© THE BALTIC SCIENTIFIC JOURNALS

PIRETC

MULTIDISCIPLINARY JOURNAL
REFEREED & REVIEWED JOURNAL

PSYCHOLOGY, SOCIOLOGY, ANTHROPOLOGY, AND PHILOSOPHY SCIENCES

ECONOMIC, MANAGEMENT & MARKETING SCIENCES

AGRICULTURAL, ENVIRONMENTAL & NATURAL SCIENCES

LEGAL, LEGISLATION AND POLITICAL SCIENCES

http://sc-media.org/piretc/

I never think of the future - it comes soon enough.   Albert Einstein

PIRETC

MULTIDISCIPLINARY JOURNAL
REFEREED & REVIEWED JOURNAL

TALLINN, EESTI 2019

TABLE OF CONTENTS

TECHNOLOGY DRIVES THE EVOLUTION OF MEETING CULTURE

[1]Farid Agayev, [2]Rasim Rahimov

[1,2]Faculty of Information Technologies and Control, Azerbaijan State Oil and Industry University. (Azerbaijan),

E-mail: [2]rasim.rahimov@gmail.com

ABSTRACT

Many of us remember the days when meeting room technology was nothing more than an overhead projector for displaying transparencies. That is a far cry from today's technology, which enables meeting participants to manage a baffling variety of content sources and devices. The purpose to explores this technological evolution and focuses on how meeting room technology is moving into a new phase where access to modern meeting room technology solution is paramount.
Keywords: Collaborative Meeting Spaces, Modern Meeting Room Technology, Meeting Room Design Concept, Meeting Room Equipment

INTRODUCTION

From a historical and sociological point of view, choosing the most appropriate places to convene has had, and continues to be part of, its own evolutionary process. Cavemen had their caves, romans politicized in forums, various tribes had their own versions of strategically and logistically apt gathering points to discuss trade, etc., and the post-industrialization period coined the term to which we still commonly refer to as the meeting room.

Towards the end of the last century, meetings mainly took place in one location. People would sit around a table, exchange information and present ideas. In the world of business, this would typically be done in an executive's office or a specially designated conference hall. In the past, managers would meet separately, while nowadays businesses are moving from this top-down directing approach to a more inclusive, collaborative workforce that engages all employees and aligns them with the organization's aims.

This change is impacting how companies design their workspaces, and, consequently, the meeting room itself is evolving. The days of giant desks, corner offices and over-sized suits with suspenders have drawn to a close and new factors are emerging that need to be considered when planning meetings and the latter's locations.

As Earth's population is growing like billy-o, it's not surprising for statistics to show that a staggering 55 million meetings take place every single day, and approx. 37% of work time is spent at these corporate get-togethers. Not all of the latter, however, are physical.

To meet the demands of this expansion, technological advancements over the last 25 years have triggered enormous changes. Global businesses have deployed video conferencing and telepresence technology to enable visual communications as well as to facilitate external collaboration.

Although virtual meetings, supported by various types of gadgetry, have made it much easier for people scattered around the planet to meet without a room, this has not resulted in a decline of the need for physical meeting rooms. Quite the opposite in fact. We've entered a Millennial-driven "people-centric era", which means internal face-to-face meetings remain a definite must in any company.

THE EVOLUTION OF THE MEETING

Since the beginning of social civilization, people have held meetings in some form or another. One could argue the first "meetings" were held around a campfire, discussing a tribes' plans for the next season and where they would move. Over time, as humans settled and formed cities, these meetings moved into a room. The technological revolution of the past 60 years however, has had a drastic impact on how humans meet and interact inside and outside of these rooms.
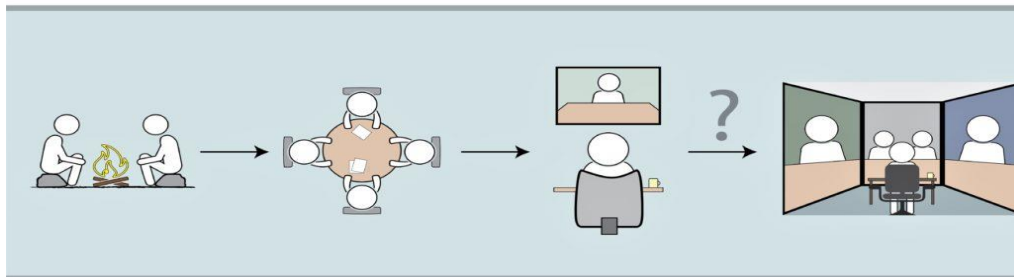
From the past to the future

Generally, we can consider below stages of the meeting room technology evaluation

Analog Meeting Room
Some of us can remember the glory days when a meeting presenter would walk to the front of the room, grab a piece of chalk or dry-erase marker, and proceed to make unintelligible scribbles that would have contained vast wisdom had we been able to decipher them.

The Early Evolution of Meeting Room Technology

In those days of the Analog Meeting, the tools of the trade were simple: chalkboards, flip charts, overhead projectors and dry erase boards among the most popular. To prepare for a presentation frequently meant printing and handing out a packet of documents and then realizing that you had left out something important.

Digital Meeting Room
The arrival of the laptop computer in the 1990's ushered in a new era of collaboration. The mainstay of the conference room during this period was the combination of a laptop, a projector, and a deck of PowerPoint slides. Again, many of us have fond memories of this combination, and of enduring such frustrations as not being able to get the image to focus, not knowing the function key combination to transfer the image from the laptop to the projector, and trying to recover from the sudden burnout of the projector's bulb.

The Later Evolution of Meeting Room Technology: Meetings Go Digital

Despite all the frustrations, this era did help establish a new type of collaboration where meeting participants could evaluate and modify content as they discussed it. Content in meetings became more fluid, more flexible. And PowerPoint was crowned the King of Content.

Multimedia meeting
Over the many years of delivering PowerPoint presentations via a laptop and projector, meeting presenters and attendees increasingly wanted to leverage more types of content: A clip from a DVD. Real-time stock reports. Broadcast audio and video. Files from the corporate network. Meetings were evolving beyond PowerPoint and into a new age where content was rich and diverse.

The Meeting of Today: Fueled by Multimedia

This evolution from Laptop + PowerPoint to a wide variety of content sources represented the final step in the transition from digital meetings to multimedia meetings. The differences are outlined below

	Digital meeting	**Multimedia meeting**
Content	PowerPoint slides and other Office documents	Office documents, PDFs, video clips, audio clips, web-based content, broadcast audio & video
Devices & other content sources	Laptop	Networked PCs, web-based storage apps (e.g. Dropbox), laptops, tablets, smartphones, USB drives, DVDs, Blu-Rays, CD-ROMs
Room technology	PCs, overhead projectors, speakerphones, video conferencing systems	LCD Display, networked room PCs, dedicated presentation systems , speakers, speakerphones, video conferencing systems, document cameras, user interfaces (control panels & keypads), VCRs, AV controllers
Expectations	Technology is a nice benefit as long as I can get it to work	Technology is a necessity and it must work

MODERN MEETING ROOM TECH TO CONSIDER

No matter how much we sometimes wish we could replace meeting rooms, they are often the best place to get a fair amount of work done. Even in a digital era, face-to-face meetings are still extremely valuable, and that means it's worth it to invest in modern conference room technology and meeting room design that can make your time spent together with your team more effortless and seamless than ever before. The design or re-design of your meeting and conference rooms and use of technology is important to the success of your employees as well as meetings with business guests and clients.

How many times have you been in a meeting room and everyone is waiting to get started, only to be held up by some critical piece of technology that isn't working correctly? Multiply those minutes (or hours) by the number of people in the room, and you can see why it's so important to make sure that you have the best setup you can possibly get: When you consider the cost of time, you simply can't afford not to.

The right meeting room technology enables the seamless connection between all these parties. To get the most out of your collaborative efforts and maximize your efficiency, there are a few key pieces of meeting room audio visual technology critical to success. You have three choices when it comes to connectivity:

• Wired
• Wireless
• A combination of wired and wireless.

Both wired and wireless connectivity have their pros and cons, and ultimately it will come down to a matter of personal preference.

Many people prefer wireless connectivity simply because it eliminates the clutter of cords, but table inserts however can discretely hide wired connectivity that would provide a typically higher-quality and more stable presentation experience.

Connected table boxes can also include electrical outlets for charging or a wired connection for plug and play. If you want to be able to screen share without plugging in, a wireless connectivity solution may be the right choice for you.

We can consider the several main components, which need to bring your workplace into the modern day.

Displays

The first thing people notice when walking into a meeting and conference room is the display. This is the "visual" part of conference room audio visual, and it is one of your main collaboration tools. The display enables you to see colleagues in other locations, view presentations, and screen share from laptops, tablets and smartphones.

Single displays are a go-to choice for many small conference rooms. Dual displays are a popular option, especially for companies that are heavy video-call users. These dual, or even tri, displays allow screen sharing and video conferencing to share the spotlight.

When on a video call with a single display you will likely have picture in picture view capability. This means you get to choose between seeing the content that is being shared or the other people on the video call (also called the far side) in the large view. Content is often chosen for the large-screen since it typically drives the meeting's conversation. Whichever is not in the large view is shown in a small square at the bottom of the screen. Since content is usually in the large view, people on the call are shown in a small frame. In a conference room, this can reduce one of the main benefits of video conferencing- seeing people!

Dual displays offer a solution to the picture in picture view. Meeting attendees see both the content being presented and the other video participants, each on their own full-screen. Instead of choosing between content and people, you can see both clearly. This solution helps collaboration by enabling the team to see nuances like facial expressions during the presentation.

Interactive Whiteboard

If you host brainstorming sessions in your office or work with people that are visual learners (around 65% of people), an interactive whiteboard can be a valuable tool to add to your system of meeting and conference room equipment. Interactive displays allow you to write directly on the board in various colors, annotating over web pages or documents.

In addition, video conferencing platforms enable users to whiteboard while on the call and share to other participants in real-time or after the conference has completed. This can be helpful if your employees present over video conferencing and can create a more engaging experience for the others on the call.

Audio or Video Conferencing

The next choice in meeting and conference room technology is whether you need audio conferencing, video conferencing, or both.

Video conferencing has taken center stage in the meeting room. Most platforms provide Outlook and Google integrations for easy meeting scheduling. Push to join is also becoming a more readily available option.

As video calls become more mainstream, organizations are on calls with clients, partners, and off-site employees. These external participants may be calling in from a different video conferencing platform. Fortunately, most video conferencing technologies can handle these situations offering easy dial in instructions for those working with different systems.

Scaling web conferencing is a big trend. Audio is the second piece of the meeting room communication. While some companies are comfortable going all-in with video calls, others still want the option for audio conferencing. It's common for companies to have both audio and video conferencing technology in a single room, just let your AV partner know in the design process so they can include the functionality in your design.

Microphones & Speakers

Microphones and speakers are an important addition to conference room audio visual. These can be either in-ceiling, on-table, or a sound bar mounted below the display (sound bars can be an appropriate solution for smaller spaces).

Based on how you intend to use the room and the features of the space, your audio visual integration partner can select the right mix of microphones and speakers.

The choice of microphones and speakers will have a significant impact on the overall conferencing experience. The right set-up can reduce echo, feedback and other noises heard by conference participants.

Lighting Control System

Controlled lighting allows you to create the perfect setting. An integrated system, along with motorized shades and draperies, enables you to adjust the aesthetics to your liking. Instead of merely turning on / off various lights in the meeting room, the system can work together in any combination to offer preset sequences or prearranged schedules. You can program scenes for scenarios.

Almost no other area is used as diversely as meeting rooms, the spectrum ranging from prestigious customer meetings and multimedia presentations to creative get-togethers and brainstorming. Each situation demands different lighting conditions.

Intelligent lighting solutions enable light to be optimized according to aesthetic and functional factors, including lighting intensity, light colour and the flexible combination of direct and indirect light components.

Meeting rooms need careful attention because the range of activities spans from one-to-one talks via presentation to big conferences. At the same time, the interior and lighting design communicate the company culture internally and externally.

A flexible lighting scheme with efficient control systems supports the various uses of the meeting room. Ceiling luminaires provide efficient background lighting and lighting for more demanding tasks.

Spotlighting and wall washers light up details or walls and create variation. An easy to operate control panel should contain various light settings to support activities such as e.g. note-taking, presentations or conversations.

Dimmable (brightness changeable) lighting should be preferred in meeting and conference rooms. Thus, you can reduce the brightness of light while presentation. In this way, you can draw attention to speaker and you provide enough lighting for the participants to take notes. You can switch off all lights for video presentations, which will increase the visibility of the screen and attract attention.

A good presentation light is needed to see the presenter's face well. This light would need to be synchronized with screen-based presentations or videos.

Since there are many events in meeting rooms from face to face interviews by presentations to large conferences, it is very important to gather attention in this areas. On the other hand, the design and the lighting of this areas reflects the company culture to guests by different way.

Automated Shades or Motorized Window Treatment

With motorized shading control solutions, you can easily raise the shades to add sunlight, or lower them to reduce heat buildup and add instant privacy. Shades can be preset to automatically open and close during a specific time a year, effectively controlling sunlight to decrease energy requirements. Or if you prefer, you can simply push a button to adjust them when you want, achieving the greatest beauty and efficiency in each room at all times. You can control glare and heat while increasing comfort for those attending meetings and presentations.

Surveillance

If your room is staged for video calls it will need to be equipped with a camera. This can range from a small camera in a huddle room to something more sophisticated in larger spaces. Depending on your huddle room furniture configuration, you might consider a camera with a 180 degree viewing angle. You can also note that the nature of huddle rooms are small collaboration spaces. Therefore, the table and chairs are often pushed close to the display and camera. If the camera's viewing angle is too narrow then those sitting closest to the display will be left out of the field of view.

The Importance of Modern Meeting Room Technology

Technology has been one of the biggest driving forces behind change in our society. It is evident when looking back throughout history and when looking ahead to the future. From the health field to the design world, and into people's everyday lives, evolving technology has made a huge impact: one way or another. It changes the way we learn, communicate, work, and play. There is less face-to-face interaction and more face-to-screen conversations today. Anyone who walks down a busy street and counts how many people are looking at their smartphones could attest to this.

