,  $p = 0.005$ ). Neither the total length of care nor the type of care recipient (children or older adults, respectively) showed any effect on the scores on any of the 4 scales.

The results of the correlation analysis among all the indicators studied (Table 3) suggest a positive relationship between the care burden (ZBI) and 2 of the MBI subscales: emotional exhaustion (EE) ( $r_s = 0.686$ ;  $p < 0.001$ ), and depersonalization (DP) ( $r_s = 0.449$ ;  $p < 0.001$ ).

**Table 3** Inter-scale correlations. Spearman's nonparametric correlation

	EE		DP		PN	
	$r_s$	$p$	$r_s$	$p$	$r_s$	$p$
ZBI	<b>0.686</b>	<b>&lt;0.001</b>	<b>0.449</b>	<b>&lt;0.001</b>	-0.017	0.831
EE			<b>0.313</b>	<b>&lt;0.001</b>	<b>-0.225</b>	<b>0.003</b>
DP					0.071	0.361

Bold depicts a significant correlation between the scores.

In terms of correlation within the burnout syndrome subscales, Emotional Exhaustion (EE) correlates positively with Depersonalization (DP) ( $r_s = -0.313$ ;  $p < 0.001$ ) and negatively with Personal Non-achievement (PN) ( $r_s = -0.225$ ;  $p < 0.01$ ). DP and PN do not show any significant relationship.

## Discussion

The acceptance of the commitment to take care of a disabled child or a dependent, often immobile, elderly person (a parent, a spouse) often means a considerable interference with the common functioning of the family. After accepting

this commitment, the caregiver (mostly a woman) becomes permanently overloaded, which can, over time, result in somatic and psychological exhaustion.

Informal care includes a number of difficult activities, the caregivers have to face a number of problems; therefore, it is perceived as demanding and stressful, although at different levels. Providing care overburdens caregivers physically (headaches, backaches, pain in muscles and joints, excessive fatigue, exhaustion, sleep disorders caused by frequent getting up due to positioning, transfers from the bed to the chair, drowsiness) and psychically leading to irritation, tension, anxiety, sadness, or depression. The frequency of physical and psychological problems is similar (78% & 77.4%). The total sum of problem cases (228.0 %) shows that family caregivers experience more than one sort of problem at a time, i.e., the problems are combined (the sum exceeds 100% since it was a multiple choice question). Similar results are mentioned by Salim et al. (2015), who, in their meta-analysis comprising 10,825 caregivers of patients with Alzheimer's disease, identified a higher prevalence of psychological problems, mental disorders, particularly depression and anxiety, compared to the general population. A higher prevalence was identified mainly in caregivers who take care of their spouses. The meta-analysis by Loh et al. (2017) in 1,756 caregivers of stroke patients also found a high prevalence of depression and anxiety signs (40.2 % and 21.4 %), particularly in female caregivers compared to male caregivers. The results were confirmed by a recent screening of 4,312 articles comprising 74 studies stating that informal care represents a significant determinant of emotional problems, particularly anxiety (del-Pino-Casado et al., 2021), and that long-term care can decrease the caregiver's quality of life.

In addition to physical and psychological problems, 67.7% of the respondents also experience social problems. They include reduced sociability, limited social contacts, lack of time for friends, for one's own hobbies, social apathy, lack of interest in the appreciation shown by other people. It seems that with increasing time consumed by the care, the caregiver's life is limited to the needs of care recipient. On the other hand, it can be caused by the fact that the care is

so exhausting that many caregivers lose interest in social contacts.

Intensive prolonged stress due to excessive psychological and emotional demands results in burnout syndrome in many informal caregivers. Under the influence of chronic stress and permanent problems and obstacles, the original interest, activity, and personal engagement develop into the belief that the expected effect does not appear despite all effort. Maslach and others (Maslach & Jackson, 1981; Maslach & Goldberg, 1998) described the 3 dimensions of burnout syndrome. This study identified high levels of emotional exhaustion (EE) with lack of energy in a larger proportion of the respondents: 51.8% of the respondents belong to the burnout category; 24.4 % occupy the medium degree of emotional exhaustion; only 23.8% of the respondents show a low degree of this burnout dimension. Informal caregivers are characterized by the feelings of weariness, loss of creativity, weakening, and fatigue. It is the expected result of the emotional engagement and emotional demandingness of the care. Empathic experiences of compassion with one's own ill children, powerless (infirm) parents or spouses, co-experiencing of their difficult life situations, are emotionally extremely exhausting. A high correlation between emotional exhaustion and caregiver burden ( $r_s = 0.686$ ;  $p < 0.001$ ) suggests that the caregiver's emotional exhaustion correlates with increased feelings of fatigue and inability to continue. Similar findings are mentioned, for example, by Truzzi et al. (2008), Valente et al. (2011), Otero (2016), who identified an exhaustion of emotional strength and an increase in depression in elderly adults. Other studies emphasized the correlation between burnout and anxiety. According to these studies, anxiety can be the result of the caregiver's emotional exhaustion; however, anxiety as a personality characteristic can also lead to greater reusability, considerateness, and self-denial, which allows the development of burnout.

The exhaustion dimension is often regarded as the strongest key burnout dimension, which can possibly represent all the phenomena. However, this reduction of the syndrome to only one dimension does not take into account the other dimensions of burnout and is therefore unsuitable. Individuals experiencing burnout have also lost their interest, enthusiasm, loyalty, motiva-

tion, and identification with their work (Leiter & Maslach, 2016).

The distribution of results of the second burnout dimension, depersonalization (DP), which represents the problems in dealing with other people, is quite different. Only 6% of caregivers score in the burnout zone; 78.5% are in the low DP zone. A considerably lower DP score in comparison with EE score can be seen in the inter-scale correlations: despite the fact that the correlation between DP and ZBI is significant, it is lower compared to the correlation between EE and ZBI ( $r_s = 0.449$  and  $0.686$ , respectively).

The results indicate that the majority of the respondents do not feel any cynicism toward the care recipients; do not experience feelings of depersonalization, any negative or inappropriate attitudes; any emotional deprivation; withdrawal; estrangement; any dehumanized perception. They do not perceive themselves as emotionally stupefied observers of care-providing activities with the loss of ideals and affiliation and nursing motivation. This positive result can be attributed in part to care recipients. The increased degree of depersonalization could be more likely expected in caregivers in institutional facilities where a certain distance from the clients is maintained (i.e., in the elderly homes, etc.), and where the depersonalization can serve as a stupefying psychological defense against an excessively high burden arousing feelings of threat. Some studies drew attention to the social and emotional distance that develops between caregivers and care recipients, as the caregivers try to maintain internal composure (Cross et al., 2018). A recent review of the literature has also shown a higher depersonalization score in caregivers of elderly adults with a limited self-sufficiency. A positive correlation between the indicators was identified: the higher the recipient's limitations (combined with their aggressiveness, irritability or abnormal motoric behavior, hallucinations in the case of dementia, etc.); the higher the caregiver burden (de Souza Alves et al., 2019). Caregivers start to ignore or even hate the help, which they have originally chosen voluntarily, and in the end the subjects of their care become victims of their cynicism, lack of interest, and aggression (Goodwin et al., 2017). However, respondents in our sample take care of their loved relatives, prevailing their ill and disabled children (44.3%) or

parents (34.7%), and the mutual relationships of affiliation generate a very personal and not dehumanized attitude.

The score of the third dimension of the MBI, Personal Accomplishment (or as an inverse scale, Personal Non-achievement, PN), is related to the basic self-image of the individual regarding the value of their work and the quality of their contribution. The results suggest that the majority of caregivers assess their achievements as unsuccessful, decreasing their self-confidence, with insufficient results and poor quality of their contribution. On the other hand, in a limited number of caregivers providing care can mobilize psychological and physical reserves and result in the search for new ways to solve caregiving situations. The personal growth, which positively influences the care recipient is the topic of interest of some studies (see, e.g., Cross et al., 2018).

The view on the dimension of personal accomplishment has changed slightly in association with the development of the study of professional burnout (Schaufeli & Enzmann, 1998; Maslach et al., 2001; Leiter & Maslach, 2016). The above-mentioned authors regard personal accomplishment as a dimension that can outweigh the other two burnout dimensions – emotional exhaustion and depersonalization. In their study of the effect of psychological capital (PsyCap, summarizes hope, resilience, optimism, and self-efficacy) and caregiver load on the burnout, a lower weight of PA was found compared to the dimensions of EE and PD. It is pointed out that PA represents rather a personality factor that protects against burnout than a burnout dimension, and that this factor is, to a considerable degree, developed independently on the EE and DP. Our results correspond to this conclusion; the PN–EE correlation is significantly negative ( $r_s = -0.225$ ), which means that the decrease of personal non-achievement (i.e., increase in personal accomplishment) is related to the increase in emotional exhaustion and vice versa.

The results also show that the three burnout dimensions do not occur in a one-dimensional block, the inter-scale correlations do not have the same direction, and not all of them are high. Our results (low score of DP and high scores on the 2 remaining burnout dimensions) can be, in addition to others, explained by the Maslach process model (1982), which includes 3 phases of the

burnout development. In Phase 1, emotional exhaustion occurs as a reaction to excessive work demands. In Phase 2, depersonalization, the situation is tried to be managed by withdrawal or cynicism. As late as in Phase 3, in personal accomplishment, experiences of one's own failure appear in the self-assessment. From the point of view of the process model, respondents in our study are in the last phase of burnout, which would be in accord with the rather long-term care. But the length of care was surprisingly not in any way correlated with the scales (see above). This finding is of fundamental importance for the choice of suitable preventive, counseling, or therapeutic interventions.

Studies by Maslach & Leiter (2008) and Leiter & Maslach (2016) point out in this association that there may be several combinations of burnout dimensions, varying in time in dependence on situation factors, personal qualities, or their interactions. It is emphasized that there are differences between individuals who score in one respective burnout dimension but not in the other 2 dimensions, compared to a different 1:2 scenario; or they may score in all three dimensions. Although there is evidence that the burnout dimensions mostly increase and decrease concurrently (Maslach et al., 2001), their possible changes do not always occur at the same time. Studies by Maslach & Leiter identified, next to the 2 standard profiles on the Burnout/Engagement axis, 3 additional “inter-profiles”. Each of these inter-profiles has, similarly as in this study, a high score only in one burnout dimension. These are: Overextended (only high EE); Disengaged (only high PD); Ineffective (only high PN). All inter-profiles have their specifics: they distinguish themselves by different qualities in the area of experiencing and behavior; importantly from the point of view of providing care, they are less negative than the burnout profile. In this study, the Ineffective profile (high PN score, low EE and DP scores) prevailed in the respondents. Leiter & Maslach consider the Disengaged profile (high DP) to be the most negative pattern with regard to the social context of care, meaning that it is closer to burnout even than emotional exhaustion. In our study, less than 6% of the respondents match the disengaged profile. This rather positive result can help with the specification of counseling interventions and the way of



guiding self-help groups of family caregivers.

The limitations of this study consist of the cross-sectional character of this study, which does not allow one to create a coherent picture of a causal correlation between the relevant characteristics of the caregiver's family, in which the caregiver and the care recipient function, and the experience and perception of the caregiver burden. Longitudinal studies could lead to a deeper understanding of the developmental dynamics of the caregiver burden and burnout, including the variability of both aspects in dependence on a wider spectrum of variables that can relieve subjective caregiver burden and contribute to the support of the caregiver health.