This face-to-screen aspect has a significant impact on how we design spaces. We can notice a trend across all project types, particularly workplace and education. There is a want/need for specific technology to allow for some form of virtual meetings. Video conferences, instant messaging, screen sharing, and note transfers are just a few non-traditional meeting options technologies now brings to the table. Like anything else, there will always be advantages and disadvantages to these digital meetings:

Pros

• Saves time and money on travel. Between traveling costs, mileage, and possibly even hotels, a simple long-distance meeting can rack up big bucks and take hours. Technology allows businesses and schools to put that money toward something else on the list because they saved money on travel.

• Your geographical range can expand. It is a lot simpler to meet with someone across the world if you just tap in via video conferences. Even if there is a 12-hour time difference. One less reason to hold back on expansions for your business.

• Everyone can feel connected. Whether it is connecting long-distance employees/clients to a project more directly or allowing a sick student to conference into class instead of missing a lesson, using technology has a way of bringing people together to make them feel included.

• Meetings can happen more frequently. Due to the costs of travelling, meetings would often be more sporadic and for longer periods. Now, you can hold a standing weekly hour-long meeting with individuals all around the world rather than traveling to one meeting every six.

Cons

• Can be hard to read the people on the other end. Not everyone is set up with capabilities to video conference in. This makes it impossible to read body language and make direct eye contact.

• It is expensive! It isn't a secret that high-tech comes with a high price tag.

• There can always be glitches that come along with technology. Jumping on an important conference call 20 minutes late because your conferencing system was having a technical problem can be frustrating.

In the past, there have been many design solutions to attempt to overcome these cons, and bring us back to the human interaction that started with that first meeting around a campfire. Several companies have developed possible solutions that were specifically designed to counter-act the inherent disconnect of looking at someone on a screen rather than physically sitting across the table from them. These "telepresence" rooms often try to recreate an in-person meeting room, through a variety of visual gimmicks such as curved tables or half of a table with a screen at the end, but these often fall flat. Furthermore, with fixed furniture, there is not much of an option to use this room for anything other than virtual meetings.

With the development of larger, thinner, and higher resolution display screens, we are approaching a time that has often been the subject of science fiction movies: wall surfaces become virtual displays, 360-degree virtual reality cameras recreating any location, holograms, etc. It does not seem like such a far-fetched idea now that you could have multiple people meeting in a "virtual" conference room, looking at the person on a screen as if they are sitting next to you. The flexibility of not being tied to a specific piece of furniture or specific set of technology frees the end user to use this room in a multiple of ways.

The biggest hurdle to this is going to be the cost and continuous development always spitting out the next "big thing". However, designing around an idea rather than a specific product could help alleviate some concerns, so new technology could be swapped into an existing room without a complete redesign. There is no perfect answer at this point to making the virtual meeting as effective as those first "meetings" around a campfire from the human perspective, but change is coming. And with each new development, we step incrementally closer to achieving that goal.

CONCLUSION

History tells us that meeting locations tend to change, evolve. So do we. And the places we meet in are predominantly determined by that very fact. It can therefore be concluded that the future of meeting rooms doesn't lie in the design of the room itself, like where to fit the bean bag, pool table or VR helmet to ensure employee productivity and customer satisfaction, nor does it rely solely on high-tech communication or spontaneous trips to the local coffee shop – the future is in people and the way we organize ourselves. And meeting rooms are sure to follow.

REFERENCES

1. Z.Yu and Y. Nakamura, "Smart meeting systems: A survey of state-ofthe-art and open issues," ACM Computing Surveys (CSUR), vol. 42, p. 9, 2010
2. V Mueller, J. "Why individuals in larger teams perform worse." Organizational Behavior and Human Decision Processes, Vol.117 No. 1, January 2012.
3. Center for Active Design. Building Design Checklist. Accessed,4.25.2016 https://centerforactivedesign.org/ourapproach
4. Z. Yu and Y. Nakamura, "Smart meeting systems: A survey of state-ofthe-art and open issues," ACM Computing Surveys (CSUR), vol. 42, p. 9, 2010
5. Chandler, David L. For businesses, going green brings in greenbacks. MITnews. Massachusetts Institute of Technology, 30 Jan. 2012. Web. 11 Dec. 2013
6. Leist, Laura. Eliminate the Chaos at Work: 25 Techniques to Increase Productivity. Hoboken, New Jersey: John Wiley & Sons, Inc., 2011. Print.
7. Murphy, Margi "Stuck in a meeting? Daydream about the conference room of the future" Accessed. April 20, 2015.
8. Mattson, Dave," Benefits of Teamwork in the Workplace "Accessed 10.10.15, February 19, 2015.
9. Wainhouse Research,"Understanding the Huddle Room: Maximizing the Value of these Underutilized Spaces" Accessed 12.12.15, October 2015.
10. "Workplace Technology Design Guide", Crestron Electronics, Inc., 2018.

METROLOGICAL ASSURANCE OF PRODUCT QUALITY

Dadashova Kamala

Docent, PhD in Economic, UNEC (Azerbaijan State Economic University)

Email: kamala.dadasheva.74@mail.ru

ABSTRACT

Purpose of the study: - Development of progressive and perspective methods based on serious scientific and technical basis for re-establishing product quality assurance at the modern requirements. Methodology of the study: - Comprehensive approach, comparative analysis. The results of the research: - Determine the mechanisms for improving the quality of products' metrology in a new format.
Keywords: metrology, assurance, quality, product, perspective.

INTRODUCTION

METROLOGY - the science of measurements, methods, and means of ensuring their unity and how to achieve the required accuracy. There is not a single field of practical human activity where one could do without the quantitative estimates obtained as a result of measurements [1].
A man is born, does not yet has a name, but we become aware of it, height, weight, temperature - already in the first minutes of life he has to deal with a ruler, weights, a thermometer. Every morning, leaving the house, we estimate the temperature of the air outside and put on a hat or a fur hat, coat if necessary, or a fur coat. We paint our entire day by the hour and try to fulfill this plan, periodically glancing at the clock. Standing in front of a puddle and deciding whether to jump over it or bypass it, we measure the length of the pool and its capabilities. This is the measurement finding the ratio between the measured value (length of the puddle) and the "unit" of this magnitude (possible jump length)...
Modern metrology as a scientific discipline has survived the stage of infancy, when she described her own and foreign units of measurement, the stage of her youth, when she was called the science of measurements, brought to the standards, matured and became a section of powerful physics, mastered mathematical methods and led instrumentation, which provides us with measuring instruments of objective assessment of the surrounding world. Academician A.P. Alexandrov wrote: "Metrology is an urgent need of our time -it determines the possibility of establishing the fundamental basis of physical worldview, the well-being of the working people depends on it to the least extent. "At present, theoretical metrology is distinguished, which deals with general theoretical measurement problems, historical metrology, which is taught in the Historical and Archival Institute, legal metrology, covering complexes of interrelated common rules, requirements and norms, as well as other issues that need regulation and control by the state, and, finally, applied metrology, dealing with the practical application of met odes and measuring instruments [2].
Metrology is becoming increasingly important in improving production efficiency, technical level, and product quality. Therefore, the development of metrology, improvement of the activities of the metrology organization and services should be given the closest attention by the heads of industrial enterprises, scientific production associations, and research institutes.
Solving the issues of metrological assurance gives the most significant effect and it requires the lowest cost when carried out at the initial stages of creating new types of products, developing and mastering technological processes, organization of production.

Methodological study of bases of metrological supply
Achieving high-quality products and ensuring the accuracy and interchangeability of parts or assembly units is impossible without metrological support of production.
Under the metrological assurance (MO) refers to the establishment and use scientific and organizational foundations, technical means, rules, and standards necessary to achieve unity and the required accuracy of the measurement. The main trend in the development of MO is the transition from the previously existing relatively narrow task of ensuring the unity and required accuracy of measurements to a fundamentally new responsibility of ensuring the quality of measurements.
Measurement quality is a broader concept than measurement accuracy. It characterizes a set of SR properties that ensure that measurement results obtained within the prescribed period with the required accuracy (size of permissible errors), reliability, correctness, convergence, and reproducibility. The concept of "metrological assurance" is applied, as a rule, concerning measurements (testing, control) as a whole. At the same time they allow the use of the term "metrological support of the technological process (production, organizations) ", implying in this case, the MO measurements (testing or control) in this process, production, organization. The object of the MO is all stages of the life cycle (LC) of a product (product) or service, the processes of creating and changing the state of products from the

formulation of the fundamental requirements for it before the end of operation or consumption. So, at the stage of product development to achieve high product quality, the choice of controlled parameters, standards of accuracy, tolerances, and means of measurement, control, and testing performed. Metrological expertise of design and technological documentation is also carried out.

When developing MOs, it is necessary to use a systematic approach, the essence of which is to consider this provision as a set of interrelated processes united by one goal to achieve the required quality of measurements.

These processes are [3]:

- establishment of a rational range of measured parameters and optimal
- standards for measurement accuracy in product quality control and management processes;
- feasibility study and selection of MI, testing and control and the establishment of their rational nomenclature;
- standardization, unification, and aggregation of the used instrumentation technology;
- development, implementation and certification of modern measurement techniques, testing and control (MVI);
- verification, metrological certification, and calibration of instrumentation and test equipment (CRO) used in the enterprise;
- control over the production, condition, use and repair of the CRO, as well as compliance with metrological rules and regulations in the enterprise;
- participation in the development and implementation of enterprise standards;
- implementation of international, state and industry standards, as well as other regulatory documents of the State Standard;
- Metrological examination of projects of regulatory, design and technological documentation;
- analysis of the state of measurements, development on its basis and implementation of measures to improve the MO;
- training of employees of relevant services and departments of the enterprise to performance of instrumentation operations.

Metrological support has four bases: scientific, organizational, regulatory, and technical. Certain aspects of MF considered in the recommendation.

MI 2500-98 on metrological support of small enterprises. Development and

MO events assigned to metrological services (MC).

Metrological Service is a service created in accordance with the law for performance of work on ensuring the uniformity of measurements and implementation metrological control and supervision.

Normative-legal basis of metrology

The law enshrines the basic principles of metrology. One of the main moments of measurement is the dimension of the measurements measured in the result.

Longitudinal unicellular and weight loss measurements installed rocks with superficial reliability, otherwise, in Zakone beef.

Definition of justification, how to measure weight, standards of the grandfathers, accreditation на право поверки средств измерений, лицензирование на изготовление (repair, sale, rental) Quantity of measurements, calibration certificate. Excited definition of corresponding terminology in International Organization Legislative Metrology (MOIM) [4].

The law establishes that the state governed by the deed the United States of America is implementing the United Nations Federations on Standardization and Metrology and defines its objectives, objectives, competence, responsibility, and competency.

The law determines that the Russian Federation is supposed to apply the United States of America, the United States of America General conference on the meram and allot, recommended by MOES.

RESULT

Metrological certification of measuring means is one of the areas of activity of field bodies to ensure unity of measurements.

Currently, metrological certification is a thorough investigation of standard and non-standard measuring instruments and the standard patterns and properties of substances and materials.

In this area, there are some measurements that have been called non-standard nomenclature.

Unified requirements for the metrological assurance of their development, preparation, and exploitation have been identified to ensure consistency and coherence of measurements carried out with the help of non-standard measuring instruments. Metrological Guidelines for their exploitation are also applicable to serialized samples that will affect the metrological characteristics.

All three conditions must be met to achieve the accuracy of the measurements and the required uniformity, the availability of scientific and organizational bases, rules and norms, technical means, and the creation and implementation of metrological support as a whole.

A complex plan for metrological assurance of production preparation based on the analysis carried out. The development of such a plan is appropriate only when the new product is put into production, as well as in the serial production of commodities, during the preparation of the product or the metrological supervision of the metrological control. It is desirable to include measures to improve the technical level of the plan measurements, supply of products with highly productive measuring instruments and measures to ensure the logistics of the enterprise metrological service.

REFERENCES

1. Aslanov Z.Y. and b. Metrology, standardization and certification. Textbook. Baku: "Economic University" Publishing House. 2017-365 p.
2. Aslanov Z.Y. and b. Measurement methods and tools: Textbook / Russian for high school students. Baku: "Vektor" publishing house. - 2015. 422 sec.
3. Sergeev A. G., Krochin VV Metrology. -M .: Logos, 2000.
4. Fedorov AM, Gygan N.Ya., Michurin VI Metrological alteration of electronical means of measurements of electrician. - L .: Energoatomizdat. Leningr. exiles, 1988.

IMPROVED EFL WRITING SKILL

[1]Gulriyye Mammadova, [2]Sevil Hasanova

[1]Head Teacher, [2]Teacher

[1,2]Azerbaijan State Agrarian University

E-mail: [2]sevilhesanova@gmail.com

REZÜME

Bu məqalə ingilis dilini xarici dil kimi öyrənənlər üçün yazı vərdişlərinin inkişaf etdirilməsi haqqındadır. Müəllimlərin gərgin işləməsinə baxmayaraq yenə də çox tələbələrin yazısında sözlərin düzgün istifadə olunmaması, qrammatik gerililik, cümlənin düzgün qurulmaması hallarına tez-tez rast gəlirik.

Tələbələri düzgün yazmağa həvəsləndirmək üçün onları sərbəst və təbii yazmağa yönəltmək lazımdır. Onlarda komputerdə işləmək bacarığı aşılanmalıdır. Hər semestr tələbələr özləri jurnal yazmalı, onun məqalələrini sərbəst seçməli, səhvlər üzərində işləyərək yazı vərdişlərini inkişaf etdirməlidirlər. Tələbələr bu məqalələri toplayaraq onları sinifdə müzakirə etməlidir. Bu jurnal sinifdə sərgiyə qoyulur. Əvvəllər inşa yazmaqla yazı vərdişləri yaranırdı. İnşaların mövzusu müəllimlər tərəfindən verilirdi. İndi isə tələbələr özləri müasir dövr problemləri ilə bağlı mövzular seçərək onlar üzərində sərbəst işləyirlər.

Açar sözlər: yazı vərdişləri, tələblər, qərar vermə azadlığı, sinif müzakirəsi, şəkillər.

РЕЗЮМЕ

Эта статья о развитии навыков письма для тех, кто изучает английский как иностранный язык. Несмотря на усилия преподавателей, мы часто сталкиваемся со студентами, которые неправильно используют слова в контексте, грамматические ошибки и неправильное составление предложений.

Чтобы поощрять студентов писать правильно, нужно направить их писать свободные сочинения. Студентам должно быть привито умение работать с компьютером. Каждый семестр студенты должны сами писать журналы, свободно выбирать темы и работая над ошибками развивать письменные навыки. Собрав эти статьи, студенты должны вставить их на обсуждение в классе. Эти журналы должны быть выставлены на выставку. Раньше, когда студенты писали сочинения, у них развивались письменные навыки. Темы сочинений выбиралось со стороны преподавателей. Нынешнее время, учитывая современные проблемы студенты самостоятельно выбирают тему и работают над ним.

Ключевые слова: навыки письма, требования, свобода выбора, обсуждение в классе, рисунки.

INTRODUCTION

Teaching English as a Foreign Language (EFL) Writing is a Headache for many teachers; they spend considerable time correcting their students` compositions only to find their corrections and comments ignored. Despite teachers` hard work, many students` written English remains non-idiomatic, poorly organized, insufficiently developed, grammatically awkward, devoid of sentence structure variety, and weak in vocabulary usage. One important reason for all this is that learners have not been helped to become motivated, involved in their own learning, or self-sufficient. The fact is, students will not devote their efforts to learning a foreign language if they do not have a need or desire to learn it. However, when students are duly motivated, they will become involved in learning a foreign language and will learn it autonomously.

One way to motivate learners, according to Ellis (1994, 516), is to design challenging tasks that present students with opportunities for communication and self-direction.

Objective of the project
The objective of the project was to encourage students to write more freely, naturally, and fluently while creating and editing an English language magazine. The project was designed to supplement the compulsory English writing course I taught.

Class description
The project was carried our four times in four different semesters. Four separate classes comprised of 95 English-major sophomores participated in the project. They met for two hours each week for 19 weeks. The students` English levels ranged from intermediate to high intermediate. All had a basic knowledge of keyboarding and Internet search techniques. Five had advanced computer skills, but none had ever edited an English magazine.

Requirements and guidelines

At the beginning of each semester, editing an English magazine was assigned to the students as a term task to be completed outside the classroom. They were given maximum freedom to read, write, and edit articles, and to print them. Only two classroom hours, one at the beginning of the task and the other about halfway through it, were set aside for the instructor and learners to brainstorm and share ideas, discuss difficulties, and solve problems.

The requirements and guidelines went through some changes, but in general they are as described below:

1. Magazine size: 30 pages
2. Students` own writing: no less than two-thirds of magazine content
3. Ilustrations: no more than five percent of the magazine content
4. Content and form: freedom of decision permitted
5. Format: paper size A4, handwritten, typed, or computer printed in 12-point font
6. Restrictions: no mother tongue, no photocopies, no direct web page downloads
7. Classroom discussion: week 8
8. Completion deadline: week 16
9. Exhibition and assessment: weeks 17-18
10. Students` assessment for the writing course: 70% magazine editing (50% students` own writings+ 20% edited materials) + 30% exam

To encourage the students to read and get information for their writing, about one third of the magazine`s content was permitted to be simulations, adaptations, translations, reviews, etc. of any kind, in any style, and from any source. The rest of the content, however, was required to be the students` own writing. They could write in various forms (e.g., essays, short stories), and the content could be about anything (e.g., their own emotions, experiences, world affairs). The purpose was to encourage the students to express their own ideas, experiences, emotions, and values using the words and expressions they were learning. Because of the nature and purpose of the project and to maximize fairness among all learners, the students were not permitted to use photocopies or web page downloads. They were told that it made no difference whether they edited their magazines by hand or with the help of a typewriter or computer (which obviously was preferable, however). To develop in them a sense that they were writing to communicate to a real audience, students were told that their completed magazines would be exhibited in the classroom for their peers to review. The students were also encouraged to exchange views and share difficulties and joys during the editing process.

The portfolio assessment of the students` writing was designed to avoid inhibiting them and to encourage them to write freely as well as responsibly. The final magazine was evaluated as "very good", "good", "fairly good", and so forth. İn general, grading was cumulative. All of the students` work was included in calculating the final grade.

Collecting and editing materials

Students searched through all kinds of materials for what they thought best fitted their magazines. The topics eventually included in the magazines covered almost everything that interested them (e.g., arts, culture, business, sports). They spent considerable time adapting, rewriting, editing and organizing their selected materials. About 70 percent of the students used computers to help create their work and the others either used typewriters or wrote and drew everything by hand.

Students` own contributions

Most of the students included classroom assignments as part of their magazines. All students made use of their selected materials as input to their own writing. Almost all students told me that their own contributions consumed much more time and energy than other parts of their magazine.

Classroom discussion

The students were encouraged to raise questions and help each other improve the content and organization of the magazines. Peer review was encouraged as a collaborative strategy to help them learn from each other. During the discussions, they became aware that their classmates had similar difficulties in editing and writing. Major difficulties they encountered included decisions about the use of illustrations and anxiety resulting from unfamiliarity with computer operations. They also worried about their poor handwriting and the pressure of time. They were assured, though, that matters such as whether they used illustrations or computers, or whether their handwriting was poor, were not considerations in their final grade assessment.

Feedback by the instructor

To lessen the students` anxieties and avoid discouraging them, the feedback the instructor gave to the students was generally positive. It focused on strengths rather than weaknesses.

Classroom exhibition

Towards the end of each term, the magazines were exhibited in the classroom. Every student was required to skim through them and read carefully at least three pages contributed by the editor of each magazine. Students were also required to note their impressions of each magazine on a separate piece of paper, which was later delivered to the editor. Thus, students knew what their peers thought about their work and, as a result, they learned from each other.

Evaluation of students` work

The magazines were read and assessed by the instructor. In addition to the criteria specified in the task requirements, the criteria for evaluation included the quality of the editors` own writing in English (communicative effectiveness, coherence and fluency, linguistic, accuracy, euphony, etc.), and the originality demonstrated in the design and content of their magazines.

Questionnaire survey

When the project was brought to a close, all students were asked to answer an open questionnaire anonymously. The questions elicited such information as their motivation and interest in English writing their written English, and any general benefit they felt they gained from editing their magazine. The majority (59%) of the students reported that they had been motivated greatly to be self-sufficient and creative, and their interest in EFL writing, in particular, had increased enormously. More than half of the participants (54%) said they thought the project had contributed greatly to their improvement in written English. The great majority of the learners (97%) said they believed they had gained a great deal or at least something from taking part in the project.

Test results

Students who edited their own magazines performed well in the Test for English Majors (level 4), a high-stakes national examination of English proficiency in China. They did particularly well in the writing sub-test, which consists of essay writing and note writing. On the whole, these students turned out to be more successful than students who took the rest in the years before and after them who did not participate in magazine editing. The writing test mainly reflects the learner`s success in writing one kind of essay, argumentation. However, it was clear that the magazine project had had the remarkable effect of enabling students to write other types of essays and even creative stories as well. Although the writing the students did on the magazine project had some grammatical and lexical problems, it was creative and communicative.

Main achievements in students` writing

In my past teaching experience, I frequently encountered compositions with interesting content and ideas but inaccurate expressions, or with correct form but boring content. The magazine-editing project provided students with a good opportunity to balance form and content in their writings. In contrast to controlled writing on arbitrary topics, editing a magazine in the target language engaged students to such an extent that they wrote more and better.

Students were given an opportunity to immerse themselves in personal topics so that they had something interesting or something they considered important to communicate to their readers. Reading and selecting materials gave them valuable input to their own writing, indeed, so much so that they didn`t have to worry about sufficient content for their magazine. The average length of a typical piece of their own writing for the magazine was one page (about 400 words), making it much longer than a normal classroom assignment (about 200 words).

The student editors had to write drafts and make repeated revisions of them, trying their best to polish their writing to their own satisfaction before having it published in their magazines. "After finishing every passage", one student editor wrote, "I would always modufy and revise it very carefully". Another wrote, "I had spared no efforts to write every article the best I could". It is clear that sdutents had learned to take full responsibility for their own work. They had come to understand that writing is a process involving constant revision, not only in terms of English grammar and usage, but also in terms of the logical organization of ideas. In general, their own writing read more fluently and coherently and with fewer mistakes than the compositions I had corrected laboriously before the students launched their magazines.

Why such achievements?

After years of teaching EFL writing, I have reached the following conclusions: If students have the need or desire to write for real communication and a real audience, they will be glad to write. If they are engaged in challenging and interesting tasks, they will write well. Finally, if they learn to be responsible for their own writing, they will write even better.

Clearly, giving students the freedom to include what they wanted and write what they wanted in their magazines required them to consider for whom and for what purpose they were writing. These considerations in turn spurred them to write what they thought would be interesting or important to a real audience, in this case, their peers. Moreover, they felt compelled to consider how they could accomplish their task. All this motivated their writing and made it seem close to real-word writing outside the classroom (White 1987, 261).

Another important factor contributing to the success of the project was that it was neither too easy nor too difficult for the students. Some students felt anxious at the students persisted and finished the task on time, in spite of difficulties. In the course of editing their magazines, they gained confidence in their own abilities and enjoyed the work. There was no present "a tangible end-product" made the project "meaningful and purposeful" (Skehan 1998, 273-4).

The project was learner-centered because strong emphasis was placed upon individuallized reading and writing. It was up to the students to decide which topics to choose and how to approach those topics. Autonomy was thus initiated and learners were empowered to be masters of their own work. The task catered to students` differences, needs, and interests, which in turn stimulated their enthusiasm for the task. When the project came to an end, many students were umwilling to stop, and one wrote: "You should have asked us to launch another magazine full of our own writings so that we may have the chance to write more and to write even better".

CONCLUSİON

The students were active participants, learners, writers, and editors, while the teacher acted as director, organizer, and counselor. Students were engaged. The bragged to others, and they looked forward to the appreciative coments of their readers. Each magazine was unique, and they were a delight to read.

Next time I organize the project, I will make some improvements. First, I will increase the proportion of students` own contributions or require that the megezines consist solely of their own writing, as one students sugested. Second, I will assign more classroom time to discuss problems and difficulties, since creating a magazine in a foreign language is such a demanding job. Third, I will ask students to publish their magazines on the Internet so that a wider audience will be able to appreciate them. With these changes, the project will be even more effective in strengthening students` writing skills.

REFERENCES

1. Ellis, R. 1994. *The study of second language acquisition.* Oxford: Oxford University Press.
2. Skehan, P. 1998. *A cognitive approach to language learning.* Oxford: Oxford University Press.
3. Write, R. 1987. Approaches to writing. In Long, M.H. and Richards, J.C. (eds.), *Methodology in* TESOL: *A book of reading.* New York: Newbury House Publishers.
4. Aiex, N.K. 1999. Mass media use in the classroom. Bloomington, In: ERIC Clearinghouse in Reading, and Communication. *Eric Digest* ED436016.
5. Altman, R. 1989. *The video connection: Integrating video into language teaching.* Boston, MA: Houghton, Mifflin Company.
6. Arcario, P. 1993. Criteria for selecting video materials. In *Video in second language teaching: Using, selecting, and producing video fort he classroom*, ed. S. Stempleski and P. Arcario. Alexandria, VA: TESOL Inc., 109-122
7. Burt, M. 1999. Using videos with adult English language learners. Washington D.C.: Office of Educational Research and Improvement. *Eric Digest* ED 434539.

TECHNOLOGIES THAT SAVE AND GROW

Elmira Veliyeva

Senior teacher, Azerbaijan State Agrarian University.

E-mail: elay_1976@mail.ru

ABSTRACT

This article discusses how to properly manage the water supply regime when growing soil, how to use rainwater and how to properly manage irrigation technology. 20% of the cultivated land in the world is irrigated. This means 40% of all existing land in agriculture. Control of irrigation technology makes it easy to use and increases productivity. If farmers supply crops stably with water, productivity is growing. Many plant species keep their root systems moist thanks to their rainwater irrigation system and provide their water resources. for a long time. Rainwater irrigation system is under development. At the next cultivation of products, this system can be developed and improved. Water reserves at the next cultivation of the crop are more conserved. With the development and improvement of water supply management, the risk of productivity can be minimized. Irrigation technology around the world is about 300 thousands. The place where the irrigation system is developing is located in Asia where rice cultivation is 80 thousands hectares. And this is 5 tons per hectare. And this is a great indicator.

Keywords: rainwater irrigation system, farmers supply crops, Control of irrigation technology.

REZÜME

Bu məqalədə su təchizatı rejiminin necə düzgün idarəedilməsi ilə torpağın becərilməsi, yağış sularından istifadə, suvarma texnologiyası ilə idarəetmənin necə düzgün istifadə edilməsi qaydalarından söhbət gedir. Dünya üzrə becərilən torpaqların 20 faizi suvarılan ərazilərdir,bu isə ümumilikdə kənd təsərrüfatında mövcud olan torpaqların 40 % deməkdir.Məhsullara verilən suyun miqdarına nəzarət edərək suvarma texnologiyalarının idarəedilməsi onların istifadəsinin asanlaşdırılmasıməhsuldarlığın yüksək olmasına səbəb olur.Fermerlər məhsula stabil olaraq su verirlərsə o zaman məhsuldarlıq yüksəlir.Bir çox növ bitkilər yağışla suvarma sistemi vasitəsilə öz kök sistemlərini nəm saxlayır və uzun müddət öz suya olan ehtiyaclarını təmin edirlər. Yağış suyu ilə suvarma sistemi inkişaf mərhələsindədir. Məhsulların növbəli əkinə keçməsi vasitəsilə bu sistemi daha da inkişaf etdirmək olar. Növbəli əkin zamanı torpaqda su ehtiyatı daha çox saxlanılır.İnkişaf etdirilmiş, təkmilləşdirilmiş su idarəetməsi vasitəsilə istehsal riskini minimuma endirmək olar. Dünya miqyasında suvarma texnologiyası ilə suvarılan ərazinin təxminən 300 min ha dır. Daha çox suvarılma sisteminin inkişaf etdiyi yer Asiyadır. Haradakı düyü istehsalı təxminən 80min ha dır və bu isə hər hektardan 5 ton məhsula bərabərdir. Bu isə böyük göstəricidir.