## Conclusions

The results of this study drew attention to the correlations between the caregiver burden and burnout syndrome. Although the study did not unambiguously confirm a significantly higher level of burnout syndrome in the entire sample, the results show obvious symptoms in most of the respondents. Burnout syndrome is one of the major health problems since it causes high social expenses. Based on the current professional literature, it is desirable to start a systematic psychological study of the caregiver burden and burnout syndrome in family caregivers. It should rather be a longitudinal investigation including a deep analysis of relevant factors, particularly in, but also out of the family. The study pointed to the high caregiver burden associated with physical and psychological difficulties, for example the caregiver's anxiety. It also suggested that there is a necessity to provide the caregivers themselves with care, e.g., in the form of interventions focused on prevention using counseling, relaxation courses, developing needed skills, offering of self-help groups and virtual reality to decrease the stress accompanying the caregiver burden. Future studies could contribute to the understanding of potential consequences of informal caregiver burnout for the care recipients and the influence of the consequences for the health-care system. Future studies focused on the positive aspects of informal care could be beneficial in preventing the burnout syndrome. They could include the maintenance of physical and psychological efficiency, increasing trust in one's own abilities and caregiver success, and the satisfy-

ing meaningfulness of the caregiver's work. Finding and using psychological benefits can represent an important coping strategy for the management of caregiver stress.

## Conflicts of Interest

None declared.

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## Data Availability

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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# „Pashto Poetry & Environmental Crisis in Swat: Understanding & Preserving the Ecosystem through Poetry“

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## Abstract:

For last 2 decades Swat has witnessed changes in almost every aspect of culture, space, and ecology. Among these changes, the environmental crisis remains a major issue addressed by different media outlets and academic and nonacademic organizations. Along with popular narratives and discourses the poets also have their take on the environmental crisis of Swat though mostly ignored in research of cultural and environmental studies. This paper aims to investigate themes of Pashto poetry in context with the environmental crisis. The main purpose

of this paper is to investigate how Pashto poetry is situating the environmental crisis of Swat and how poetry works for the preservation of the environment. Findings are based on published sources of poetry, interviews, and informal discussions by using the vignette method for collection of data. The framework of social poetics is used to theorize the environmental crisis and how poets take on the crises. The findings suggest that the poetic expressions point out development and militancy as instruments of environmental crisis in Swat.

The paper further argues that different objects and elements in flora and fauna are romanticized and instrumentalized as symbols of beauty and love in Pashto poetry which works in the preservation of the ecological system of Swat. Moreover, poetry also produces themes of peace, condemnation of violence and unplanned development, resilience and hope to heal the wounded ecology of Swat.

## Introduction

In Khyber Pakhtunkhwa (KP), the district of Swat has unique status due to its rich ecological, cultural, and archaeological heritage. These reasons made Swat the focus of the national and international academia for many decades (Lindholm, 1982; Barth, 1982; Grima, 1998). However, later developments caught Swat in news bulletins and academia due to militancy, military operations, and natural disasters. It remained a hub of militants since 9/11 and counter militancy operations. Militancy and military operations caused huge dispossession and displacement of people from Swat.

Dispossession and vacation of Swat was made to launch military operations against militants' hideouts and positions. Moreover, Swat has also witnessed an increase in development in the last two decades where the towns turned to concrete areas, infrastructure was developed by government and locals (Shah, 2020). Militancy and development changed Swat's landscape, ecology, and culture.

The two developments brought an increase in humanitarian crisis and natural disaster. Every aspect of life has been altered by militancy, military operations and development (Hussain K. , 2013), (Shah, 2020). Among other, the issue of environmental crisis remained focus of print and electronic media as well as in public debates because of dying and drying up natural water streams, deforestations due to cutting and forest fires, mining for crushing plants and gemstones (Hussain H. , 2022). In recent weeks, the issue of forest

fires in Swat raises many questions both in public and relevant stake holders. A debate was started among people on social and electronic media as well as in private and public spaces about the reasons of fires and strategies to overcome natural calamities (Bacha , Muhammad , Zeyneb, & Muhammad, 2021). Furthermore, government and nongovernmental departments and organizations, academicians, and local activists are working on different aspects of the environmental crisis i.e., natural disasters, reasons of environmental crisis and strategies to overcome the environmental crisis in Swat (District Swat: Disaster Response Plan, 2022), (Bacha , Muhammad , Zeyneb, & Muhammad, 2021) though very little effort has been made to cover the cultural take of the environmental crisis of Swat. This paper is an effort to investigate voices of Pakhtun poets addressing the environmental crisis. The paper is designed in a way to investigate and document how Pashto poetry is addressing the issue of environmental crisis in Swat, and the main purpose of the paper is to analyze themes of Pashto poetry focusing on the preservation of the wounded ecology of Swat?

## Methodology and Analytical Framework

The tools and techniques of qualitative research have been used for collecting and analyzing of data for the present research. In the first stage, a data log was prepared from published sources to identify relevant stanzas of poetry which discuss forests, trees, and used as similes (Metaphors) of plants in poetry to sensitize the

readers and people about the importance of ecology and natural landscape.

For enriching the data some of oral poetry was collected during fieldwork. Oral poetry and oral traditions were collected through 15 in-depth interviews, 10 informal discussions and 4 focus group discussions. A vignette method was used for deciphering poetry and collecting narratives of poets, audience, and experts on specific poetry couplets (Rhidian & Meg, 2012). After collection of published materials, interviews, informal discussions and focus group discussions, the data was proceeded and transformed step by step by implying acerotes, references, codes, refined codes, keywords, and basic themes. By step wise process patterns and classifications were discovered. Frequent and most occurred codes and basic themes in data helped in developing core themes.

The study was conducted in Swat, KP. Selection of Swat for study was ideal because Swat has beautiful natural landscape, forests, development, gemstones, agriculture for last 2 decades, and an engrafted militancy area. For last few years, Swat has been going through environmental crises and different government and non-government organizations are working for the preservation of natural environment. The Swat district also had a rich literary history which gave birth to many of poets who wrote poems on different themes.

We have used a theoretical framework “social poetics”. Social poetics combines different forms of art and practices to stimulate and bring collective awareness and wisdom for taking collective action (Nowak, 2020). Among other art forms and practices, writing and practicing poetry has a major contribution in bringing awareness among communities to struggle for different causes i.e., rights movements and ecological movements are example of it. *Jay Parini* in her book *Why Poetry Matters* discusses the interplay of poetry and politics with example from different cultures where poetry works in shaping alternatives to resist the violent and oppressive regimes and their dominant discourses (2008). Pashto poetry is no exception. Pashto poetry situates social issues of the society to work for the better future. In this way, Pakhtun poets situated the environmental crisis on one hand and use flora and fauna as symbols of beauty and love on the other hand. Moreover, Pakhtun poets use the

signification of flora and fauna as symbols of beauty and love to preserve the ecology.

### **Background of Environmental Crisis in Swat**

The Swat District of the Malakand division is situated in the north of KP at 35° in north latitude and 72° and 30° east latitude (2022). Swat District in Malakand division has seen many vicissitudes in its political history. Before the arrival of the Pakhtun tribe Yousafzai, it was under the reign of the Darada Kings. In 11<sup>th</sup> century Swat came under the rule of the Ghaznavid Dynasty (though after Ghaznavid turned to India the area remained with the Darada Kngs (Torwali, 2016). In 16<sup>th</sup> century, Swat was occupied by the Yousafzai tribe and merged as a chiefly state from 1849 to 1926 and was recognized as a princely state by the British Indian government in 1926 and sustained its status of a princely state till its merger with Pakistan in 1969 (Rome, 2008).

After the US invasion of Afghanistan, Swat also engrafted into religiosity which in the later stage turned into a full fledged religious militancy. The wave of militancy in Pakistan in general in Khyber Pakhtunkhwa has roots with the war in Afghanistan. After 2005, Taliban in Swat became strengthened and challenged the Writ of the State (Evans, 2011). In 2009, the government of KP had successful negotiations with militant Taliban and the government agreed to Taliban demands to announce and impose Sharia Law in Swat on the demand of the Taliban. The imposition of Shariah Law in Swat was result of an agreement between the Taliban and the government, but both parties did not adhere to agreement and the agreement could not last for long (Ali, 2013). After failure of compliance to articles of agreement, a full pledged military operation was carried out in Swat along with other adjacent areas of Malakand, Khyber Pakhtunkhwa against militant Taliban. During the operation people of the area left their homes and moved as IDPs to districts of Peshawar Valley of Khyber Pakhtunkhwa and to other provinces of Pakistan (2010). An 8 months military operation cleared the area of militants and people were resettled in their respective areas under strict clearance.

There are/were misconceptions about cutting of forests and it is said that before and during the

princely state the cutting of trees were strictly prohibited. However, in his book, *Sultan I Rome* negates these claims and has briefly discussed how the forests of Swat (lower and upper Swat, Kalam, and adjacent areas) were used by different people. After early occupation of Yousafzai and Mandanr tribes the Pakhtuns haven't invested in lands and forests due to *Sheikh Mali Daftar* where people were reallocated and changed every 5-10-15 years. While in the chiefly and princely states the Kaka'khel of Nowshehra used to cut the forests because of good relations with the Chief and then Walis of Swat (Sultan-I-Rome, 2016). After the merger the forests were still cut in one or another way by influencers<sup>1</sup>.

The wave of militancy and military operations disturbed every aspect of life. Among others, the environmental crisis remains a big issue from the last few years. In the last 3 years, people of Swat witnessed fires in the forest, flooding, lowering of water table, changes in weathers and deforestation (Hussain H. , 2022). Militancy is one cause of the environmental crisis as both militancy and military operation played a vital role in deforestation and fires in the forest. Forests remain safe havens for militants, and provides them a shield against aerial gaze as well as their mobility from lower areas to the top of mountains. Furthermore, military operations and heavy gun fire also caused forest fires as local people recounted in their narratives during engulfing militancy.

Furthermore, the so-called development also played a destructive role in ecosystem of Swat. The development in Swat is more severe in Khyber Pakhtunkhwa than other districts. Most social scientists and experts on the area also relate the unplanned development in Swat with the war economy (Shah, 2020). Foreign remittances inflow plays major roles in the development of Swat,

as the remittances linked the local economy with inflow of international remittance, it created an increase in money circulation in the area. Peoples most favorite destination for investment is housing and property. Unplanned and unsocialized development made development a disaster of Swat. Natural forests and agricultural land are

cleared for building houses concrete and charcoaled roads. By cementing in open spaces of Swat, water is not absorbed soil, but it flows over the cemented spaces and causes floods in the area which further harmed the water table in the whole (Dawn, 2007). The ongoing project of Swat motorways is also destroying agricultural land and the locals are protesting time to time (Dawn, 2022). The spread of the population is another reason for destroying the agricultural land. Moreover, in past times there was no access to forests in high mountains and it wasn't possible for people to bring timbers from those forests situated at high altitudes. The development in the last two-three decades make it possible to cut even forests situated in high mountains (Sultan-I-Rome, 2022).