Açar sözlər: yağış suları suvarma sistemi, fermerlər məhsul tədarükü, suvarma texnologiyasına nəzarət.

РЕЗЮМЕ

В этой статье идет речь как правильно управлять режим водоснабжения при выращивании почвы, как использовать дождевую воду и как правильно управлять технологией полива. 20%обрабатываемых земель в мире орошаемы. Это означает 40% всей существующей земли в сельской хозяйстве. Контроль за технологией орошения упрощает его использовать и повышает урожайность. Если фермеры стабильно снабжают водой урожай, то производительность растет. Многие виды растений сохраняют свои корневые системы влажными благодаря своей системе орошения дождевой водой и обеспечивают свои водные ресурсы. в течение длительного времени. Ирригационная система с дождевой водой находится в стадии развития. При следующем выращивании продукции эту систему можно развить и доработать. Запасы воды при следующем выращивания урожая больше сохраняются. При развитии и усовершенствовании управления водоснабжением риск производительности можно довести до минимума. Технология полива по всему миру составляют около 300 миллионов. Место, где развивается ирригационная система находится в Азии где выращивание риса составляет 80 миллионов гектаров. А это составляет 5 тон с гектара. И это является большим показателем.

Ключевые слова: оросительная система дождевой воды, фермеры поставляют урожай, контроль ирригационной техники.

Crops are grown under a range of water management regimes, from simple soil tillage aimed at increasing the infiltration of rainfall , to sophisticated irrigation technologies and management. Of the estimated 1.4 billion ha of crop land worldwide, around 80 percentages is rainfed and accounts for about 60 percent of global agricultural output. Under rained conditions, water management attempts to control the amount of water available to a crop through the

opportunistic deviation of the rainwater pathway towards enhanced moisture storage in the root zone. However , the timing of the water application is still dictated by rainfall patterns, not by the farmer.

Some 20 percentages of the world"s cropped area is irrigated, and produces around 40 percent of total agricultural output. Higher cropping intensities and higher average yields account for this level of productivity. By controlling both the amount and timing of water applied to crops, irrigation facilitates the concentration of inputs to boast land productivity . Farmers apply water to crops to stabilize and raise yields and to increase the number of crops grown per year. Globally, irrigated yields are two to three times greater than rainfed yields. Thus, a reliable and flexible supply of water is vital for high value, high-input cropping systems. However, the economic risk is also much greater than under lower input rainfed cropping. Irrigation can also produce negative consequences for the environment< including soil salinization and nitrate contamination of aquifers.

Growing pressure from competing demands for water, along with environmental imperatives, mean that agriculture must obtain more crops from fewer drops" and with less environmental impact. That is a significant challenge and implies that water management for sustainable crop production intensification will need to anticipate smarter, precision agriculture .It will also require water management in agriculture to become much more adept at accounting for its water use in economic, social and environmental terms.

Prospects for sustainable intensification vary considerably across different production systems, with different external drivers of demand. In general, however ,the sustainability of intensified crop production, whether rainfed or irrigated, will depend on the adoption of ecosystem approaches such as conservation agriculture , along with other key practices, including use of high-yielding varieties and good quality seeds, and integrated pest management.

Rainfed cropping systems

Many crop varieties grown in rainfed systems are adapted to exploit moisture stored in the root zone. Rainfed systems can be further improved by, for example, using deep-rooting crops in rotation, adapting crops to develop a deeper rooting habit, increasing soil water storage capacity, improving water infiltration and minimizing evaporation through organic mulching. Capture of runoff from adjacent lands can also lengthen the duration of soil moisture availability. Improving the productivity of rainfed agriculture depends largely on improving husbandry across all aspects of crop management. Factors such as pests and limited availability of soil nutrients can limit yield more water availability per se 2.3 The principles of reduced tillage, organic mulching and use of natural and managed biodiversity are fundamental to improved husbandry.

The scope for implementing SCPI under rainfed conditions will depend, therefore, on the use of ecosystem-based approaches that maximize moisture storage in the root zone. While these approaches can facilitate intensification, the system is still subject to the vagaries of rainfall. Climate change will increase the risks to crop production. Nowhere is the challenge of developing effective strategies for climate change adaptation more pressing than in rainfed agriculture.

Other measure are needed, therefore, to allay farmers" risk aversion. They include better seasonal and annual forecasting of rainfall and water availability and flood management both to mitigate climate change and to improve the resilience of production systems.

More elaborate water management interventions are possible to reduce the production risk, but not necessarily to further intensify rainfed production. For instance , there is scope to transition some rainfed cropping systems to low-input supplementary irrigation systems, in order to bridge short dry spells during critical growth stages but these are still reliant upon the timing and intensity of rainfall.

On farm runoff management, including the use of wate5r retaining bunds in cultivated areas, has been applied successfully in transitional climates.

Off-farm runoff management, including the concentration of overland flow into shallow groundwater or farmer-managed storage, can allow for limited supplementary irrigation. However, when expanding over large areas, these intervention impact down streams users and overall river basin water budgets.

Extending the positive environmental and soil moisture conservation benefits of ecosystem approaches will often depend upon the level of farm mechanization, which is needed to take advantage of rainfall events. Simpler technologies, including opportunistic runoff farming, will remain inherently risky, particularly under more erratic rainfall regimes. They will also remain labour intensive.

Policymakers will need to assess accurately the relative contributions of rainfed and irrigated production at national level. If rainfed production can be stabilized by enhanced soil moisture storage, the physical and socio-economic circumstances under which this can occur need to be well identified and defined. The respective merits of low-intensity investments in SCPIacross extensive rainfed systems and high intensity localized investments in full irrigation need careful socio-economic appraisal against development objectives.

With regard to institutions, there is need for re-organization and reinforcement of advisory services to farmers dependent on rainfed agriculture, and renewed efforts to promote crop insurance for small-scale producers. A sharper analysis of rainfall patterns and soil moisture deficits will be needed to stabilize production from existing rainfed systems under climate change impacts.

Irrigated cropping systems.

The total area equipped for irrigation worldwide is now in excess of 300million ha and the actual harvested is estimated to be larger due to double and triple cropping. Most irrigation development has taken place in Asia, where rice production is practised on about 80 million ha, with yields averaging 5 tonnes per ha.

Irrigation is a commonly used platform for intensification because it offers a point at which to concentrate inputs. Making this sustainable intensification, however, depends on the location of water with-drawal and the adoption of ecosystem based approaches-such as soil conservation, use of improved varieties and integrated pest management.

Surface irrigation by border strip, basin or furrow is often less efficient and less uniform than overhead irrigation. Micro irrigation has been seen as a technological fix for the poor performance of field irrigation, and as a means of saving water.

It is being adopted increasingly by commercial horticulturalists in both developed and developing countries, despite high capital costs.

Knowledge-based precision irrigation that offers farmers reliable and flexible water application will be a major platform dor SCPI. Automated systems have been tested using both solid set sprinklers and micro-irrigation, which involve using soil moisture sensing and crop canopy temperature to define the irrigation depths to be applied in different parts of the field. Precision irrigation and precision fertilizer application through irrigation water are both future possibilities for field crops and horticulture, but there are potential pitfalls. Recent computer simulatins indicate that, in horticulture, salt management is a critical factor in sustainability.

A wide of traditional and innovative rainwater harvesting systems is found in different zone. The technology improves infiltration and increases nutrient availability on sandy and loamy soils, leading to significant increases in yields, improved soil cover and reduced downstream flooding.

CONCLUSION

Large-scale adoption of ecosystem approaches would provide opportunities from small local industries. The scaling up of ecological pest management practices can be expected to increase demand for commercial monitoring tools, biocontrol agents such as predators parasitoids or sterile organisms, pollination services , microorganizms and biopesticides. Today ,private companies produce more than1000 bio-products, worth some US 590$ million in 2003, based on bacteria, viruses, fungi, protozoa and nematodes.

The "business as usual " approach to pest management , still followed in many countries and be many farmers , limits their potential for implementing sustainable crop production intensification. Improvements in agro-ecosystem management can help avoid indigenous pest outbreaks , respond better to pest invasions and reduce risks from pesticides to both human health and control include:

*a major pest or disease outbreak that threatens food security:

*food safety concerns arising from high levels of pesticide residues in farm produce:

*incidences of environmental pollution or human poisoning:

*striking losses of beneficial species , such as pollinators or birds:

*pesticide mismanagement , such as the proliferation of obsolete pesticide stockpiles.

ƏDƏBİYYAT

1. M.İ. Cəfərov A.H.Babayev Z.A.İbrahimov " Azərbaycanın təbii sərvətləri və onlardan səmərəli istifadə. Bakı, Qanun nəşriyyatı, 2011
2. A.H.Babayev, V.A.Babayev. Ekoloji kənd təsərrüfatının əsasları. Bakı, Qapp-Poliqraf, 2005
3. Abbasov Ziyad Mehralı oğlu. Kənd Təsərrüfatı maşınqayırma texnolgiyası. Dərslik, Gəncə,2016 Cəmil Hacıyev ,Elxan Allahverdiyev,Azad İbrahimov. Suvarma Əkinçiliyi. Bakı, 2012

THE USE OF CAN AND MAY İN ENGLİSH

[1]Guliyev Heydar, [2]Bagdagul Mammadova, [3]Melaike Khudaverdiyeva

[1]Associate Professor, [2,3]Head teacher , Department of Languages.

[1,2,3]Azerbaijan State Agrarian University (Azerbaijan)

Email: [1]heyderguliyev@mail.ru

ABSTRACT

Modality is expression of speaker's attitude to what his utterance denotes. The speaker's judgment may be of different kinds, that is, the speaker may express various modal meanings. Modal verbs unlike other verbs, do not denote actions or states, but only show the attitude of the speaker towards the action expressed by the infinitive in combination with which they form compound modal predicates. These modal verbs may show that the action (or state, of process, or quality) is viewed by the speaker as possible, obligatory, doubtful, certain, permissible, advisable, requested, prohibited, ordered etc. Modal verbs occur only with the infinitive. This or that meaning is to a great degree determined by communicative type of the sentence and the form of the infinitive. That is a huge problem for foreign learners of English, who make a great deal of mistakes in this field. So, the aim of my work is to show how modal verbs can be used, in what case we need one or other verb and why. Modal verbs are defective verbs since they lack many forms characteristic of regular verbs: they have no –s in the third person singular in the present tense and no verbal, so they have no analytical forms; some of them lack the form of the past tense. The use of modal verbs is in most cases independent of the structure of the sentence: the use of this of that modal verb is determined by the attitude of the speaker towards the facts contained in the sentence. In this case we may speak of the free or independent use of modal verbs. But sometimes the use of certain modal verbs depends on the structure of the sentence, mainly on the type of the subordinate clause, and occasionally also on the lexical character of the predicate verb in the principal clause. This may be called the structurally dependent use of modal verbs. The article deals with the modal verbs: **can and may** in English.

XÜLASƏ

Modallıq danışanın ifadə olunan fikrə münasibətini, ifadə olunan fikrin obyektiv varlığa münasibətini əks etdirən qrammatik-semantik kateqoriyadır. *İfadə olunan fikir məzmunca ya real, ya da qeyri-real şəkildə, ya mümkün, ya da qeyri-mümkün şəkildə, ya arzu olunan, ya da arzu olunmayan şəkildə, ya zəruri, ya da ehtimali şəkildə və s. anlaşıla, işlədilə bilər. Zaman və şəxs mənaları ilə modal məna birləşib predikativlik kateqoriyası əmələ gətirir. Modallıq anlayışı qrammatik və leksik vasitələrin (fel formaları, modal sözlər, intonasiya, ədatlar) köməyi ilə ifadə olunur.* Modallıq kateqoriyası dilin iki mühüm cəhəti ilə – işarəvilik (adlandırma) və kommunikativlik (ünsiyyət) funksiyaları ilə sıx bağlıdır. Modallıq eləcə də dilin nisbətən yaxın vaxtlardan bəri tədqiq edilən praqmatik xüsusiyyətinə ən çox yaxın olan kateqoriyalardan biridir. Qrammatik kateqoriya kimi modallıq danışanın nitq prosesində ifadə olunmuş fikrə münasibətini bildirən nitq hissəsidir. Münasibət bütöv fikrin hamısına və ya onun ayrı-ayrı hissələrinə aid ola bilər. Modal sözlər deyilən fikrə münasibət bildirən leksik qrammatik söz qruplarıdır. Onları konkret bir nitq hissəsinə aid etmək mümkün deyil. İsim, sifət, fel və başqa nitq hissələri ilə ifadə olunan nitq hissələri deyilən fikrə müxtəlif aspektlərdən münasibət bildirirlər. Bu məqalədə can və may modal feillərindən, onlar arasındakı fərqlərdən bəhs olunur.