### Natural Objects as Symbols of Beauty and Love

The relation of humans with their ecology is as old as the history of human civilization and have been depicted in culture and art (Salzman & Donald , 1998). In the context of Pashto poetry, the objects of ecology like trees, rivers, mountains, and birds remain symbols of beauty and love both in classical and contemporary poetry. The literary societies are named after objects of nature i.e., *Elum Adabi Tolana of Barikot* is named after a mountain called as *Elum*. Moreover, poets have pen names (pseudonym) after the objects of the ecology i.e., *Elum* (name of mountain crossing Bunir and Swat), *Ghar* (mountain) and *Daryab* (river). Poets also use objects of ecology as metaphors for their beloved ones i.e., *Sarwa* (cypress tree) and *chinar* (maple tree) for praising height of beloved. There are dozens of books of poetry and prose which are named to depict the ecology or its crisis i.e., *Pa Guldaro De Warawal Oorona* (You poured fire on banquets).

Along with modern forms of poetry, Pashto folksongs also signify flora and fauna i.e., *gudar* (bank of river from where water is pitched for daily use), *chinar* (maple tree), *cheena* (stream), *bagh* (orchard) and birds for different meanings. In these Pashto folksongs, pigeons are used as a symbol of peace and *gudar* as a symbol

<sup>1</sup> The wooden made houses and ceilings of houses, hujras and hotels made before and after the merger of Swat into Pakistan are examples of the illegal cutting of timbers. The same is discussed in *Sultan I Rome* book (2016).

of socialization between opposite gender and homo-socialization space for women where women interact with each other, and lovers wait for hours to catch a glimpse of their lovers. (Shaheen, 1984). In Pakhtun culture, constituents of village are *hadeera* (graveyard), *hujra* (men-house), *jumat* (mosque) and *gudar* (Ullah, 2022). A respondent added that these features must be included in a village composition and these features along with a few others make the village beautiful. The poets consider the objects of nature as beauty of village and this beauty is reflected the following couplet:

ښاپه څه ايبه هېښک الکنښه ښاپه ي لک د هزان  
 ښاپه  
 ښاپه هت، ران يچ ښاپه هت، رودگ هت هت  
 ښاپه هت يره هت يچ

O Naaz, what shall be the beauty of the village? if you say *Gudar*, *Chinar* and the stream from it? (Naaz Z. A., 2020).

In this couplet the poet is praising the flora and fauna of his village while saying if these objects were not part of the village, the village will have no value (Naz, 2022). There are many reasons for the attachment of these objects. As on the one hand, the beauty of *gudar* attracts people, while on the other hand *gudar* is also the place where lovers see and meet each other (Ulasyar, 2022). It is not only *gudar* which is beautiful but the flora and fauna in the surroundings of *gudar* i.e., the songs of birds, trees and winds which all contribute to the beauty of *gudar*. If these objects were not part of the ecology, the poets may not have written with that much enthusiasm (Hayat, 2022). Supporting the argument, the poet also quoted another couplet:

ايد ي لکنښه څه ران يښک ي لک ښاپه زان د  
 ښاپه ي لکنښه رودگ ي لکنښه ران يچ سب وخ

What else would you count beautiful in my parish  
 But only *gudar* and *chinar* are scenic  
 (Naaz Z. A., 2020).

In this couplet the poet is symbolizing *gudar* and *chinar* as symbols of beauty where the beauty of *gudar* is beautified by the presence of beloved and scenic surroundings covered by Pine

trees add beauty to the scene. Both *gudar* and maple tree make the village beautiful. For poets the objects of their ecology are very important which contribute to the beauty of their village and their land (Naaz Z. A., 2022). The poet considers it a compulsion to write about the objects of the ecology if one is living in the village. As Naaz writes in this couplet:

د نوږه يچ يښک ي لک هې او وتښپ يچ رنوم  
 ووريت  
 ووک فن رودگ د واران يچ د رکذ هې گنڅ ون

When we are speaking Pashto and living in a village  
 How can we skip to discuss references of *Chinar* and *Gudar*? (Naaz Z. A., 2020).

Naaz makes a strong analogy between living in village and interaction with its ecology. In his emphasis that while communication and talking about Pashto, it is impossible to skip and over run the importance of the ecology of the village; its important place for living and scenic location which add material to the beautification of the village and village life. The couplet makes ecology part and parcel of the culture and village life and ecosystem The poet also links his language i.e., Pashto with the ecology while saying that if we speak Pashto, we must discuss objects of ecology in our poems. Discussing the relation of language and ecology a poet shared, "It is beauty of our ecology that gives birth to poets in Pakhtunkhwa because for poetry, aesthetics is needed and for aesthetics, one needs to have attachment with the ecology" (Umeed, 2022)".

The poets not only praise these objects but also be devoted to these objects. While glorifying the beauty of the village and devotion to the objects of the ecology of the village a poet says:

هم ي اتسو يد تس ئاښه موک! هېن طو  
 نابرق هرتخن، ران يچ، ون يچ د اتسو  
 ي لکنښه ي ښاپه ي لک هغه د  
 نابرق هودگ د ي لک هغه د

"O my land! Thy beauties numerous I admire  
 I am devoted to your streams, maples, and pines  
 Beauteous are thy rocks and plants  
 Thy *Gudar* I can't but adore. (Umeed, 2019).



In this couplet the poet uses different objects of ecology as symbols of beauty of his homeland and emphasizes nostalgic attachment with homeland. For him, *cheena* (streams), *chinar* (maple tree), *nakhtar* (pine tree), stones, plants, and *gudar* all are valuable and make the land (*watan*) beautiful. The devotion shows their care and love for the ecology of the land (Khan S. , 2022). It is the devotion of poets to their ecology that they use different objects of the ecology as symbols of beauty through using these objects as symbols of beauty. They show and sensitize people to work for the preservation of their ecology. A poet from *Barikot Village* stated that, “It is because of the poems that many people in our friend’s circles and families have started developing gardening and plantation drives”

(Elum, 2022).

Speaking of the devotion of poets to their ecology, another poet said that, “Every human has an attachment with their ecology. The attachment with the objects of the ecology has many reasons i.e., seeing nature give us peace” (Khan Z. , 2022). On attachment with the ecology a respondent shares a couplet:

دے دے لیت ہرز یم ہرس یپچ یرہ دنیس د تاوس د  
ن ہک یئو ید کلخ اود یم اد ، روکت یم اد

My heart partakes the waves of Swat River;  
People know not how it balms and heals my being. (Subhan, 2007).

In this couplet the poet is expressing his emotional attachment with the Swat River saying that my heart goes with each wave of the Swat River. Moreover, the poet ignores those who taunt on his love attachment for Swat River by saying that whatever people say, the Swat River gives me relief and ointment. While speaking of the couplet the poet shared, “It is the beauty of the flora and fauna which give peace and refresh the mind when we sit in natural beauty” (Elum, 2022). It is not only peace and relief that make the poets write about ecology but cultural attachment makes the poets write about the objects of ecology. As one poet writes:

دے داوگ ے لک لوٹ امز ہن یم ٹپ اتس  
دے ردوگ ٹک مد یلب ٹک دے ماب ہ غہ

Every inch of my village is a witness to my love,  
Ask its Baam, Balai, or Gudar (Baitab H. U., 2020)

In this couplet the poet is mentioning his beloved and saying that everything in the village is witness of my love for you being *baam*(roof), *balai* (ridge) or *gudar*. These are the places and objects which have seen the lover roaming for seeing or meeting the beloved. A respondent shared; “Every member of the area has memories attached with the objects of the ecology and so they care for these objects”.

He further shared, “It is not only love stories which are important but there are hundreds of poems and ghazals where poets write about their past time and romanticize different objects of the ecology” (Zafar, 2022). While speaking of attachment with different objects in the ecology a poet also quoted his couplet:

ن ے لوگن یٹ ہرز مہ مت اگن رش ورگن ب د یچ  
یش  
ہ خ یلو ردوگ د ہرال ٹپ ون مبات یٹ امز

If you cannot resist to the music of bangles  
O my Baitab, why ought to not pass by a Gudar  
(Baitab H. U., 2020).

In this couplet the poet consoles and criticizes himself that if you cannot absorb the sound of bangles of damsels, it is pertinent to not go on the way of *gudar* where damsels and women pitch waters on their heads for daily uses to their homes. Before the development of home tube wells and water supply to households, girls of every house would go to *gudar* for pitching to their houses but with later development, the concept of *gudar* is found only in poetic expressions and remained a nostalgic era for people<sup>2</sup>. During pitching water, one could see and listen to the sounds of bangles if he goes in the way of *gudar* (Baitab H. U., 2022). Reason for remembering *gudar* in poems is to posit and preserve the cen-

<sup>2</sup> The installation of hand-pumps, electric pumps or community water storage tanks by people or by government and non-government organizations caused the decline in collecting water from *Gudar*.

turies old tradition in their writings and to preserve *gudar*, even if does not remain any more a center of socialization differently for both genders. In mountainous areas, the streams serve as *gudar* and are still used for pitching water, as a poet says:

يلک د هن چچ اد وناراي ورک هپت يچ ئخار  
يږيک هُن هن چچ يډ هپ مه يسه هن ونديدي سوا

O friends! Let's sing about streams of our village

As there are no more love meetings on these streams (Naaz Z. A., 2020).

In this couplet the poet is asking his people to remember streams in poems as the days are gone where there were love meetings on these streams. In literal meaning the poet is remembering and romanticizing those gone days where there were love meetings and love stories on *gudar* and streams. Though, in conceptual meaning the poet is romanticizing *cheena* (stream) for purpose of preserving the ecology<sup>3</sup>.

### Situating Environmental Crisis through Poetry

In the last few years, Swat has seen major changes which created an environmental crisis in Swat. The locals claim that the militancy and development among other reasons have major roles in the environmental crisis of Swat. Most of the local accounts also claim that militancy was a planned game to get hold of natural resources by hidden forces. Swat is home to mountains, forests, rivers, streams, wildlife and precious gemstones like emeralds. The locals claim that the conflict in Swat has disturbed the ecology of Swat. Talking about Swat and its causes of calamity a poet shared a couplet of *Abdur Rahim Roghani* (late) poetry, that is:

يږک نطو هپ يلب يېملم يم زامغ ريغ  
يتسغ ران چچ، رتخن، يورس روا يېشکپ

The enemy has set my land aflame;  
Every Sarwa, Nakhtar and Chinar is on fire  
(Naaz Z. A., 2020).

This couplet was quoted in a context where the poet was claiming that the conflict in Swat was a game for controlling the resources of Swat. He blames outsiders for the conflict of Swat which affected the natural beauty and resources of Swat. In the couplet the poet says that the outsiders have put fire to my land on fire where *Sarwi*, *Nakhtar* and *Chinar* had got fire. The poets not only blame the militancy as reason of war on resources but also links it to their poor-ness. Swat is rich of resources though our people work as laborers in different parts of the country and in other countries (Naaz Z. A., 2022). In the same line, a poet writes:

د لايخ يډ هت ونولال وا وناک نطو د امز  
د لايخ يډ هت ونوسال يلاخ يلاخ يډ هرونومز

Do you see the stones and rubies of my land? /  
And do you see our empty hands?  
(Naaz Z. A., 2020).