РЕЗЮМЕ

Модальность выражает отношение говорящего к тому, что обозначает его высказывание. Суждение говорящего может быть разным, то есть говорящий может выражать различные модальные значения. Модальные глаголы в отличие от других глаголов не обозначают действия или состояния, а лишь показывают отношение говорящего к действию, выраженному инфинитивом, в сочетании с которым они образуют составные модальные предикаты. Эти модальные глаголы могут показать, что говорящий считает действие (или состояние, процесса или качество) возможным, обязательным, сомнительным, определенным, допустимым, рекомендуемым, запрашиваемым, запрещенным, упорядоченным и т. Д. Модальные глаголы встречаются только с инфинитивом. То или иное значение в значительной степени определяется коммуникативным типом предложения и формой инфинитива. Это огромная проблема для иностранных изучающих английский язык, которые делают много ошибок в этой области. Итак, цель моей работы - показать, как можно использовать модальные глаголы, в каком случае нам нужен тот или иной глагол и почему. Модальные глаголы являются дефектными глаголами, так как у них нет многих форм, характерных для правильных глаголов: у них нет отрицательных слов в единственном числе в настоящем времени в настоящем времени и нет словесных, поэтому у них нет аналитических форм; некоторым из них не хватает формы прошедшего времени. Использование модальных глаголов в большинстве

случаев не зависит от структуры предложения: использование этого модального глагола определяется отношением говорящего к фактам, содержащимся в предложении. В этом случае мы можем говорить о свободном или независимом использовании модальных глаголов. Но иногда использование некоторых модальных глаголов зависит от структуры предложения, главным образом от типа подчиненного предложения, а иногда также от лексического характера глагола-предиката в главном предложении. Это можно назвать структурно зависимым использованием модальных глаголов. В статье рассматриваются модальные глаголы: can и may на английском языке.

Can

The modal verb **can** has the following forms: **can** – the present tense (e.g. *He can speak English*) and **could** – the past tense. The form *could* is used in two ways: a) in past-time contexts as a form of the Indicative Mood (e.g. *He could speak English when he was a child*), b) in present-time contexts to express unreality, or as a milder and more polite form of *can*, or as a form implying more uncertainty than *can* (e.g. *He could speak English if necessary. Could I help you? Could it be true?*). Compare with the Russian *мог бы: Он мог бы сделать это, если бы у него было время* (unreality). *Не мог бы я Вам помочь?* (politeness*). Неужели он мог бы так сказать?* (uncertainty).
Can has the following meanings:

1) ability, capability,
E.g. <u>I can imagine</u> how angry he is.
We <u>can represent</u> a figure of a three-dimensional solid.
This meaning may also be expressed by **to be able** . The phrase can be used in all tense-forms if necessary.
In the meaning of ability and capability *can* occurs in all kinds of sentences.

E.g. Right and left we <u>can go</u>, backward and forward freely enough, and men always have done so. You <u>can move</u> about in all directions of Space, but you <u>cannot move</u> about in Time.
In this case *can* is followed by the simple infinitive and reference is made to the present. But depending on the context it may also refer to the future.
E.g. He <u>can go</u> up against gravitation in a balloon, and why should he not hope that ultimately he may be able to stop or accelerate his drift along the Time-Dimension, or even turn about and travel the other way?
However, if the time reference is not clear from the context or if it is necessary to stress that the action refers to the future, **shall/will be able** is used.
E.g. He <u>will be able to write</u> to us from Portugal. I <u>shall be able to earn</u> by own living soon.

The form *could* may be used in past-time contexts and in this case it is followed by a simple infinitive. It is a form of the Indicative Mood here.
E.g. A man could not cover himself with dust by rolling in a paradox, could he? But then where <u>could</u> it <u>be</u>? After what had happened I <u>couldn't trust</u> him.
The form *could* may also be used in present-time context in combination with the simple infinitive to express unreality with reference to the present or future.
E.g. I told myself that I <u>could never stop</u>, and with a gust of petulance I resolved to stop forthwith. (не смог бы прекратить).
You <u>could articulate</u> more distinctly with that cigarette our of your mouth. (мог бы говорить более отчетливо).
As the form *could* may be used in two ways it is usually undertoosd as expressing unreality with reference to the present **or** future unless there are indications of past time in the sentence **or** in the context. Thus the sentence *She could paint landscapes* will be understood as *Она могла бы писать пейзажи*.
If there is **no** indication of past time **in** the context but the speaker wishes to refer the action to the past, *was/were able* is used of *could* to avoid ambiguity.
E.g. She **was able to explain** the mystery.
In combination with the perfect infinitive *could* indicates that the action was not carried out in the past.
E.g. She <u>could have explained</u> the mystery. (Она могла бы объяснить эту тайну; но не объяснила).

1) possibility due to circumstances.

E.g. You <u>can see</u> the forest through the other window.
We can use either the Present Perfect of the Present Perfect Continuous in this sentence.
In this meaning *can* is found in all kinds of sentences. It is followed by the simple infinitive and it refers the action to the present of future.
E.g. You <u>can obtain</u> a dog from the Dog's Home.
<u>Can</u> we <u>use</u> the indefinite article with this noun?
We <u>can't use</u> the indefinite article with this noun.

In past-time contexts the form *could* is used. It is followed by the simple infinitive in this case.

E.g. You <u>could see</u> the forest through the other window before the new block of houses was erected.

The form *could* in combination with the simple infinitive may also express unreality with reference to the present of future.

E.g. You <u>could see</u> the houses from here if it were not so dark.

In combination with the perfect infinitive, *could* indicate that the action was not carried out in the past.

E.g. You <u>could have seen</u> the house from there if it had not been so dark.

1) Permission

E.g. You <u>can take</u> my umbrella.

Can in this meaning is found in affirmative sentences, interrogative sentences in which a request is expressed, and in negative sentences where it expresses prohibition.

E.g. You <u>can use</u> my car. <u>Can</u> I <u>use</u> your car? You <u>can't use</u> my car today.

In this meaning *can* is combined with the simple infinitive.

The form *could* with reference to the present is found only in interrogative sentences in which it expresses a more polite request.

E.g. <u>Could I use</u> your car?

The form *could* is found in reported speech (i.e. in accordance with the rules of the sequence of tenses).

E.g. He said that I <u>could use</u> his car.

He asked me if he <u>could use</u> my car.

1) uncertainty, doubt

E.g. <u>Can</u> it <u>be</u> true?

In this meaning *can* is found only in interrogative sentences (in general questions). Besides, sentences of this kind are often emotionally colored and so their application is rather restricted.

Depending on the time reference, *can* in this meaning is used in combination with different forms of the infinitive.

Thus, if reference is made to the present, the simple infinitive is found with static verbs.

E.g. <u>Can</u> he really <u>be</u> ill?

<u>Can</u> it <u>be</u> so late?

With dynamic verbs, the continuous infinitive is used.

E.g. <u>Can</u> she <u>be telling</u> lies?

<u>Can</u> he <u>be making</u> the investigation all alone?

Can in combination with the perfect infinitive refers the action to the past.

E.g. <u>Can</u> he <u>have said</u> it? <u>Can</u> she <u>have told</u> a lie?

The combination of *can* with the perfect infinitive may also indicate an action begun in the past and continued into the moment of speaking. This is usually found with static verbs.

E.g. <u>Can</u> she really <u>have been</u> at home all this time?

However, if *can* is followed by a dynamic verb the Perfect Continuous infinitive is used.

E.g. <u>Can</u> she <u>have been waiting</u> for us so long?

Could with reference to the present is also used in this way, implying more uncertainty.

E.g. <u>Could</u> it <u>be</u> true?

<u>Could</u> she <u>be telling</u> lies?

<u>Could</u> he <u>have said</u> if?

<u>Could</u> she <u>have been waiting</u> for us so long?

In Russian both variants, with *can* and *could*, are rendered in the same way: *Неужели это правда? Неужели он лжет?* And so on.

1) Improbability

E.g. It <u>can't be</u> true. (Это не может быть правдой. Вряд ли это так.)

In this meaning can is found only in negative sentences, which are often emotionally colored. Depending on the time reference, this *can* is also used with different forms of the infinitive/

E.g. He <u>can't be</u> really ill.

She <u>can't be telling</u> lies.

He <u>can't have said</u> it.

She <u>can't have been</u> at home all this time.

She <u>can't have been waiting</u> for us so long.

Could is also used in this way making the statement less categorical

E.g. It <u>couldn't be</u> true.
She <u>couldn't be telling</u> lies.
He <u>couldn't have said</u> it.
She <u>couldn't have been</u> at home all this time.
She <u>couldn't have been waiting</u> for us so long.

Can and *could* followed by different forms of the infinitive, are found in special questions where they are used for emotional coloring (to express puzzlement, impatience, etc.).

E.g. What <u>can (could)</u> he <u>mean?</u>
What <u>can (could)</u> he <u>be doing?</u>
What <u>can (could)</u> he <u>have done</u>?
Where <u>can (could)</u> he <u>have gone</u> to?
It can be rendered in Russian as: *Что, собственно, он имеет в виду*?

As is seen from the above examples, the form *could* referring to present is sometimes clearly opposed to *can* in that it expresses unreality whereas *can* expresses reality. This may be observed in the following meanings:

ability – He <u>can speak</u> English. He <u>could speak</u> English if necessary.
possibility due to circumstances – You <u>can get</u> the book from the library. You <u>could get</u> the book from the library if necessary. E.g. "You can have a million books on our television screen, and even more. There is nothing to throw away." (I. Asimov)
"How could a man be a teacher? " (I. Asimov)

In the other meanings, however, this difference between the two forms is obliterated. *Could* is used either as a milder or mote polite form of *can* as a form implying more uncertainty than *can*:

permission – <u>Can</u> I <u>use</u> your pen? <u>Could</u> I <u>use</u> your pen? (more polite)
uncertainty, doubt, improbability – <u>Can</u> it <u>be</u> true? <u>Could</u> it <u>be</u> true (less certain). It <u>can't be</u> true. It <u>couldn't be</u> true (less certain).

We can also find some examples of modal verbs usage in some newspapers , magazines or in literature.

E.g. It **could** be true but it is advisable to find out first what has really happened there. (Может быть, это и правда, но лучше сначала выяснить, что же действительно там произошло.)

"Honey, you **couldn't** support a wife," she answered cheerfully. "Anyway, I know you too well to fall in love with you." (F. Scott Fitzgerald)

In this case the verb could is used here in the meaning of doubt, uncertainty and improbability.

May

The modal verb *may* has the following forms: **may** – the Present tense (e.g. it **may be** true) and **might** – the Past tense. The form *might* is used in two ways: a) in past-time contexts, mainly in reported speech in accordance with the rules of the sequence of tenses (e.g. *He told me that it might be true)* and b) in present-time contexts as a milder and more polite form of *may*, or as a form implying more uncertainty than may (e.g. *Might I come and see you? It might be true)*, or to express unreality (e.g. *He might have fallen ill if he hadn't taken the pills)*.

May has the following meanings:
1) supposition implying uncertainty
E.g. He <u>may be</u> busy getting ready for his trip.
In Russian this meaning is generally rendered by means of the modal adverbs *возможно* and *может быть.*
In English this meaning may also be rendered by means of the attitudinal adverbs *perhaps* and *maybe*.
In the meaning of supposition implying uncertainty the verb *may* occurs in affirmative and negative sentences.
E.g. He **may be** at home.
He **may not be** at home (Возможно, что его нет дома).
Two factors <u>may</u> temporarily <u>have increased</u> their caution. (W. Faulkner)

In this meaning *may* can be followed by different forms of the infinitive depending on the time reference expressed.
May in combination with the simple infinitive usually refers the action to the future.
E.g. He <u>may come</u> soon.
The action may also refer to the present but only with stative verbs.
E.g. He <u>may be</u> ill.
He <u>may not know</u> about it.
May in combination with the Continuous infinitive of dynamic verbs refers the action to the present.
E.g. It's too late to phone him now. He <u>may be sleeping</u>.
I never see him about now. For all I know, he <u>may be writing</u> a book.
May in combination with the Perfect infinitive refers the action to the past.

© THE BALTIC SCIENTIFIC JOURNALS

PIRETC

PROCEEDING OF THE INTERNATIONAL RESEARCH EDUCATION & TRAINING CENTER

LOGO DA...   www.designfreelogoo

ISSN: 2613-5817; E-ISSN: 2613-5825

VOLUME 07 ISSUE 03 2019

E.g. He <u>may have fallen</u> ill.

"What's happened to the dog?" I asked. "It isn't here. His master <u>may have taken</u> it with him."

The combination of *may* with the Perfect infinitive may also indicate an action begun in the past and continued into the moment of speaking. This is usually found with stative verbs.

E.g. He <u>may have been</u> at home from about two hours.

However, if *may* is followed by a dynamic verb, the Perfect Continuous infinitive is used.

E.g. He <u>may have been waiting</u> for us for an hour.

In the meaning of supposition implying uncertainty, the form might is also found. It differs from the form may in that it emphasizes the idea of uncertainty. It may be followed by the simple, Continuous or Perfect infinitive.

E.g. He <u>might come</u> soon. He <u>might be</u> ill.

He <u>might be doing</u> his lesson now. He <u>might have spoken</u> to her yesterday.

1) possibility due to circumstances

E.g. You <u>may order</u> a taxi by telephone.

A useful rough-and-ready rule is that rime adverbs may come at either end of the sentence, but not in the middle.

May in this meaning occurs only in affirmative sentences and is followed only by the simple infinitive.

The form *might* is used in past-time contexts in accordance with the rules of the sequence of the tenses.

E.g. He said the <u>might order</u> a taxi by telephone.

Might followed by the Perfect Infinitive indicates that the action was not carried out owning to certain circumstances (expressed in the sentence or implied).

E.g. He <u>might have fallen</u> ill if he hadn't taken the medicine.

Luckily he wasn't driving the car. He <u>might have been hurt</u>.

You are so careless. You <u>might have broken</u> the cup. (Ты чуть было не разбил чашку).

It seemed to him that the most interesting thing in life was what **might** lie just around the corner. (O. Henry)

1) permission

E.g. The director is alone now. So you <u>may see</u> him now.

If you have got a car and can drive, you <u>may spend</u> part of your holiday moving from place to place. (C. Eckersley)

May in this meaning is found in affirmative sentences, in interrogative sentences which usually express a request, and in negative sentences where it denotes prohibition. But in negative sentences it is not common as prohibition is generally expressed by other modal verbs (see *can* and *must*).

E.g. You <u>may smoke</u> in here. <u>May I smoke</u> in here? <u>You may not smoke</u> in here.

In this meaning *may* is combined only with the simple infinitive. In interrogative sentences the form *might* is also found when we wish to express a more polite request.