In literal meaning the poet is talking about the richness of his land - that our land is rich with stones and gems though our people are out of money and with empty hands. Though in conceptual meaning that poet says that even though we have rich resources we don't have any rights to them. The poet further explained that in such a rich land our people go to Saudi Arabia, United Arab Emirate, and other countries as laborers. Speaking of conflict days, another poet shared that, "Many times the forest in our village mountain gets fire in the night when there were shelling from Taliban or Military side" (Hayat, 2022). Speaking of incidents of fires a poet also quoted his couplet:

مډيسرو هت رغ يلك لپخ د يچ کواک کواک  
مډيسرو هت رتخن يمخز وا و دي مش ران چچ

Exhausted, as the mountains I reached, /  
Chinars lay martyred and Nakhtars deeply injured. (Umeed, 2019)

In this couplet the poet says that when I reach the mountain of my village, I saw the trees were burnt. Speaking of the incidents of fires in the

<sup>3</sup> Poetry of preservation is discussed in detail in the following pages under the heading of "Claiming and Preservation the Ecology".

forests the poet shared his story of burning trees in his village forest. The poet narrated that soon after months of military operation Swat was declared clear from militants and we (people of the area) came back to our villages. Late one evening, sounds of heavy firing and shelling were heard. Soon after exchange of fire and shelling, the forest of our nearby mountains caught fire. Due to tense situations, we couldn't visit our mountains at night though the next day in early morning, I, with my friends, visited the mountains and saw that the trees were burnt. It was very difficult to see the trees and plants of the forest burnt in the fire and I get refuge in those couplets I wrote about the situation that day (Umeed, 2022). Seeing situation of Swat another poet writes:

يږيک رگيځ ټپ يکيږځ امز متخوس هرې د  
يږيک رغ ټپ اي مهمل ټپ يم فک ټپ يرهق

My grievous heart burns /

When I see my land and mountain stormed by  
hails. (Sahir, 2017).

In this couplet the poet says that whenever I see rage hails on mountains and fields it makes my heart burnt. In conceptual meaning the rage hail depicts the situation which is causing environmental crisis in Swat. Speaking of the couplet a poet narrated, "We (poets) are sensitive people in society who always talk of the beauty of their land and have attachment with every object of the environment. Whenever the beauty of our land is harmed, it harms our feelings and emotions and so we write to explain the situation of environmental crisis and struggle to preserve the ecology". Discussing the environmental crisis and condemning the sponsors of violence, another poet shared his couplet while talking about the same incident:

يړکو يزد و غرم لوبو ردنس ټپ ات مهلاظ  
ورک لب روا يدناب ونولگ ټپ وخ ات! مهلاظ  
يپت ټپ يم د يو يلکيل ټپ مرنوم يچ هغه  
ورک لب روا يدناب ونوران چ ټپ ردوگ د اچ

Cruel man, you have shot the melodious birds  
And have set the flowers on fire;  
The theme and rhyme our romantic songs,  
The Chinar of Gudar, has been set on  
fire. (Umeed, 2019).

In this couplet the poet is blaming those who started war in Pakhtun region and threatened flora and fauna of the region. Narrating the situation of forests and wildlife a poet stated; "We know who have started this ugly war in Swat and why". Moreover, the poet further argued that "The militants are sponsored by outsiders though Pakhtun are blamed for it". He further argued that "Swat has rich resources and the outsiders want to have hold of these resources" (Umeed, 2022). To him *gudar* also remained focus of the Pakhtuns and due to conflict, the elements of *gudar* i.e., trees were burnt. The conflict of Swat created an environmental crisis which has direct effects on mountains, forests, rivers, and wildlife. The poet also shared that, "A peaceful environment is not only the need of humans only but everything in nature needs peaceful environment" as he shared another couplet from his poetry:

يږيځ يروپ هنامسا هل ږرت تشحو د يچ يېم  
يتاپېشک ران يچ ټپ هگنځ هياوخ هب ي غرم  
يږيک

In terrible flames reaching up to the sky, /  
How are birds going to survive in Chinars?  
(Naaz Z. A., 2020).

In this couplet the poet says that when there are flames of fear and terror from trees till the sky then how it is possible for birds to reside in these trees. In conceptual meaning the poet is explaining and situating environmental crisis in Swat where trees were burnt, and the ecology became hostile for wildlife. The poet explained that, "Pashto poetry is among very few avenues where issues are discussed, and people recite in different places and spaces to alert people". Moreover, most times during the field work, locals have shown very keen interest in naming birds and animals who were once part of the ecology but now they are endangered or extinct. The poet also writes on the extinction of birds, as a poet writes:

مد يشوم اخ هيوول هروخ يېشک نطو ټپ  
متشن نچ يېشکپ ومغن د ولبلبل د

A grave silence has spread across my land:  
The nightingales pipe not their notes.  
(Naaz Z. A., 2020).

In this couplet the poet talks about the songs of nightingales which are missing in his land. Due to the situation, there is silence everywhere and the bird don't sing. Poets talk about every object of the ecology which had made it beautiful. The masses in general and the poets in particular relate the extinction of birds and animals with the environmental crisis of Swat (Rahman A. U., 2022). A healthy environment is needed for wildlife to inhabit, and these days Swat is facing an environmental crisis. This is the reason; wildlife is also disturbed. The poets don't talk about birds, trees, and plants only but also the cultural side of the environment. People do have attachment with different objects of the ecology and attached meanings to it. It is the reason poets' cry and express their feelings about the ecology in poetry, as a poet writes:

وش کيرش یدمغ یدابرب د نم چ د! هلضف ے  
یراکبش متار هن یگمغ یوک یل یوسا مه سوا اضف

O Fazal! The grief of the garden ruined you share  
Has rendered the air sighing and sad  
(Subhan, 2007).

In this couplet the poet writes that sharing my grief made the sky sigh from sadness. In conceptual meaning the couplet means that poets go through heavy grief while seeing the environmental crisis in their land. Through these poems poets on the one hand express their sad feelings while on the other hand sensitized and alert the masses about the environmental crisis (Rahman A. , 2022). Due to this environmental crisis the nature of *gudar* is also changed; girls are no longer going to *gudar* for collecting water and so there are no more love stories in *gudar*. This is the reasons a poet writes:

موشو مدوم مت ردوگ خرت ٺپ ےگنم یخار ٺن سوا  
مو ٺن مرمود مكاوژ وا دنوژ د وخر د یم یتویرپ

She no more visits the spring with a pitcher in hand,  
My beloved had never been so tired of life.  
(Ata, 2020).

In the literal meaning the poet laments about his beloved not coming to *gudar* anymore.

Though in conceptual meaning the poet depicts the situation which brought changes in life of Swat. For hundreds of years *gudar* remains the place of collecting water where lovers would see or meet each other. Development and militancy brought changes to the ecology where girls are no more collecting water from *gudar*. The poets also idealize and romanticize past times and call it “*zhwand*” (life) though modern-day life is not attracting girls to *gudar* for collecting water. It is the reason poets care for *gudar* and remember it in their poems and songs, as a poet writes:

لرک نارو هنوردوگ وکلخ یچ هم ٺن ید ٺپ ٺز  
یخو و من یشامت د رگیزام یچ ٺن یسه وخ

I care not about the desolation of the *gudar*  
But for the spectacle the afternoon no more.  
(Naaz Z. A., 2020).

In this couplet the poet depicts his intimacy with *gudar* by saying that it is the place for seeing beloveds. The intimacy and attachment with *gudar* are forcing poets to write on *gudar* (Naaz Z. A., 2022). The poet also writes:

یشکپ یروگ یردوگ یگنم تام د نامرا لپخ د  
یخوگ ونوردوگ یشوش تام ٺپ مه سوا یم ٺرز تام

My broken heart seeks a desire in the debris of  
pitchers  
Haunting the springs ruined and desolated.  
(Naaz Z. A., 2020).

In literal meaning the poet says that he is searching for his broken wishes in ruined *gudar* though in conceptual meaning the poet is talking about situation of *gudar*. Speaking of the couplet the poet explained that “In the last two decades and specifically during and after the conflict of Swat a lot of changes came to our lands where girls are no more going to *gudar*. It is the reason we call *gudar* as ruined *gudar*. Through poetry we still remember *gudar* in our poems and it is because we have attachments in it (Naaz Z. A., 2022). Another respondent also shared that, “For us the modern lifestyle is not attracting us as it is full of tension and depression and so we write on the gone days and wish we could revive our old days”.

## Preserving the Ecology through Poetry

Claiming and owning natural resources remain central theme of Pashto poetry from last four to five decades. Most of the poets, political leaders, and activists from Khyber Pakhtunkhwa in general and from Swat in specifically relate the conflict of Swat with “rich resources of Swat”. Most of Pakhtun poets and activists claim that the capturing of resources is one major reason among some other which lead to the conflict in Swat (Naz, 2022). In post conflict Swat, poets condemn violence of state as well as state policy of countering violence through violence. There are different themes for claiming and preserving the ecology including the themes of love, beauty, peace, resisting violence, condemnation of war, poetry of peace, and poetry of resilience among other. The poets use these themes in one or another way to situate the environmental crisis and to claim and preserve the ecology. There are claims that Pakhtun have rules and unwritten laws about use of forests, mountains, and rivers. These rules are transformed and transmitted from generations through different folk genres where the natural resources were mostly safe. There are a lot of proverbs and stories which helped in the protection and sustainability of ecology. As a word “*gul'cheen*” is used for those who cut flowers and cutting flowers always considered as bad habit. As a poet writes:

موش لـتـاق و ن هـر کـېـر پـ ټـو غ ن لگ د ام  
يوش احيـسـم وړک ټـرا ټـرا حـور ټـم ات

The flowering bud plucked, and a killer am I, /  
A Messiah you pose having sawed my  
soul. (Subhan, 2007).

In the couplet the poet says that I become a killer by cutting a single bud from a flower and you are called as Messiah even you have cut and wounded my soul. In Pashto literature the term “*gulcheen*” is use for those who cut flowers and it is considered a bad habit. The couplet on the one hand criticizes and condemn those who have brought conflict and development while on the other hand signify the meaning and function of the term “*gulcheen*” in Pakhtun culture which prohibit people from cutting flowers (Swati, 2022). A respondent explained, “It is poetry and other genres of language which construct humans’ attitude and it is the reason we have a lot

of myths attached with cutting of trees and which function in society”. The development and religiosity disturbed historical memory and conscious of our people which cause great harm to the ecology of our land (Khan H. , 2021).

Pakhtun poets also support those who grow flowers while condemn those who destroy flowers, as a poet writes:

د راک نارگ هر موخ لوړيز نوگنر وا نه ولگ  
د راک ناسا هر موخ لومتخ نوگنر وا نه ولگ

The sowing flowers and colors come hard by  
The erasure takes sweat and time none.

In this couplet the poet says that it is too difficult to grow flowers while it is too easy to destroy those flowers. A poet explained, “It takes dozens of years to develop gardens and hundreds of years to develop forests though it takes only a moment to destroy those gardens and forests”. The poets on the one hand condemn the conflict and unplanned development which played such a destructive role in the ecology while on the other hand support those who spent their lives to develop gardens and forests. A respondent also argued that, “We need to sensitize the stake holders that it is very difficult to develop forests, and the existing forests have taken hundreds and thousands of years, and so we see these forests. It will take hundreds of years to develop forests and heal the ecosystem of Swat”. Poets on the one hand condemn acts of violence which have direct effect on the environment while on the other hand preserve and promote objects of the ecology and designate them as symbols of love and peace, as a poet writes:

مېراو غ فن گنج د نهون اديم فز  
مېراو غ یردوگ مل ونوت فل ا فز  
مراپ د کسپوک د مل گنج نم د  
مېراو غ یرکېنېل مل ونوت ب ح م

I seek not fields of war  
I seek a spring for love  
To support the war of peace  
I need battalions of love.

In this couplet the poet condemns war on the one hand and asks for peace and love on the other hand. Speaking of the couplet the poet explained

that we need *gudar* for love rather grounds for wars and need battalions of love to fight for peace. In the couplet battalions of love means countering violence through love and peace rather violence by collective consciousness on a large scale through public participation. Before 9/11, peace was less discussed and very rare theme in Pashto poetry in Swat but in the last two decades, the theme of peace remained a focus of Pashto poetry. The poets on the one hand condemn war while on the other hand support and promote peace and love through their pieces of poetry. Locals claim that conflict brought destruction to our land and that is why we ask for peace not only for humans but also for the preservation of ecology (Ulasyar, 2022). Poets not only ask for peace but also criticize the role of stake holders i.e., common masses, institutions, and others. They believe that stakeholders and specifically masses needed to work honestly for claiming and protection of the ecology. Speaking of honest efforts for the protection of ecology, a poet writes:

يناميا يې رايلا م يئ يېشک نامصخ هک  
هدویش یرپ  
يسين هولگ یلد یلد ےتوب ره نم چ د

Were it not for the gardener's dishonest  
The plants shall all blossom full and fine.  
(Umeed, 2020)

In literal meaning the poet says that if the gardener started working honestly, each plant of the garden will catch dozens of flowers. In conceptual meaning the poet is asking for stakeholders to be honest with the land so we can protect our environment. This is a common claim in Pakistan that people don't work honestly and that is why the system is not functioning in its right direction to deliver the desired outcomes. The same goes for the environment where the relevant authorities are not working honestly for the protection of the environment and that is why we see environmental crisis in today's Swat (Umeed, 2022). It is witnessed many times that the relevant authorities are involved in cutting of trees and it is the reason the poet asks them to perform their duty honestly. Poets not only call on authorities but also youngsters to work for the protection of ecology, as a poet writes:

هن بيصن يئ لبروا يش يناب يناب هتخو يې  
يش  
يد راکب يملز ماق د يم هت بالگ د ين تاس

Withered and decayed before time, they die,  
The youngsters I need for gardening the rose.

In literal meaning the poet calls on youngsters that they should come forward for the protection of flowers. Putting flowers in hair is an old practice among Pakhtuns and still in many areas of Pakhtun region people put flowers in their hair. Therefore, poets claim that the flowers place is in hairs of beloveds. Though flowers couldn't reach there because flowers are ruined before reaching their due place. In conceptual meaning the poet is saying and resources where things are not getting their value and are untimely destroyed. Furthermore, poet also calls on youngsters to come forward and work for the protection of the environment. A poet also calls on people to struggle to extinguish the flames of fire from the land, as that poet writes:

ورک فن ون يو ولپخ هپ یرم هن طو هل یچ یبمل  
هن وراهب یبشک وبمل هپ يش ار یچ هد هن ارگ ون

The land aflame we shall reclaim with our  
live's blood  
The flames augur visiting none of springs.  
(Baitab H. U., 2020).

In this couplet the poet endorses that our blood is needed to douse the fire on our land. He further says that without sacrifices it is difficult to see spring. In conceptual meaning the couplet is a stimulant of resilience among people so that people may own the issue and work for it. A respondent also added that, "It is our land, and we shouldn't work for someone else to solve our problems rather we should work for our own to solve our issues". He further added that, "For preserving the natural environment it is important to claim and own the resources and so we work for them with resilience".

Poets also resist those who have destroyed the land and write that we work for sowing more plants. As a poet writes:

هرک لتيق ینیم د امز بالگ ره ینسکپ هک ات  
هرکو هب یتوب لب ینسکپ د نطو امز اد

Every flower that betokens my love you killed,  
These and more I shall regrow, my land I know.  
(Naaz Z. A., 2020).

While mentioning those who have brought wars to the land of the poet if you have destroyed all the flowers of my love, it is my land, and I will again sow more and more flowers in it. In conceptual meaning the poet means that we are working to make and build our land. The poetry has themes of resilience which make people work for betterment of their ecology. Seeing the injustices against the environment, poets express great grief and concerns and give messages of hope for a better tomorrow, as a poet says:

یش ددیل یگرستس لصف د یچ رظنم د  
یش ددیربص هلک ملق هراق یب  
ورک هلاو الات نم چ امز نازخ هک  
یش ددیکوتار مه ایب وخ هنولگ اد

This sight when Fazal perceives,  
His pen restless shall remain  
The autumn may have ruined my garden/  
But the flowers can again be sown (Subhan,  
2007).

In the couplet the poet says that how can I stop myself to not write on the situation of my land. He further says that if autumn (situation) has destroyed my land, the flowers can grow again. In the couplet the poet on one hand expresses his grief on the situation in his land while on the other hand he also gives messages of hope. Speaking of the mentioned couplet a poet commented that, "The message of hope in the couplet aims to end hopelessness and to alert the people to come forward and work for the claiming and preserving of their ecology". He further added that, "poets are rays of hope in our society" (Uddin, 2021). Seeing awareness among people poets are hopeful for a better tomorrow, as a poet writes:

یلت یرزو ایب یوش دنویپ یئ یرزو یتام  
یراکنن یساد هد هلاو وتولا نما د یغرم  
ملخاو یریز ینسک رس یگنخ د هو یلدیل یچ اچ  
یراکنن یساد هد هلاو ودیک لگ یئ یتوغ هغه

Her wings broken have healed  
The peace bird seems ready to fly  
The flower bud seen once on the tree  
Is about to blossom it seems. (Umeed, 2020).

In the couplet the poet is talking about wounded birds and trees where he sees a better future for them. The poet is hopeful for a better tomorrow and so he sees the wounded bird ready to fly and so the blades of tree branches turning to flowers.

## Conclusion

Pashto poetry is not free from the time and space factor as the objective conditions of history and the present have impacts on its thoughts and themes and its other associated parts like genre, etc. In these objective conditions, the past two decades remained very hostile for the Pakhtun region and specifically for Swat in Khyber Pakhtunkhwa. The situation not only harmed humans but also ecology of the Swat. Among academicians, writers, and activists the poets portrayed in a way that shows us an alternate perspective. The poets of Swat have written on different themes using different genres of poetry to link their expression with ecology. In these themes the themes of peace, non-violence, condemnation of war and resilience to claiming and preserving of ecology, the Pakhtun poets did their best to alert people, preserve knowledge about forests, animals, plants and the importance of healthy ecosystem for humans, animals, birds and plants. In preservation of ecology, poets used flora and fauna as themes of beauty and love. Furthermore, poets also depicted the environmental crisis in the context of violent conflict and destructive progressive development. At a time of chaos and chaotic conditions, Pakhtun poets show their resilience and resistance to reverse the impact of environment and conflict on environment and ecology. These themes in the poetry of various poets as documented in this paper helped on one hand to situate environmental crisis of Swat and on other hand tried to claim and preserve the ecology of Swat.

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# Carees Trends of Nursing Students in the Context of Career Preference planning

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## Abstract:

**Objective:** To find the career preferences of the selected group of students - nurses of the Master's study program Nursing.

**Respondents and methodology:** The data were collected in the months of September-October 2022. The selection of respondents was intentional, the conditions for inclusion in the study were consent to anonymous filling in of the questionnaire, performance of the profession of a nurse, current study in the Master's degree Nursing program. A total number of 155 respondents took part in the survey. The collected data were processed with the aid of non-parametric statistical tests.

**Results:** The average age of the nurses in our group was 27.7 years, and the average number of years of experience was 4.8

years. Almost 43.2% of nurses want to stay working in clinical practice; 38.7% of nurses are interested in a managerial position; 18% want to work as a teacher. Nurses are not interested in research in nursing. Within the career trends in nursing, the most preferred post was the school nurse. There was no statistically significant difference in the age of the respondents according to their field of career ( $p=0.41$ ) or according to their preference of application ( $p=0.36$ ). The perception of managerial and pedagogical skills of the respondents did not correlate with age or length of experience.

**Conclusion:** Nursing students' career preferences change as they progress through their training: nursing career planning and management; career growth increase job satisfaction; provision of quality and safe nursing care. The students of the study program Nursing show great ambivalence in their ideas about their future career. This opens wide possibilities for educators, managers, mentors, and nurses in practice to significantly positively influence and formation the career preferences of students.

## Introduction

Depending heavily on information and knowledge, the organizations of today are required to have sound human resource management systems in place. Organizations need to invest in employee training and development for a multitude of reasons. First, the workforce needs to be trained and developed because of new knowledge. Second, the rapid pace of innovation is making employees' knowledge and skills obsolete. Next, healthcare facilities undergo frequent organizational changes and/or technological enhancements. In addition, their external and internal environments are changing and so is the nature of work. Last but not least, more focus is placed on customers, efficiency, economy, and flexibility (1). A career can be defined as a person's professional path, during which s/he gains experience, develops his or her competences and potential. One's career can go up, down or stagnating. Individuals gain experience over their time at work. Career management in nursing is to enable employees to grow with respect to their potential and the needs of the organization (2;3). In the context of a global shortage of nurses, it will be necessary to know the future career choices of nursing students to: modify curricula; educational content; strategic human resource planning; recruitment; rotations; promotions (4). Career management is a system to: improve performance; professionalism; field-based compe-

tency and job satisfaction. The success of a career depends on the nurse's participation in clinical decision making; the ability to define short-term and long-term goals; the ability to manage proactively his or her nursing career (5). Hefferin, Kleinecht developed the Nursing Career Preference Inventory (NCPI) as early as 1986 to assist nurses in determining which of the 4 nursing practice areas - clinical, administration, research, or education - are most reflective of their personal interests and preferences, and which of the 14 nursing role positions (e.g. bedside nurses, nursing managers, community nurses, etc.) most often encompass the preferred work activity pattern. The authors recommend that the NCPI tool be used to place new as well as experienced nurses by job-related activities, into a wide range of nursing positions and to assist nurses in planning their goal-oriented career paths (6).

*"Training and developing employees are among the key functions of human resource management"*

(1, p. 279). Employee development focuses on the employee's job-related future potential and career growth. In addition to career and succession planning Organizations must also focus on developing future leaders as part of career and succession planning; select employees with the potential to make a significant impact on the future of the organization. Career management in nursing can-

not be performed successfully without being aware of the personnel management trends. Nursing career managers bring many benefits to organizations: such as a better use of nurses' potential; higher motivation; engagement; loyalty; and/or focus on further development. Thus, healthcare facilities are turning into organizations which are

more appealing to prospective employees, with lower turnover and absenteeism rates, and more attractive employer's brand and image (1).

### Aim of the research

To find career preferences of student nurses in the Master's Nursing program.