E.g. <u>May I join</u> you?

In reported speech the form *might* is used.

E.g. He told me that I <u>might smoke</u> in the room He asked me if he <u>might join</u> us.

1) disapproval or reproach

E.g. You <u>might carry</u> the parcel for me. You <u>might have helped</u> me.

Here we find only the form *might* used in affirmative sentences and followed by the simple of Perfect infinitive. In the latter case it expressed reproach for the nonperformance of an action.

The form *might* which expresses unreality is not always parallel to may. *Might* expresses unreality only in combination with the Perfect infinitive.

E.g. You <u>might have let</u> me know about it beforehand.

There was a car accident in front of our house. Luckily Tommy was at school. He <u>might have been killed</u>.

In most cases might is used as a milder and more polite form than may of as a form implying a greater degree of uncertainty:

permission – <u>May I call</u> to my mother now? <u>Might I call</u> to my mother now? (*very polite*)

Might I take the liberty of pointing out that you have made a small mistake? (J. Joyce)

supposition – He <u>may come</u> a little later. He <u>might come</u> a little later *(less certain).*

The Chancellor's measures **might** help towards an agreement on an incomes policy. (Moscow News).

The two forms are not opposed in the meaning of possibility due to circumstances where only *may* is used, nor in the meaning of disapproval of reproach where might alone is found.

E.g. You <u>may find</u> the book at the library.

You <u>might have considered</u> your parents' feelings.

May as well (might as well, might just as well) + *infinitive* is a very mild and an emphatic way of expressing an intention. It is also used to suggest of recommend an action.

E.g. I <u>may as well take</u> the child with me. *(Я, пожалуй, возьму ребенка с собой. Пожалуй, будет лучше, если я возьму ребенка с собой).*

You <u>may as well give</u> him the letter. I <u>might as well stay</u> at home tonight.

"I'll go at six." "That's far too late; you <u>might just as well not go</u> at all." (Можно было бы и не ходить туда совсем).

It might have been worse means "Things are not so bad after all." In Russian it is rendered as: *Могло бы быть и хуже or в конце концов дела обстоят не так уж и плохо).*

He might have been a … means 'He might have been taken for a …' 'He looked as a …'

E.g. Roy Wilson, the new doctor, was twenty-eight, large, heavy, mature and blond. <u>He might have been</u> a Scandinavian sailor.

If I may say so … has become a stereotyped phrase in which the meaning of permission is considerably weakened.

E.g. <u>If I may say so</u>, I think you have treated him very badly.

In addition to the above cases illustrating the independent use of *may*, this modal verb occurs in subordinate object clauses after expressions of fear as well as in adverbial clauses of purpose and concession.

Here are some more examples from the works of the English and American literature:

E.g. Try as she **might**, her poor head just wouldn't let her think what it was she should rightly remember.(O. Wilde)

You certainly won't. You **may** freeze your nose, but you won't be shivery cold. It's hard and dry, you know. (F. Scott Fitzgerald)

May and Can

The use of *can* and *may* is parallel only in two meanings: possibility due to circumstances and permission. In these meanings, however, they are not always interchangeable for a number of various reasons.

1.   Thus in the meaning of possibility due to circumstances the use of may is restricted only to affirmative sentences, whereas *can* is found in all kinds of sentences.

Can – He <u>can find</u> this book at the library. Can he find this book at the library? He <u>cannot find</u> this book at the library.

May – He <u>may find</u> this book at the library.

Their time reference is also different. *May* refers only to the present or future: the form might is used in past-time contexts only in reported speech. *Can (could)* may refer to the present, pastor future.

May – He <u>may find</u> the book at the library. I said that he <u>might find</u> the book at the library.

Can – He <u>can find</u> the book at the library. He <u>could find</u> the book at the library yesterday. He <u>can find</u> the book at the library tomorrow.

Both *could* and *might* combined with the Perfect infinitive indicate that the action was not carried out in the past.

E.g. He <u>might have found</u> the book at the library.

He <u>could have found</u> the book at the library.

It follows from the above that the sphere of application of *can* in this meaning is wider than that of *may*.

2.   When *may* and *can* express permission the difference between them is rather that of style than of meaning – *may* is more formal than *can* which is characteristic of colloquial English.

E.g. <u>May (might) I speak</u> to you for a moment, professor?

<u>Can (could) I have</u> a cup of tea, mother?

May in negative sentences expressing prohibition is uncommon.

ƏDƏBİYYAT

1.   Məmmədova M., Yunusov D. İngilis dilinin qrammatikası. Bakı, Adiloğlu, 2011.– 450 s.
2.   Musayev O. İngilis dilinin qrammatikası. Bakı, Qismət, 2007. – 587 s.
3.   Гордон Е.М., Крылова И.П. Грамматика современного английского языка. — М.: Высшая школа, 1974. — 336 с.
4.   Каменский, А. И. Практическая грамматика английского языка: справ. пособие для неязыковых вузов / А. И.
3.   Каменский, И. Б. Каменская. – Часть 1.– Харьков: ИНЭМ, 2002. – 278 с.
4.   Карпышева Н. М. Практическая грамматика английского языка / Н. М. Карпышева, В. Н. Янушков. – 2-е изд. – Минск: Амалфея, 2005. – 492 с.
5.   Качалова, К. Н. Практическая грамматика английского языка / К. Н. Качалова, Е. Е. Израилевич. – Киев:Методика, 2003. – 672 с.

PHYSICAL ASSESSMENT SKILLS PERFORMING HURDLES AMONG NURSING STUDENTS

Shaista Kausar[1] Muhammad Hussain[2] Muhammad Afzal[3] Syed Amir Gilani[4]

[1]BS Nursing, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[2]Assistance Professor, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[3]Associate Professor, Lahore School of Nursing, The University of Lahore, , Lahore, Pakistan

[4]Professor, FAHS The University of Lahore, Lahore, Pakistan

E-mail: [1]shaistakausar715@gmail.com

ABSTRACT

Introduction: Physical assessment skills is the essential part of the nursing profession including inspection, auscultation, percussion, and palpation. Understanding hurdles to physical assessment among nursing students create a more detailed assessment in the development of quality patient's care in nursing practice. This study examined the physical assessment skills performing hurdles among nursing students.
Purpose: The purpose of the study is to assess the physical assessment skills performing hurdles among nursing students at Lahore School of Nursing.
Methods: A quantitative descriptive cross sectional study design will be used to collect data from 103 nursing students. A convenient sampling method will be used for this study. The questionnaire is composed of 7 subscales in evaluating the physical assessment skills performing hurdles among nursing students between the classroom and clinical setting. Paired t-test was also used in determining the differences between physical assessment skills performing hurdles among nursing students in the classroom and clinical setting.
Results: The statistical differences between physical assessment skills performing hurdles among nursing students between classroom settings and clinical setting. Subscale "reliance on others and technology" (p = .867), "Lack of time and interruptions" (p = .733), "ward culture" (p =.032), "Lack of confidence" (p = .300), "Lack of nursing role models" (p =.063), "lack of influence on patient care" (p = .088), "Specialty area" (p =.015), have significant differences in physical assessment skills performing hurdles among nursing students in classroom settings and clinical settings.
Conclusion: Although nursing students were oriented and educated about physical assessment skills as an integral part of the nursing curriculum, not often practiced in clinical settings. Reliance on others and technology, ward culture, lack of influence on patient care are hurdles in performing a physical assessment skills. In addition, increasing self-confidence is vital to assess the patient's health status effectively and minimize the hurdles to performing the physical assessment skills.
Keys words: Physical assessment skills, Nursing students, Clinical settings, Classroom settings.

INTRODUCTION

Background
Assessment is the first step in the nursing practice and it is also important part of the nursing skills. Nurses can performs assessment to achieving for the better outcomes. For a nurse it is important to teach about the physical assessment skills to provide better quality care (Rochester, 2019).
Physical assessment skills is the essential part of the nursing profession including inspection, auscultation, percussion, and palpation. It require level of competence that motivate the nursing students to gain knowledge and practice from academic institution. And in the clinical area it is also important for the quality of patients care. However, this competence level in the physical assessment skills was focused during lecture as it underlined improvement of skills in the clinical area (Alamri & Almazan, 2018).
To improve the quality of nursing student's knowledge and learning it is necessary to evaluate the hurdles which influence on the nursing students learning and on their professional growth (Afzal & Gilani, 2019).
Taking history from the patient is one of the important step of physical assessment (Srisamang *et al.,* 2019). The nurse should start the physical examination by creating a proper environment to ensure privacy, comfort and dignity of the patient (Chou, Venkatesh, Trueger, & Pitts, 2019). If the health history advise examination on a particular area of the body then assessment will be carried out.

Physical assessment skills which show that the performance of skills in the educational setting. The most important hurdles during performing physical assessment skills is the poor knowledge, lack of confidence level (Mitoma & Yamauchi, 2018).

Nursing practice is established on the belief that the physical assessment skills would improve the patient's outcomes (Zambas, Smythe, & Koziol-Mclain, 2016). This statement apply nurses in all setting. It is not just for whom have experience in the physical examination skills. Though, specialization in physical assessment skills supported the research. The use of advance physical assessment is apprehensive as nursing experience increase (Krumanaker, Simms, Goldberg, & Osborne, 2015). This level of education does not appear the impact of nursing skills (Giddens, 2018).

Nursing students are facing a series of challenges progressively in the clinical practices as well as in the education system. The influence of these challenges is on their learning skills. Therefore, lack of implementation nursing process in training period is one of the major problem in the clinical area (Fatima, Hussain, Afzal & Gilani, 2019).

The use of modern technology in physical assessment skills results low confidence in the clinical experience and exam. More reliance on the laboratory results creates many issues that are major risk for the patient safety. However, due to this technology these skills require continuous progress which is necessary for the health care practitioner (Alamri & Almazan, 2018).

Factor that affect the physical assessment skills is the lack of time due to increased work and more paperwork in the clinical setting and also in the classroom setting which affect the nursing performance towards skills. Less time at the bedside and for the better care of patient distract the nurse to perform skills on the patients (Birks, Budden, Biedermann, Park, & Chapman, 2018).

Ward culture is another hurdles that affect the performance of physical assessment skills. Physical assessment skills perform in the certain area of the ward and require help from the coworker. Less time to the bedside as nurse gain more roles and responsibility can affect the skills (Coley *et al.,* 2017).

Factors affect the physical assessment skills including lack of confidence to perform skills. It is reported that low confidence is a hurdle in conducting physical assessment skills which affects the nursing student's performance in the classroom as well as in the clinical area. These factor include lack of confidence and lack of time that impact the assessment on the delivery of patients care (Douglas *et al.* 2014). The study revealed that the nursing students have low level of stress and competency as nursing skills (Sahir, Afzal, Hussain, & Gillani, 2019).

Nursing perform their role and responsibility for the improvement of the patient quality care. Lack of nursing role models is a hurdle that affect the physical assessment skills. Nursing perform physical assessment skill within the clinical setting with the help of health care practitioner. This increased the confidence level of nurse during assessment and help to discover new role models (Battarbee *et al.*, 2018).

Factors that affect the nursing students during physical assessment skills, including lack of time, and lack of support from others. Nursing consider that physical assessment is not a responsibility of nurses. One study revealed that several barriers affect nurses during physical assessment skills in clinical setting, including lack of influence on patient care and lack of nursing role models (Alamri & Almazan, 2018).

Another factor that affect the performance of physical assessment skills during clinical is the special area. Nurses have the knowledge regarding the skills performing in the clinical setting. And don't perform these skills outside the specialty area, professional restrictions, clinical areas, and ward environment affecting the physical skills (Zambas *et al.*, 2016).

Problem statement

There are many factors that affect the physical assessment skills among nursing students as discussed above in the introduction. The problem is the lack of knowledge regarding these factors in the nursing students. If this issue is not addressed, it can lead to many threats. Physical assessment skills performing hurdles will lead to low confidence level among nursing students. If the nursing student's clinical performance is low, there will be low patients quality care in the practical performance in the future. This will lead to poor quality patient care.

Research question

What are the physical assessment skills performing hurdles among nursing students?

Significance

This study will help the nursing students to improve their physical assessment skills.

Physical examination skills that benefits the patient's outcomes, the complexity of the actual nursing practice and leave their purpose ambiguous for the most nursing situations.

This research is very helpful for students because physical assessment will increase confidence level among the nursing students. This will also increase competency level among the nursing students. Nursing education is constantly struggling for the competence based curricula in the preparation of students in the nursing profession.

Methodology

Study design
A quantitative descriptive cross sectional study design will be used to collect data from nursing students.

Study Setting
The study was carried out at Lahore School of Nursing, The University of Lahore, Pakistan.

Sample size
Slovin's sampling formula will be used to find the sample size of the study population.

$n = N/1 + (N)(E)^2$

Where N=Population, n=Sample size, E= Margin of error

Sampling Method
A convenient sampling method will be used for this study.

Inclusion Criteria
The students of department The Lahore School of Nursing 4 Years Bachelors of Science in Nursing, semester IV, semester VI and semester VIII will be included in this study. Both male and female nursing students included in this study. The age of the participants between 18 to 27 years.

Exclusion Criteria
4 Year Bachelors of Science in Nursing, Year I, Semester II are not included in this study. Students from all other department is excluded from the study.

Research tool
As well-structured questioner with close ended, Likert scale adopted to assess the physical assessment skills performing hurdles among nursing students. Questionnaire consisted of two portions the first portion explain the demographic data of students in which name, age, gender etc, and the second part of questionnaire will explain the 36 questions is composed of 7 subscales in evaluating the physical assessment skills performing hurdles, 7 subscales on Likert scale. The scale content validity index was 0.92, and the coefficient alpha for the total 38-item scale was 0.80, respectively.

Data Analysis
Data will be analyzed by SPSS version 21. The study will be descriptive and all the descriptive statistics will be obtained through the SPSS software.

Ethical consideration
Permission will be taken from the HOD of Lahore School of Nursing department for conduct this research.
Informed consent form will be sign before data collection from all the participants.
All information and data collection will be kept confidential.