**Table 1** Relationship between age & nursing practice area

Nursing Practice Area	N	$\bar{x}$	Sd	$x_m$	min.	max.	p
Clinical	67	26.4	6.7	23.0	20	46	0.41
Administration	60	28.9	10.0	24.0	21	59	
Education	28	28.4	8.6	24.0	22	53	
Total age*	155	27.7	8.5	24	20	59	-

Legend: n – number,  $\bar{x}$  – mean, sd – standard deviation,  $x_m$  – median, min. – minimum value, max. – maximum value, p – probability value of the Kruskal-Wallis test. \* - information to complement age-related basic parameters in the sample

**Table 2** Relationship between the years of experience & the preferred nursing area

Nursing Practice Area	N	$\bar{x}$	Sd	$x_m$	min.	max.	p
Clinical	66**	3.2	5.1	1.0	0	27	0.36
Administration	60	6.6	10.3	2	0	40	
Education	28	5.1	8.1	1	0	35	
Years of Experience*	154**	4.9	8.1	1.5	0	40	-

Legend: n – number,  $\bar{x}$  – mean, sd – standard deviation,  $x_m$  – median, min. – minimum value, max. – maximum value, p – probability value of the Kruskal-Wallis test. \* - information to complement basic parameters related to the years of experience in the entire set of data, \*\* - no answer by one respondent.

**Table 3** Correlation between the self-perception of one's managerial/teaching skills & age

Age versus	N	R	95% C.I.	p
Managerial skills	155	0.11	-0.06 – 0.27	0.18
Teaching skills	154*	-0.02	-0.18 – 0.14	0.78

Legend: n – number, R – Spearman correlation coefficient, C.I. – 95% confidence interval of the correlation coefficient, p – probability value of significance of the correlation coefficient difference from zero, \* - no answer by one respondent.

**Table 4** Correlation between the self-perception of one's managerial/teaching skills & years of experience

Years of experience versus	n	R	95% C.I.	p
Managerial skills	154	0.15	-0.01– 0.31	0.06
Teaching skills	153	-0.04	-0.20 – 0.12	0.58

Legend: n – number, R – Spearman correlation coefficient, C.I. – 95% confidence interval of the correlation coefficient, p – probability value of significance of the correlation coefficient difference from zero, \* - missing answers from respondents.

## Sample and Methods

A questionnaire designed by the authors was employed to collect data. The respondents were 155 Master's degree students in Nursing at TnUAD Trenčín and the University of Prešov. A selective sampling technique was used to collect the data. The data were gathered in the months of September/October 2022. The respondents were those who gave a consent to fill in an anonymous questionnaire, work as nurses, and are currently studying the Master's degree program in Nursing. Statistical analyses were conducted using InStat, ver. 3.02 (GraphPad Software, Inc., 1992-1998).

To describe the characteristics of the data set, descriptive statistics was used, such as number, measures of central tendency (mean, median), standard deviation, and range given by the minimum and maximum values observed. The Kruskal-Wallis non-parametric test was used to compare variables between more than 2 categories. If the  $p$ -value of the test criterion was less than 0.05, the differences found were not considered to be causally related to the phenomenon observed. The strength of association between variables was tested using the non-parametric Spearman's rank correlation coefficient, while providing 95% confidence intervals and the  $p$ -value of the test criterion for the difference of the observed coefficient from the null value.

## Results

Mean age of the sample was 27.74 years with 4.8 mean number of years of experience. 77.2%

of nurses work in inpatient: 22.8% work in outpatient health facilities. The nurses who participated in the study reported their current nursing role by the Nursing Career Preference Inventory (NCPI).

The study attempted to find whether there is a relationship between the nurses' age, years of experience and their preferred area of practice (Table 1, Table 2). The results indicate there is no significant relationship between age, years of experience and the choice of the nursing practice area.

In the next 2 questionnaire items, respondents were asked to rate their managerial and teaching skills on a scale of 1 (very weak) to 10 (very strong) skills. The average value of managerial skills was  $\bar{x} = 5.89$ ; the average value of teaching skills was  $\bar{x} = 5.92$ . The latter may imply nurses over rating their teaching skills. Given the nature of the data (ten-point ordinal scale, absence of continuous data), however, it must be asserted that the medians of the 2 parameters were almost identical ( $x_m = 6,00$ ). Therefore, from a mathematical point of view, this assumption cannot be hard and fast verified. Next, the level of skills was correlated with nurses' age and number of years of experience (Table 3, Table 4).

It follows from the data that the subjective perception of nurses' managerial and teaching skills does not depend on age and years of experience. Table 5 compares the four positions by career trends and the respective subjective perception of managerial and teaching skills. An interesting piece of finding was the lowest perception

**Table 5** Differences between career trend & self-perception of skills

Skills	Category	n	$\bar{x}$	sd	xm	min.	max.	p
Administrative	1	23	6.3	1.3	6.0	5	9	0.06
	2	32	6.3	2.1	7.0	0	10	
	4	53	5.4	2.0	5.0	1	9	
	5	21	6.5	1.5	7.0	3	9	
Teaching	1	23	6.3	1.7	6.0	3	9	0.77
	2	32	5.9	1.9	6.0	1	9	
	4	53	5.9	2.0	6.0	1	9	
	5	21	6.3	1.7	6.0	4	9	

Legend: n – number,  $\bar{x}$  – mean, sd – standard deviation, xm – median, min. – minimum value, max. – maximum value, p – probability value of the Kruskal-Wallis test. Categories: 1- nurse – forensic expert in nursing; 2-case manager, 4-school nurse; 5-nurse specialist prescribing drugs and medical aids.

of management skills in those respondents who would like to work as school nurses after they graduate ( $x_m=5.0$ , Table 5). At the same time, the level of statistical significance of differences in managerial skills between nurses broken down by the category of interest is in the range of marginal statistical significance ( $p=0.06$ ), i.e. close to the 0.05 threshold value. Although the difference is not significant in terms of formal statistics, it needs to be verified with more respondents in the future. There is namely no reason for school nurses to have lower perception of their managerial knowledge as there are no selection factors known in this sector that would cause this kind of shift.

## Discussion

77.2% of nurses work in inpatient; 22.8% in outpatient health facilities. The mean age of the sample was 27.74 years with 4.8 mean number of years of experience. First, it was found whether the nurses work in the clinical, administration, education or research nursing area of practice and what area they would like to work after getting their Master's degree. 91% of nurses said they were currently working in clinical practice; 7.1% work in administration; 2 respondents were teachers. Nurses are not interested in the area of research. 43.2% of nurses want to remain working in clinical practice; 38.7% would like to work in administration; 18% would like to teach in the future. Similar findings were published by Jyoti et al. (7) who assessed the career preference of 168 final year B.Sc. Nursing students. In their study, 56.5% of students preferred their career as a staff nurse; 38.7% students preferred their career as a clinical instructor; 27.3% mentioned community health nursing; 5.3% mentioned management in nursing; nurse researcher; home nursing; 3.5 % of students mentioned school health nursing. 60.1% of students selected nursing course as per their own choice because they perceived their personality characteristics as suited to this profession and the rest of the students were mainly influenced into starting nursing career by parents and/or relatives rather than personal choice.

Similar outcomes were published in 2 Turkish studies. In their descriptive study, Aydin et al. (8) attempted to define the plans for professional work in the field of nursing in 2,818 senior nurs-

ing students from 27 Schools of Nursing from different geographical regions of Turkey. The Questionnaire for Career Planning and Affecting Factors was used to collect the data. 72.7% of students wanted to work as a nurse after graduation. 32.6% of students wanted to work in the operating room and the acute care units (30.4%) after the graduation. 39.6% of students preferred to work as bedside nurses, 34.1% as academicians and 20.6 % as nurse managers. 59.2% of students see themselves as nurses in the next 5 years; 31.7 % of them see themselves as academics in the next 10 years. The aim of the study conducted by Balyaci, Özsoy (9) was to describe nursing students' attitudes and knowledge toward career planning in Turkey. Out of 157 respondents, 53.7% want to work as a hospital staff nurse; an education nurse (31.5%); academician at a university (26.2%); head nurse (22.8 %); school nurse (8.7%). Only 44.3% of nursing students had career planning knowledge.

In a cross-sectional study, Ratislavová, Kravcová (10) examined the orientation of 193 nursing students to professional expertise using the Nursing Orientation Tool with 17 statements rated on a Likert scale. 74.6% of the respondents wanted to remain working as nurses. The authors in their sample in the Czech Republic claim: 25% of students in the UK; 45% in Australia; 45% in Canada; 50% in the USA; 25.4% drop out of nursing or opt for a career outside nursing.

Globally, health systems have been facing a shortage of qualified nursing staff at all levels. It is therefore desirable for management to be concerned with career planning and tracking career trends to provide availability and quality nursing care. In addition, Ratislavová, Kravcová (10) assessed the relationship between age and occupational proficiency to find it not to be statistically significant.

The present survey was to find which of the 8 nursing positions preferred were the most appealing to nurses and why. It was found that 31% of the students would like to work as specialist nurses (interest in working in an operating theatre); 22% as nurse managers (they want to change the style of managing people); 18.7% as bedside nurses (the most frequent responses were that they find this job rewarding, enjoy working with people and want to acquire practical skills), 12.2 % as teachers (passing on their knowledge

and experience); 10% would like to work in outpatient care centers (the advantage of not working night shifts).

The respondents found the least appealing the following 3 positions: a licensed independent practice nurse ( $n=6$ ); a community health nurse ( $n=3$ ); a nurse researcher ( $n=1$ ). Career preferences and related factors among nursing students were investigated by Hsu et al. (2022) in a cross-sectional study involving 217 respondents. The most favorite career preferences among nursing students were community health nursing; pediatric nursing; medical surgical nursing.

The least career preferences among nursing students were oncology and hospice nursing; mental health nursing; ER nursing. The authors assessed the correlation between age and career preference. Senior nursing students preferred working in community health nursing and junior female nursing students preferred working in pediatric nursing. Consistent with our results, the study indicated that the students chose to work as hospital nurses after graduation to expand their knowledge and acquire skills. Kubicová, Miklovičová (11) conducted a survey among 96 students of SZU in Bratislava and KU in Ružomberok. The students were mainly interested in working in surgical departments, community care and pediatric wards.

The respondents were given 7 nursing positions under the nursing career trends (12;13;14;15). The ranking of career trends was made after having analyzed the responses; 34.2% of nurses prefer working as a school nurse. The fact may be attributed to the information about the creation of such a position in the media. 20.6% of nurses would like to work as a case manager. The positions of case managers were first set up at Bory Hospital in Bratislava. 15% of nurses would like to work as a forensic nurse examiner. Nursing as an expert discipline is regulated by the Decree of the Ministry of Justice of the Slovak Republic No. 228/2018 Coll. by which Act No. 382/2004 Coll. on Experts, Interpreters and Translators, as amended is implemented (16). 48 27 00 Nursing is listed among expert disciplines and branches. The field deals with averting complications that could arise from the improper provision of nursing care. Focus is placed on a person, family and community in health and sickness. A registered expert in the

field evaluates proper delivery of nursing care to patients in a variety of health care disciplines. The next preferred career trend is that of a nurse specialist prescribing drugs and medical aids. 13.5% of respondents would like to work as nurse specialists. The results may be related to a new competence of nurses, which is the competence of indicating and prescribing medical aids related to the provision of nursing care pursuant to Article 119a of the Act No. 362/2011 Coll. on Medicinal Products and Medical Devices. 7.7% of respondents would like to work as a specialist nurse in multicultural nursing. 5% would like to work as a legal nurse. In our opinion, the low interest can be attributed to poor legal awareness of nurses. Only 2 respondents would be interested in working as a nurse specialist in informatics.

## Conclusion

Nurses, graduate nurses as well as nursing students, have many career options. Experience shows that some of the nursing fields, departments, positions are more appealing than others. Those preferred ones have enough job applicants and are staffed adequately; less appealing ones have long been struggling to find qualified employees. Career management is an effective strategy for providing nurses with a clear direction and realistic timeline to achieve their career goals. Career development is not only the responsibility of an organization but also the responsibility of individuals to develop themselves and their careers (5). The survey outcomes provide valuable information to educational institutions, teachers, and policymakers. The identified nurses' career trends and preferences can be used: to stimulate interest in studying nursing; to support key strategies; to address gender stigma; to promote career advancement in the nursing profession. Having considered one's own experience and assessed the survey results, it may be concluded that only a small number of nursing students in the Master's degree program have a clear idea of their future career. Therefore, it is advisable to review continuously the curriculum to reflect the needs and preferences of nursing students; make modifications; develop strategies that would provide a realistic guidance for nurses' career plans in the clinical setting while considering generational theories.

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## Research limitations

The limiting factor is the sample size. The findings are considered preliminary results obtained from respondents studying at 2 institutions of higher education. Nevertheless, the results can be considered acceptable and generalizable. The outcomes highlight the need for targeted measures to address the sustainability of staffing in health care institutions in the Slovak Republic.

## Conflict of interest

The authors declare no conflict of interest.

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# Constitutional Flaws: Unrest in Swat 2007-09

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## Abstract:

The purpose of this paper is to explore the root cause of terrorism in Swat. It is a case study and qualitative research project. People of Swat suffered heavy human and material losses due to terrorism. The Taliban led by a local cleric; *Maulana Fazlullah* destroyed educational institutions, banned girls' education, and watching television besides slaughtering innocent people. One of the causes of this phenomenon, was a constitutional crisis which prevailed in the region since the merger of Swat in 1969. Successive governments failed to integrate it in the national mainstream. On the contrary, authorities have used it as a laboratory for constitutional experiments-promoting discontent and denial of justice.

## Introduction

Swat, one the most picturesque valleys in northwestern Pakistan, suffered colossal human and material losses due to terrorism which

plagued the region in 2007-09. The terrorists led by a local cleric, *Maulana Fazlullah* (real name *Hayatullah*), destroyed educational institutions, health centers, police stations and bridges. More

than four hundred schools were razed to the ground from 2007 to 2011.<sup>1</sup> 70% of them were girls' schools.<sup>2</sup> The terrorists attacked a school van and critically injured *Malala Yousafzai*, a teen girl. The terrorists wanted to silence her voice for promoting children's education. The terrorists used to kidnap and behead government officials, personnel of law enforcing agencies and local elders to terrorize the public. They dumped dead bodies at Green *Chowk* (square), Mingora. Thus, the Green *Chowk* took the name of *Khooni Chowk* or bloody square. The government held talks with the TNSM leadership, but it proved a futile exercise. The government had no other option but deal the terrorists with an iron hand. The then *Prime Minister*, *Syed Yousaf Raza Gilani* announced launching of operations in Swat in May 2009.<sup>3</sup>

The unrest displaced 2.3 million people of Swat and its adjoining areas.<sup>4</sup> The majority of them had to live in camps where temperature at daytime was more than 40 centigrade. There was no proper electricity and water in the camps, causing dehydration especially among children, aged and women. The question arises what caused this terrorism in Swat? Besides other factors, terrorists exploited the legal vacuum as from a legal perspective successive governments failed to integrate the area in the rest of the country.

### Merger of Swat

In 1947, at the time of partition of India, there were 4 princely states in Khyber Pakhtunkhwa. These include Amb, Chitral, Dir and Swat. All these 4 princely states joined Pakistan and were

incorporated in the Province of West Pakistan under the Establishment of West Pakistan Act 1955. These states were declared as "Special Areas."<sup>5</sup> This status was protected in the Constitution of 1956.<sup>6</sup> The "Special Areas" were named as "Tribal Areas" under the Constitution of 1962.<sup>7</sup> These princely states were merged in August 1969 and the West Pakistan Government took direct control. *Major General Rakhman Gul*, the then Acting Administrator Martial Law Zone A, issued a notification to this effect on August 15, 1969. But the dissolution of One Unit in July 1970, the administration of Swat, Dir and Chitral, was handed over to the Northwest Frontier Province (NWFP)-renamed as Khyber Pakhtunkhwa.<sup>8</sup>

Criminal courts were set up in Malakand Division under Tribal Areas Regulation 1970. The next year, a session court was set up for the entire Malakand Division. This followed the back-and-forth approach. The Governor Khyber Pakhtunkhwa, with the prior approval of the President started issuing a series of regulations pertaining to the administrative and judicial matters of these areas. The first regulation was promulgated in 1971 whereby statues which were in force in the rest of the country were extended to Swat, Dir and Chitral. These included the Evidence Act, Arbitration Act, Contract Act, Criminal Procedure Code, Pakistan Penal Code (PPC), Civil Procedure Code (CPC), Civil Courts Ordinance, Suits Evaluation Act, and Transfer of Property Act.

The former princely states in KP plus Malakand Protected Area were declared as the

<sup>1</sup> Asad Hashim, the fight for education in Pakistan's Swat, Aljazeera, October 15, 2012, retrieved July 7, 2022, <https://www.aljazeera.com/features/2012/10/15/the-fight-for-education-in-pakistans-swat>

<sup>2</sup> Rina Saeed Khan, *Pakistan rebuilds its education network after Taliban are driven out of Swat*, the Guardian, June 22, 2012, retrieved July 7, 2022, <https://www.theguardian.com/global-development/2012/jun/26/pakistan-education-swat-valley-taliban>

<sup>3</sup> <http://abidmajeed.com/2017/05/29/management-of-sic-current-idps-swat-as-a-case-study/>

<sup>4</sup> Najam U Din, *Internal Displacement in Pakistan: Contemporary Challenges* (Lahore: Qasim Press, 2010), 5.

<sup>5</sup> Establishment of West Pakistan Act 1955, accessed July 7, 2022, <https://pakistanlaw.pk/statutes/2536/establishment-of-west-pakistan-act-1955>

<sup>6</sup> See Article 104 of 1956 constitution.

<sup>7</sup> See Article 242 of 1962 constitution.

<sup>8</sup> Province of West Pakistan (Dissolution) Order 1970, <https://pakistanlaw.pk/statutes/6246/province-of-west-pakistan-dissolution-order-1970>, retrieved July 13, 2022.

Provincially Administered Tribal Areas (PATA) in 1972.<sup>9</sup> The status of PATA was maintained in the constitution of 1973.<sup>10</sup> No doubt, the constitution of 1973 was framed with consultation and consent of leaders of all major parties, but fathers of the constitution could not comprehend the awful consequences viz-a-viz PATA. Despite being legislative bodies, neither the National Assembly nor the Provincial Assembly had the power to extend the existing laws or make new ones for PATA.

The President issued a decree “Supreme Court and the High Court (Extension of Jurisdiction to Tribal Areas) Order 1970.”<sup>11</sup> But this order was made ineffective about 3 years later. Article 247 of the 1973 Constitution, prohibited jurisdiction of the Supreme Court and High Court in PATA. It authorized the Governor to promulgate regulations for PATA with prior approval of the President, whenever, needed. This opened a Pandora’s box of difficulties, injustice and finally chaos.

### Rules and Regulations during Wali rule

Before merger, *Riwaj* or customary law was practiced in Swat. The ruler, Wali of Swat also used to issue decrees from time to time to deal with day-to-day problems. *Qazis* were deciding cases in accordance with Islamic injunctions and *Riwaj*. Under Tribal Areas Regulation 1970, criminal courts were established in the Malakand Division. The next year, a Session Court was set up for the entire Malakand Division. The jurisdiction of the Supreme Court and High Court was extended to Swat, Dir, Chitral and Malakand Protected Area under the Act XXVII 1973. After a period of about 2 years, the situation was put in reverse gear and black laws were introduced-encouraging criminals, denial of justice and creating resentment in the society.

### PATA Regulations

The Governor promulgated PATA Regulations-completely changing the judicial system in

Malakand Division. The PATA Regulation No. 1 & 2 were issued on April 17, 1974, and January 5, 1976, respectively. These regulations provided principles for dealing criminal and civil cases. Then the governor KP issued PATA Regulation No. 111 on April 19, 1976, whereby certain amendments were made in the PATA Regulations-giving judicial powers to local *jirgas* (council of elders) to decide criminal and civil cases. Every *jirga* was to be comprised of 2 or 3 local elders and one administrative officer. Under the new arrangement, the powers of magistrates and civil judges were delegated to *Tehsildars* (local land revenue officials), and *Naib*(Deputy) Tehsildars. Similarly, the functions of District & Session Judges were handed over to the concerned Assistant Commissioner and Deputy Commissioner. But the story did not end there and PATA Regulation No. 4 was promulgated in December 1976, whereby the Malakand protected area was excluded from the *Jirga* System. It was replaced by District Kohistan. Except the armed forces, elections, and currency, *jirgas* had the power to hear and decide cases relating to all other matters.

Judicial powers were entrusted to Executive Officers which is repugnant to Article 175 (3) of the Constitution whereby the Judiciary was to be separated from the Executive within 14 years. The *Jirgas* used to apply *Riwaj* or customary law and *Shariah* (Islamic Laws) in the decision making process. The concerned Deputy Commissioner had final authority but usually delegated it to Assistant Commissioners (ACs) or other subordinate officials, who were also authorized to implement *Jirgas* judgments. Parties to the disputes could appeal to the Divisional Commissioner and the Provincial Home Secretary who usually agree with the *Jirgas* decisions. Either of the parties to the dispute could also file writ petition in the Peshawar High Court or the Supreme Court of Pakistan.<sup>12</sup>

PATA Regulations were not enacted by the Parliament or the Provincial Assembly. In fact,

<sup>9</sup> See Article 260 of the Interim Constitution 1972,

<sup>10</sup> Article 246 of 1973 constitution.

<sup>11</sup> Waseem Ahmad Shah, *View from the Courtroom: Extension of courts’ jurisdiction to Fata still depends on govt.*, Dawn, April 23, 2018.

<sup>12</sup> International Crisis Group Report No. 242. *Pakistan: Countering Militancy in PATA*, January 15, 2013, retrieved July 19, 2022, <http://www.jstor.org/stable/resrep31977>.

these laws were made by the Home Department to strengthen its position by having maximum power. The *Jirga System* created hurdles in provision of justice and influential persons employed leverage to get decisions of their choice. It promoted corruption, nepotism, and social evils. Highly qualified and trained judicial officers were available but they were trespassed in administering justice. Instead, uneducated and semi-literate members of a Jirga were empowered to decide cases of a complex nature. The *Jirga System* was controlled and administered by the Executive. People of Swat, Dir, Chitral and Kohistan were deprived of judicial protection and are at the mercy of the executive officer.

As the *Jirga System* was not based on justice and equality of all citizens before the law, therefore, justice became a far cry. Delay in access to justice was the prime factor responsible for militancy and extremism in Swat.<sup>13</sup> The Jirga System created anomalies. PATA Regulations resulted in introduction of the dual system of justice and thus placed people of Malakand Division in disadvantageous position as compared to their compatriots in other parts of Pakistan. The *Jirga System* did not gain public confidence - protests were staged demanding an end to the system and introduction of the laws as enforced in the rest of the country. But the government did not heed. The *Jirga System* failed to redress public grievances, therefore, the affected people sought to approach superior courts to get justice.