Results

Table 1: Socio-demographic characteristics of the nursing students

Sr.No	Variables	Frequency	Percentage
1	**Age**		
	18-21 years	53	51.5%
	21-24 years	48	46.6%
	24-27 years	02	1.9%
2	**Grade in physical assessment (theory or practical average)**		

	90 to 94% (A)	8	7.8%
	85 to 90 % (B+)	20	19.4%
	80 to 84% (B)	75	72.8%
3	**Type of admission**		
	Regular	103	100%
	Bridging	0	0%
4	**Gender**		
	Male	30	29.1%
	Female	73	70.9%
5	**Level**		
	Semester 4th	50	49%
	Semester 6th	41	42%
	Semester 8th	13	7.8%

Table 1 show that 53 (51.5%) participant have the age bracket from 18-21 years old which is the highest age bracket, 48 (46.6%) have age group 21-24 years old and 02 (1.9%) have 24-27 years old. Most of the nursing students have a grade in physical assessment between 80% and 84% while 20 or 19.4% of the nursing students have a grade between 85% and 90% and only eight students have a grade 90-94% in physical assessment. Almost all of the nursing students were regular students. There were 30 male nursing students and 73 female nursing students from the 103 participants. 50 (49%) nursing students from the 4th semester, 41 (42%) from 6th semester and 13 (7.8%) from 8th semester included in this study.

Table 2: Percentage of nursing-students respondents that agreed with each subscale item (n=103) in the classroom setting

Sr. No	Subscale	Learning setting	Agree Strongly Agree	
	Subscale 1: Reliance on others and technology		Frequency	Percentage%
1	It's not the nurse's role to conduct a physical assessment of the patient.	Classroom	19	18.4
2	Gather all the physical assessment data using electronic monitoring devices.	Classroom	31	30.1
3	Use of technology reduces the need for nurses' physical assessment skills.	Classroom	55	53.4
4	Nurses don't need to use many physical assessment skills to do their job well.	Classroom	40	38.8
5	Physical assessment is something only the doctor does.	Classroom	38	36.9
6	Relying on monitoring equipment to collect	Classroom	59	57.3

	assessment data.			
7	Physical assessment is used only when a patient deteriorates.	Classroom	50	48.6
8	Physical assessment is the responsibility of medical or allied health staff.	Classroom	64	62.1
9	Don't use physical assessment skills because of the task-oriented nature of the work.	Classroom	44	42.7
	Subscale 2: Lack of time and interruptions			
10	Lack of time is a barrier in using physical assessment skills.	Classroom	78	75.7
11	Lack of time to do an in-depth physical assessment to the patients.	Classroom	74	71.9
12	No time to use physical assessment skills because of the workload.	Classroom	75	72.8
13	Completing checklists and documentation means no time to use physical assessment skills.	Classroom	76	73.8
14	Too many interruptions during work prevent from doing physical assessment.	Classroom	79	76.7
	Subscale 3: Ward culture			
15	The ward culture is a barrier in using of physical assessment skills.	Classroom	77	74.7
16	Assessment is done a certain way in the ward which limits the extent of physical assessment.	Classroom	82	79.6
17	Assessments I make using physical assessment skills are not valued by my coworkers.	Classroom	77	74.7
18	The ward culture discourages nurses from doing physical assessment in my workplace.	Classroom	83	80.6
19	Feel of support by the colleagues to use physical assessment skills.	Classroom	85	82.5
	Subscale 4: Lack of confidence			
20	Lack confidence in accurately performing physical assessment skills.	Classroom	83	80.6
21	Worrying about the ability to correctly use physical assessment skills.	Classroom	77	74.7
22	Lack of confidence in deciding what physical assessment skills to use.	Classroom	76	73.8
23	Competently use physical assessment skills.	Classroom	76	73.8
	Subscale 5: Lack of nursing role models			
24	Physical assessment skills are role modeled by experienced nurses in the ward.	Classroom	86	83.5
25	Nurse leaders promote the use of physical assessment skills in the unit.	Classroom	81	78.7
26	Nurses encourage each other to use physical assessment skills in the ward.	Classroom	83	80.6
27	There is a lack of experienced nursing staff to role model physical assessment skills in the ward.	Classroom	78	75.7
	Subscale 6: Lack of influence on patient care			
28	Information using physical assessment skills is used to develop a plan of care.	Classroom	82	79.7
29	Ability to use physical assessment skills makes a positive difference to patient care.	Classroom	86	83.5
30	Ability to use physical assessment skills improves the quality of nursing care.	Classroom	80	77.7
31	The information collected using physical assessment skills is used to make treatment decisions.	Classroom	88	85.4
	Subscale 7: Specialty Area			

32	Physical assessment skills are relevant to nurses in specialty area.	Classroom	79	76.7
33	Don't use physical assessment skills that are outside of the specialty area.	Classroom	76	73.8
34	The specialty area determines the physical assessment skills that nurses used.	Classroom	80	77.6
35	The physical assessment skills are restricted only specialty area.	Classroom	79	76.7
36	The physical assessment skills determined by what is acceptable on the ward.	Classroom	80	77.7

Table 2: show that 18.4% (19) nursing students agree that it's not the nurse's role to conduct a physical assessment of the patient. 30.1% (30) participants agree that gather all the physical assessment data using electronic monitoring devices. 53.4% (55) participant agree with the use of technology reduces the need for nurses' physical assessment skills. 38.8% (40) nursing students agree with that nurses don't need to use many physical assessment skills to do their job well. 36.9% (38) nursing students agree that physical assessment is something only the doctor. 57.3% (59) nursing students agree with relying on monitoring equipment to collect assessment data. 48.6% (50) nursing students agree with physical assessment is used only when a patient deteriorates. 62.1% (64) nursing students agree with physical assessment is the responsibility of medical or allied health staff. 42.7% (44) nursing students agree with that don't use physical assessment skills because of the task-oriented nature of the work. 75.7% (78) nursing students agree that lack of time is a barrier in using physical assessment skills. 71.9% (74) nursing students agree that lack of time to do an in-depth physical assessment to the patients. 72.8% (75) nursing students agree that no time to use physical assessment skills because of the workload. 73.8% (76) nursing students agree with completing checklists and documentation means no time to use physical assessment skills. 76.7% (79) nursing students agree with that too many interruptions during work prevent from doing physical assessment. 74.7% (77) nursing students agree with that the ward culture is a barrier in using of physical assessment skills. 79.6% (82) nursing students agree with that assessment is done a certain way in the ward which limits the extent of physical assessment. 74.7% (77) nursing students agree that assessments I make using physical assessment skills are not valued by my coworkers. 80.6% (83) nursing students agree with that the ward culture discourages nurses from doing physical assessment in my workplace. 82.5% (85) nursing students agree that the feel of support by the colleagues to use physical assessment skills. 80.6% (83) nursing students agree that the lack of confidence in accurately performing physical assessment skills. 74.7% (77) nursing students agree with that worrying about the ability to correctly use physical assessment skills. 73.8% (76) nursing students agree that lack of confidence in deciding what physical assessment skills to use. 73.8% (76) nursing students agree that competently use physical assessment skills. 83.5% (86) nursing students agree that the physical assessment skills are role modeled by experienced nurses in the ward. 78.7% (81) nursing students agree with that the nurse leaders promote the use of physical assessment skills in the unit. 80.6% (83) nursing students agree with that the nurses encourage each other to use physical assessment skills in the ward. 75.7% (78) nursing students agree with that there is a lack of experienced nursing staff to role model physical assessment skills in the ward. 79.7% (82) nursing students agree with that the information using physical assessment skills is used to develop a plan of care. 83.5% (86) nursing students agree with that the ability to use physical assessment skills makes a positive difference to patient care. 77.7% (80) nursing students agree that the ability to use physical assessment skills improves the quality of nursing care. 85.4% (88) nursing students agree that the information collected using physical assessment skills is used to make treatment decisions. 76.7% (79) nursing students agree that the physical assessment skills are relevant to nurses in specialty area. 73.8% (76) nursing students agree that don't use physical assessment skills that are outside of the specialty area. 77.6% (80) nursing students agree that the specialty area determines the physical assessment skills that nurses used. 76.7% (79) nursing students agree that the physical assessment skills are restricted only specialty area. 77.7% (80) nursing students agree that the physical assessment skills determined by what is acceptable on the ward.

Table 3: Percentage of nursing-students respondents that agreed with each subscale item (n=103) in the clinical setting

Sr. No	Subscale	Learning setting	Agree Strongly Agree	
	Subscale 1: Reliance on others and technology		Frequency	Percentage%
1	It's not the nurse's role to conduct a physical assessment of the patient.	Clinical	0	0

2	Gather all the physical assessment data using electronic monitoring devices.	Clinical	40	38.8
3	Use of technology reduces the need for nurses' physical assessment skills.	Clinical	60	58.2
4	Nurses don't need to use many physical assessment skills to do their job well.	Clinical	61	59.2
5	Physical assessment is something only the doctor does.	Clinical	51	49.5
6	Relying on monitoring equipment to collect assessment data.	Clinical	41	39.8
7	Physical assessment is used only when a patient deteriorates.	Clinical	61	59.2
8	Physical assessment is the responsibility of medical or allied health staff.	Clinical	63	61.1
9	Don't use physical assessment skills because of the task-oriented nature of the work.	Clinical	43	41.7
	Subscale 2: Lack of time and interruptions			
10	Lack of time is a barrier in using physical assessment skills.	Clinical	71	68.9
11	Lack of time to do an in-depth physical assessment to the patients.	Clinical	81	78.6
12	No time to use physical assessment skills because of the workload.	Clinical	81	78.6
13	Completing checklists and documentation means no time to use physical assessment skills.	Clinical	61	59.2
14	Too many interruptions during work prevent from doing physical assessment.	Clinical	71	68.9
	Subscale 3: Ward culture			
15	The ward culture is a barrier in using of physical assessment skills.	Clinical	61	59.2
16	Assessment is done a certain way in the ward which limits the extent of physical assessment.	Clinical	50	48.5
17	Assessments I make using physical assessment skills are not valued by my coworkers.	Clinical	31	30.1
18	The ward culture discourages nurses from doing physical assessment in my workplace.	Clinical	61	59.2
19	Feel of support by the colleagues to use physical assessment skills.	Clinical	61	59.2
	Subscale 4: Lack of confidence			
20	Lack confidence in accurately performing physical assessment skills.	Clinical	81	78.6
21	Worrying about the ability to correctly use physical assessment skills.	Clinical	81	78.6
22	Lack of confidence in deciding what physical assessment skills to use.	Clinical	50	48.5
23	Competently use physical assessment skills.	Clinical	43	41.7
	Subscale 5: Lack of nursing role models			
24	Physical assessment skills are role modeled by experienced nurses in the ward.	Clinical	71	68.9
25	Nurse leaders promote the use of physical assessment skills in the unit.	Clinical	60	58.2
26	Nurses encourage each other to use physical assessment skills in the ward.	Clinical	71	68.9
27	There is a lack of experienced nursing staff to role model physical assessment skills in the ward.	Clinical	53	51.5
	Subscale 6: Lack of influence on patient care			
28	Information using physical assessment skills is used to develop a plan of care.	Clinical	51	49.5

29	Ability to use physical assessment skills makes a positive difference to patient care.	Clinical	81	78.6
30	Ability to use physical assessment skills improves the quality of nursing care.	Clinical	51	49.5
31	The information collected using physical assessment skills is used to make treatment decisions.	Clinical	63	61.1
	Subscale 7: Specialty Area			
32	Physical assessment skills are relevant to nurses in specialty area.	Clinical	53	51.5
33	Don't use physical assessment skills that are outside of the specialty area.	Clinical	63	61.2
34	The specialty area determines the physical assessment skills that nurses used.	Clinical	31	30.1
35	The physical assessment skills are restricted only specialty area.	Clinical	52	50.5
36	The physical assessment skills determined by what is acceptable on the ward.	Clinical	33	32

Table 3: show that 0% (0) nursing students agree that it's not the nurse's role to conduct a physical assessment of the patient. 38.8% (40) participants agree that gather all the physical assessment data using electronic monitoring devices. 58.2% (60) participant agree with the use of technology reduces the need for nurses' physical assessment skills. 59.2% (61) nursing students agree with that nurses don't need to use many physical assessment skills to do their job well. 49.5% (51) nursing students agree that physical assessment is something only the doctor. 39.8% (41) nursing students agree with relying on monitoring equipment to collect assessment data. 59.2% (61) nursing students agree with physical assessment is used only when a patient deteriorates. 61.1% (63) nursing students agree with physical assessment is the responsibility of medical or allied health staff. 41.7% (43) nursing students agree with that don't use physical assessment skills because of the task-oriented nature of the work. 68.9% (71) nursing students agree that lack of time is a barrier in using physical assessment skills. 78.6% (81) nursing students agree that lack of time to do an in-depth physical assessment to the patients. 78.6% (81) nursing students agree that no time to use physical assessment skills because of the workload. 59.2% (61) nursing students agree with completing checklists and documentation means no time to use physical assessment skills. 68.9% (71) nursing students agree with that too many interruptions during work prevent from doing physical assessment. 59.2% (61) nursing students agree with that the ward culture is a barrier in using of physical assessment skills. 48.5% (50) nursing students agree with that assessment is done a certain way in the ward which limits the extent of physical assessment. 30.1% (31) nursing students agree that assessments I make using physical assessment skills are not valued by my coworkers. 59.2% (61) nursing students agree with that the ward culture discourages nurses from doing physical assessment in my workplace. 59.2% (61) nursing students agree that the feel of support by the colleagues to use physical assessment skills. 78.6% (81) nursing students agree that the lack of confidence in accurately performing physical assessment skills. 78.6% (81) nursing students agree with that worrying about the ability to correctly use physical assessment skills. 48.5% (50) nursing students agree that lack of confidence in deciding what physical assessment skills to use. 41.7% (43) nursing students agree that competently use physical assessment skills. 68.9% (71) nursing students agree that the physical assessment skills are role modeled by experienced nurses in the ward. 58.2% (60) nursing students agree with that the nurse leaders promote the use of physical assessment skills in the unit. 68.9% (71) nursing students agree with that the nurses encourage each other to use physical assessment skills in the ward. 51.5% (53) nursing students agree with that there is a lack of experienced nursing staff to role model physical assessment skills in the ward. 49.5% (51) nursing students agree with that the information using physical assessment skills is used to develop a plan of care. 78.6% (81) nursing students agree with that the ability to use physical assessment skills makes a positive difference to patient care. 49.5% (51) nursing students agree that the ability to use physical assessment skills improves the quality of nursing care. 61.1% (63) nursing students agree that the information collected using physical assessment skills is used to make treatment decisions. 51.5% (53) nursing students agree that the physical assessment skills are relevant to nurses in specialty area. 61.2% (63) nursing students agree that don't use physical assessment skills that are outside of the specialty area. 30.1% (31) nursing students agree that the specialty area determines the physical assessment skills that nurses used. 50.5% (52) nursing students agree that the physical assessment skills are restricted only specialty area. 32% (33) nursing students agree that the physical assessment skills determined by what is acceptable on the ward.