### Decisions of Superior Courts

5 identical petitions to seek justice were filed in Peshawar High Court by frustrated parties from Swat, Shangla and Dir. On 24<sup>th</sup> Feb. 1990, a 3 member division bench comprising *Justice Fazli Ellahi Khan*, *Justice Nazir Ahmad Bhatti* and *Justice Qazi Muhammad Jamil* gave a unanimous decision, declaring PATA Regulations ultra vires and against Article 25 of the constitutional which stipulates that all citizens are equal before law and are entitled to equal protection of law.<sup>14</sup> The court directed that the accused persons

should be tried by the civil courts as Jirgas did not have the jurisdiction to hear the cases.

Instead of implementing the court's verdict, the Khyber Pakhtunkhwa government challenged it in the Supreme Court of Pakistan. On February 24, 1994, a 5-member bench of the Supreme Court comprising *Justice Nasim Hasan Shah*, *Justice Shafiur Rahman*, *Justice Saad Saood Jan*, *Muhammad Afzal Lone* and *Justice Saleem Akhtar*, unanimously dismissed the appeal. It directed the government to introduce proper judicial system in PATA to provide justice to the people. But the government adopted delay tactics and did not take any practical step in this connection.

### TNSM

The inaction of the government created a legal vacuum which was exploited by the *Tehreek-e-Nafaz-e-Shariat-e-Mohammadi* (TNSM), the extremist organization headed by Sufi Muhammad. No laws and no courts mean 'might is right.' In other words, the law of jungle will prevail. The TNSM gave momentum to its activities and blocked the Swat-Peshawar highway at Malakand Pass in May 1994. Workers of TNSM erected tents on the road and Malakand Division remained cut off from the rest of the country for 5 days: 11-16 May. The government accepted the TNSM's demand to avoid bloodshed and the then Acting Governor Khurshid Ali Khan announced introduction of *Shariah* in Malakand Division on 16<sup>th</sup> May 1994. The demonstrators at Malakand dispersed peacefully. However, an armed clash took place between TNSM workers and police personnel at Babaji Kandao in Buner District which resulted in the killing and injuring of 12 people.

The announcement about enforcement of *Sharia* was made in a hurry and without homework. Its main objective was just to gain time. The government did not realize that lack of the judicial system would further worsen the situation. The Governor's statement did not prove lasting, and in November 1994 the situation once again deteriorated. The TNSM created law and

<sup>13</sup> Justine Fleischner, "Governance and militancy in Swat Valley", Center for Strategic and International Studies, October 2011, retrieved July 19, 2022, [http://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy\\_files/files/publication/111014\\_Fleischner\\_SwatValley.pdf](http://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/111014_Fleischner_SwatValley.pdf)

<sup>14</sup> PLD, Vol. 42 (1990), Peshawar, 51-62.

order situations by organizing protests to press its demand. On 3<sup>rd</sup> November, TNSM workers detained *Badiuzzaman Khan*, a member of the KP Assembly belonging to the PPP as hostage in Mingora. He was made hostage in a local hotel for 8 hours and then killed. On the very next day, TNSM activists occupied the Saidu Airport and the Ayub Bridge. Miscreants also attacked government offices in *Kabbal* making 45 people hostages. They included the District and Session Judge, Senior Civil Judge, and Extra-Assistant Commissioner. So, the government deployed the *Frontier Corps* in Swat to restore law and order. After 2 days, the *Frontier Corps* headed by *Major General Fazal Ghafoor* launched a counter offensive and regained control over the Saidu Airport, the Ayub Bridge and rescued the hostages. 20 people were killed and 40 injured during exchange of fire between personnel of the *Frontier Corps* and the terrorists.

### Agreement with TNSM

Negotiations were resumed between the TNSM leadership and the KP government. Provincial Secretary Law, *Saleem Khan* and *Maulana Sufi Muhammad* signed an agreement for introduction of *Shariah* in Malakand Division and District Kohistan. PATA *Nifaz-e-Nizam-e-Shariah Regulation* was promulgated on November 14, 1994. Under *Nifaz-e-Nizam-e-Shariah Regulation 1994*, *Sahirah Laws* were introduced nominally by redesignating judicial officers. The District & Sessions Judges were named as *Zila Qazi* or District Judge. Similarly, the Additional District & Session Judges were to be called *Izafi Zila Qazi*.

These superficial changes could not satisfy *Sufi Muhammad* who accused the government of taking no interest in implementation of *Shariah*. He met with *President Leghari* and Chief Minister *Sardar Mehtab Ahmad Khan Abbasi*. After these meetings, the government constituted a commission headed by *Mufti Muhammad Idress* advocate to expediate the implementation of *Shariah* laws. The commission held meetings with prominent religious figures in Swat, Dir, Indus Kohistan and Chitral from August 1997 to February 1998. After these consultations, the

commission gave its recommendations to the KP Government. The government issued a fresh notification, the *Shari Nizam-e-Adl Rules* on April 15, 1999. The notification put legal restrictions on judges - to consult and seek guidance from religious scholars and clerics.

The unfortunate terrorist attacks in the USA on September 11, 2001, and the US invasion of Afghanistan to topple the Taliban regime, encouraged TNSM leadership to intensify their activities and agenda by provoking and exploiting religious sentiments of people in KP in general and Swat in particular. *Sufi Muhammad* went to Afghanistan along with his thousands of followers to fight the US troops. The majority of them perished in US airstrikes. *Sufi Muhammad* escaped unhurt and entered Pakistani territory via *Kurram*. He was put behind the bar. His son-in-law, *Maulvi Fazlullah* became Ameer of TNSM. He was able to win public sympathy through his emotional speeches delivered regularly via an illegal FM radio station. the siege of *Lal Masjid* (Red Mosque) in July 2007 infuriated *Maulvi Fazlullah* and he formed an alliance with the *Tehrik-i-Taliban Pakistan* (TTP).

Swat was once again put on fire in 2007. The situation became more complicated and terrible when workers of the Swat Chapter of the TTP took control of Swat. The militants also entered Buner District in April 2009 and threatened to penetrate into Swabi, Tor Ghar and Mansehra Districts. The ANP government tried its level best to avoid bloodshed, therefore, instead of use of force, it preferred seeking a negotiated solution to the crisis. Talks were held with the TTP Swat Chapter leadership, and the government agreed to remove grievances of *Maulvi Fazlullah* and his subordinates. But critics say that the government surrendered before the TTP Swat Chapter.

### Shariah Nizam-e-Adl Regulation 2009

*Governor Owais Ahmed Ghani* issued *Shariah Nizam-e-Adl Regulation* on April 16, 2009 to establish courts in Malakand. *President Asif Ali Zardari* gave his assent to the regulation after parliamentary approval 3 days earlier.<sup>15</sup> By this regulation, appellate or revisional (Court Dar-ul-Qaza) or a bench of Pe-

<sup>15</sup> Fazal Khaliq, *Nizam-e-Adl Regulation: Top Sharia court set up in Swat*, The Express Tribune, January 19, 2011.

shawar High Court was established in Swat under Clause (4) of the Article 198 of the constitution. Similarly, the authority of the Supreme Court, (*Dar-ul-Qaza*), was extended for final appeal in pursuance of Clause (2) of Article 183 of the Constitution. Clause 7 of the Regulation says that in each District or protected area, there shall be a District Magistrate, Additional District Magistrates, Sub Divisional Magistrates, and other Executive Magistrates as the Government may deem necessary to appoint. Magistrates were named as *Qazis* (judges) who would discharge their responsibility and exercise their power according to *Shariah*.

The Regulation provided for the establishment of courts of Executive Magistrate including District Magistrate which was against Article 2-A, 175(3) and 203 of the 1973 Constitution. Entrusting judicial powers to executive officers is against the Principles of Justice which generated anxiety among members of civil society and lawyers. Therefore, *Yousaf Ayub*, District *Nazim Haripur*, *Hazrat Usman* Advocate and Barrister *Adnan Khan* of Swat, and *Faheem Aftab* Advocate of Batkhela filed separate petitions in Peshawar High Court pleading that entrusting judicial powers to executive officers is contrary to the Constitution, therefore, it should be abolished.

### Verdict of Peshawar High Court

A 2 member bench of Peshawar High Court comprises *Mr. Justice Qaiser Rashid Khan* and *Mr. Justice Waqar Ahmad Seth*, gave a verdict on April 29, 2015. The PHC directed the government to make the Regulation in conformity with the Constitution within 6 months. But the government did not move.

### An Uncertain Future

The National Assembly passed the 25<sup>th</sup> Amendment in May 2018 to integrate PATA with Khyber Pakhtunkhwa. Article 247 was omitted from the Constitution. But the Khyber Pakhtunkhwa Government wanted maintenance of the status quo. Therefore, it enacted the Continuation of Laws in Erstwhile PATA Act 2018 so that

the existing laws in former PATA remain in force for an indefinite period unless altered, repealed, or amended by the competent authority.<sup>16</sup> The act revived the Executive Magistracy System. The Peshawar High Court on October 17, 2019, declared the act unconstitutional. The court observed that Erstwhile PATA Act deprived people of their basic rights. Ironically, the Federal and Khyber Pakhtunkhwa governments challenged this decision in the Supreme Court the same month.<sup>17</sup> The Supreme Court has yet to decide the case. Two kinds of courts are functioning in the area - Civil Courts and Magistrate Courts. This is against the essence of democracy, human rights, and justice.

### Conclusion

Despite passage of more than 5 decades of the merger of Swat, Dir and Chitral, successive governments failed to integrate it in the mainstream of judicial system as practiced in the rest of the country. Regulations were issued from time to time which created resentment among people of Swat. The system enhanced public grievances due to the ad hoc nature of the regulations. Different laws were introduced on experimental bases and no effort was made to seek a durable solution to the crisis. The *Jirga System* was initiated in the 1970s to resolve disputes according to *Riwaj*. It was then replaced with *Shariah* to appease TNSM leadership. Great hopes were pinned with the 25<sup>th</sup> Constitutional Amendment. It was a great leap forward to integrate PATA in Khyber Pakhtunkhwa and put the judicial system on the right track. But unfortunately, the administrative machinery does not want to let loose its control over judicial matter, therefore, the Continuation of Laws in Erstwhile PATA Act 2018 was passed by the Provincial Assembly. The Peshawar High Court declared the act invalid. But the government adopted delay tactics and challenged the Peshawar High Court decision in the Supreme Court of Pakistan. The matter is pending in the court since 2019. It is difficult to say that when the court will initiate hearing of the case to decide it once for all.

<sup>16</sup> Notification of Khyber Pakhtunkhwa Assembly, January 10, 2019, retrieved July 24, 2022, <https://www.pakp.gov.pk/wp-content/uploads/TheKP-Continuation-of-Earstwhile-PATA-Act-2018.pdf>

<sup>17</sup> Civil Petition No. 1564/2020, Supreme Court of Pakistan, visited July 22, 2022, [https://www.supreme-court.gov.pk/downloads\\_judgements/c.p.\\_1564\\_2020.pdf](https://www.supreme-court.gov.pk/downloads_judgements/c.p._1564_2020.pdf)

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