Difference on hurdles in physical assessment in different learning setting

Subscale	Learning Setting		Mean difference	t	P
	Classroom mean	Clinical mean			
Reliance on others and technology	3.07	3.05	0.02	−.173	.867
Lack of time and interruptions	3.91	3.96	−0.05	.366	.733
Ward culture	3.99	3.51	0.48	−3.223	.032
Lack of confidence	3.99	3.68	0.31	−1.249	.300
Lack of nursing role models	4.11	3.82	0.29	−2.881	.063
Lack of influence on patient care	4.06	3.67	0.39	−2.492	.088
Specialty area	3.98	3.25	0.73	−4.075	.015

As discussed in the Table 2 & 3, the statistical differences between physical assessment skills performing hurdles among nursing students between classroom settings and clinical setting. Subscale "reliance on others and technology" (P = .867), "Lack of time and interruptions"(P =.733), "ward culture" (P =.032), "Lack of confidence" (P = .300), "Lack of nursing role models" (P =.063), "lack of influence on patient care" (P = .088), "Specialty area" (P =.015), have significant differences in physical assessment skills performing hurdles among nursing students in classroom settings and clinical settings.

DISCUSSION

This study focused on nursing student's response on physical assessment skills performing hurdles between the classroom settings and clinical settings. In demographic data, age of all participant from 18-27 years that are mostly female. A similar study conducted in the Lahore School of Nursing have the similar results that mostly participant were female (Batool & Afzal). 77.7% (80) nursing students agree that the ability to use physical assessment skills improves the quality of nursing care. A similar study conducted in 2019 that indicate that 64.9% of responding nurses agreed or agreed that information technology improved the quality of patient care and give nurses more time to practice care nursing (Joseph, Inayat, Hussain, & Afzal). In this study results show that 78.6% (81) nursing students agree that the lack of confidence in accurately performing physical assessment skills. 68.9% (71) nursing students agree that the physical assessment skills are role modeled by experienced nurses in the ward. Another study revealed that physical assessment skills which show that the performance of skills in the educational setting. The most important hurdles during performing physical assessment skills is the poor knowledge, lack of confidence level and no time in the bed side.Nurses who understood the need of physical assessment skills learned through practice had a   willingness to use these skills in the nursing practice (Mitoma & Yamauchi, 2018). In this study 83.5% (86) nursing students agree with that the ability to use physical assessment skills makes a positive difference to patient care. 85.4% (88) nursing students agree that the information collected using physical assessment skills is used to make treatment decisions. Another study revealed that the physical assessment skills was improved by the educational program, and performing physical assessment skills. It is compulsory to start a continuing educational program to improve nurses' physical assessment skills and improve patient quality care (Mitoma & Yamauchi, 2018). In this study 78.6% (81) nursing students agree with that the ability to use physical assessment skills makes a positive difference to patient care. 49.5% (51) nursing students agree that the ability to use physical assessment skills improves the quality of nursing care. 61.1% (63) nursing students agree that the information collected using physical assessment skills is used to make treatment decisions. Another study stated that physical assessment is important to deliver good quality care and outcomes. It is necessary for the nurse to prepare and trained before performing the assessment. Support need to perform assessment with appropriate equipment to provide best quality care (Bauer *et al.,* 2018). In this study 59.2% (61) nursing students agree with that the ward culture discourages nurses from doing physical assessment in my workplace. 59.2% (61) nursing students agree that the feel of support by the colleagues to use physical assessment skills.Otherstudy conclude that students who suppose that their knowledge isbased   on comprehensive will be more comfortable in performing skill tasks and will be scored with a   higher level of performance skills. Researchers are unable to conclude why nursing students from certain colleges considerably higher their knowledge and skills than students from other colleges (Morrell *et al.,* 2019). In this study 49.5% (51) nursing students agree with that the information using physical assessment skills is used to develop a plan of care. 78.6% (81) nursing students agree with that the ability to use physical assessment skills makes a positive difference to patient care. The other study showed that physical examination by taking history of health in an order of inspection, palpation, percussion and auscultation

from different part of the body in head-to-toe manner which give the accurate results care (Rochester, 2019). In this study 58.2% (60) participant agree with the use of technology reduces the need for nurses' physical assessment skills. 61.1% (63) nursing students agree with physical assessment is the responsibility of medical or allied health staff. Another study help to nursing students in the document and summarize the finding of the patients during clinical setting. However, it also help to increase experience in the nursing practice and increase responsibility of the nurses towards physical assessment. It is necessary for the nursing students to manage clinical issue and to enhance their clinical expertise. Physical assessment is also important skills for nurses to improve their skills in the clinical setting (Borji *et al.,* 2018).

CONCLUSION

Although nursing students were oriented and educated about physical assessment skills as an integral part of the nursing curriculum, not often practiced in clinical settings. Reliance on others and technology, ward culture, lack of influence on patient care are hurdles in performing a physical assessment skills. In addition, reinforcing quality teaching and nursing skills are necessary to perform a comprehensive health assessment utilizing the core competencies and avoid relying too much on technology. Since, the ward takes into account the patient's need, future nurses should have a constant review on basic physical assessment to improve patients' experience of health care.

REFERENCES

1. Afzal, M., Ali, T. S., & Gilani, S. A. (2019). Perception of Nursing Students Regarding Blended Learning Implementation at University of Lahore, Pakistan.
2. Akhtar, S., Afzal, M., Hussain, M., & Gilani, S. A. The Impact of Teacher-Student Interaction on Student Motivation and Achievement.
3. Alamri, M. S., & Almazan, J. U. (2018). Barriers of physical assessment skills among nursing students in Arab Peninsula. *International journal of health sciences, 12*(3), 58.
4. Battarbee, R. W., Lamb, H., Bennett, K., Edwards, M., Bjune, A. E., Kaland, P. E., . . . Willis, K. J. (2018). John Birks.
5. Bauer, M., Fetherstonhaugh, D., & Winbolt, M. (2018). Perceived barriers and enablers to conducting nursing assessments in residential aged care facilities in Victoria, Australia. *Australian Journal of Advanced Nursing, The, 36*(2), 14.
6. Batool, S., Afzal, M., The Investigation of Determinants of Absenteeism among the Nurses of Public Hospitals.
7. Benner, P. (1984). From novice to expert. *Menlo Park.*
8. Birks, M., Budden, L. M., Biedermann, N., Park, T., & Chapman, Y. (2018). A 'rite of passage?': Bullying experiences of nursing students in Australia. *Collegian, 25*(1), 45-50.
9. Borji, M., Tarjoman, A., Nejad, H. T., Meymizade, M., Nariman, S., & Safari, S. (2018). Relationship between knowledge-skill and importance of physical examination for children admitted to infectious wards: examining nurses' points of view. *Journal of Comprehensive Pediatrics, 9*(1).
10. Chou, S.-C., Venkatesh, A. K., Trueger, N. S., & Pitts, S. R. (2019). Primary Care Office Visits For Acute Care Dropped Sharply In 2002–15, While ED Visits Increased Modestly. *Health Affairs, 38*(2), 268-275.
11. Coley, S. L., de Leon, C. F. M., Ward, E. C., Barnes, L. L., Skarupski, K. A., & Jacobs, E. A. (2017). Perceived discrimination and health-related quality-of-life: gender differences among older African Americans. *Quality of Life Research, 26*(12), 3449-3458.
12. Cruz, Q., Di Berardino, P., Endrano, B., Gonzaga, M., & Guerrero, R. (2015). Health assessment in the new curriculum: A descriptive study on student nurses' competence in performing physical examination. *CAM Res J, 2*, 1.
13. Fatima, N., Hussain, M., Afzal, M., & Gilani, M.A. (2019). Nursing Students Challenges at Educational and Clinical Environment. *Nursing, 62.*
14. Giddens, J. (2018). Transformational leadership: What every nursing dean should know. *Journal of Professional Nursing, 34*(2), 117-121.
15. Joseph, M., Inayat, S., Hussain, M., & Afzal, M., Factors Influencing Nursing Attitude towards Information Technology in Nursing Practice.
16. Khoran, M., Alhani, F., & Hajizadeh, E. (2018). Nurses challenges in health assessment skills in Iran and another country: An integrative review. *Journal of Nursing and Midwifery Sciences, 5*(1), 38.
17. Kiboub, F. Z., Mollerlokken, A., Hjelde, A., Flatberg, A., Loennechen, Ø., & Eftedal, I. (2018). Blood gene expression and vascular function biomarkers in professional saturation diving. *Frontiers in Physiology, 9*, 937.
18. Krumanaker, D. T., Simms, R. J., Goldberg, E., & Osborne, T. A. (2015). Dual staple cartridge for surgical stapler: Google Patents.

19. Madrazo, L., Lee, C. B., McConnell, M., & Khamisa, K. (2018). Self-assessment differences between genders in a low-stakes objective structured clinical examination (OSCE). *BMC research notes, 11*(1), 393.
20. Masih, K. L., Hussain, M., Afzal, M., & Gilani, S. A. Attitude and Perception of Baccalaureate Nursing Students towards Educational Stimulation.
21. Mitoma, R., & Yamauchi, T. (2018). Effect of a physical assessment educational program on clinical practice. *Journal of Nursing Education and Practice, 8*(8).
22. Morrell, S., Ralph, J., Giannotti, N., Dayus, D., Dennison, S., & Bornais, J. (2019). Physical assessment skills in nursing curricula: a scoping review protocol. *JBI database of systematic reviews and implementation reports, 17*(6), 1086-1091.
23. Rochester, C. L. (2019). Patient assessment and selection for pulmonary rehabilitation. *Respirology, 24*(9), 844-853.
24. Sahir, A., Afzal, M., Hussain, M., & Gillani, S. A. (2019). The Impact of Stress on Competency Among Nursing Students in Lahore, Pakistan.
25. Seale, J., Knoetze, M., Phung, A., Prior, D., & Butchers, C. (2019). Commencing Technical Clinical Skills Training in the Early Stages of Medical Education: Exploring Student Views. *Medical Science Educator, 29*(1), 173-179.
26. Srisamang, P., Kanoksil, M., Luangasanatip, N., Jatapai, A., Day, N., Peacock, S., . . . Limmathurotsakul, D. (2019). Increasing incidence of hospital-acquired and healthcare-associated bacteremia in northeast Thailand: A multicenter surveillance study.
27. Tseng, F.-Y., Chang, Y.-T., Yu, C.-J., & Chang, S.-C. (2019). Advanced physical examination training course improves medical students' confidence in physical examination. *Journal of the Formosan Medical Association.*
28. Zambas, S. I., Smythe, E. A., & Koziol-Mclain, J. (2016). The consequences of using advanced physical assessment skills in medical and surgical nursing: A hermeneutic pragmatic study. *International journal of qualitative studies on health and well-being, 11*(1), 32090.

FACTORS INFLUENCING IN THE EDUCATIONAL ENVIRONMENT AMONG NURSING STUDENTS

[1]Maria Faiz, [2]Muhammad Afzal Hod, [3]Muhammad Hussain, [4]Syed Amir Gillani

[1]BScN Student, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[2]Lahore School of Nursing, The University of Lahore, Lahore, Pakistan.

[3]Assistant professor. Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[4]Dean, Faculty of Allied Health Science, The University of Lahore, Lahore Pakistan

E-mail: [1]mariamalik8813@gmail.com; muhammad.afzal@lsn.uol.edu.pk; [3]Muhammad.Hussain@lsn.uol.edu.pk; [4]profgillani@gmail.com

ABSTRACT

Background: Educational environment impact on students learning with various ways like hands on learning related to teacher supervision, learning attitudes of students, atmosphere of the school and weakness in learning impact on student's education positively and negatively. Purpose: The aim of the study is to determine the factors influencing in educational environment among nursing students. Study design: Cross sectional study. Setting: Lahore School of Nursing, the University of Lahore.
Duration: The study duration was 4 months from September 2019 to December 2019.
Methodology: The 135 students participated in this study by answered on 5 Likert scales from 1-5 to evaluate the educational environment among nursing students. Tool was adopted from (Messas et al., 2016) used to collect data in Lahore School of nursing. The data collected through questionnaire was calculated through statistical package for social science version 21 for descriptive statistics.
Results: The study findings showed that factor 1 support for hands on learning with mean score of 3.62, factor 2 attitude during learning with mean score of 3.10, factor 3 learning atmosphere with mean score 3.28 and final factor 4 learning weakness with mean score of 3.22. Conclusion: nursing students give highest score to factor 1 support for hands on leaning and factor 2 attitudes during learning was low so this factor need more strengthen for undergraduate nursing students.
Keywords: Educational Environment, Attitude during Learning, Learning Atmosphere and weakness in learning

INTRODUCTION

Educational environment in nursing involves both hands-on and theoretical education. In addition, for nursing students educational environment should encourage critical thinking and lifetime knowledge. Educational environment impact on students learning with various ways. Student perception about their educational environment, like hands on learning related to teacher supervision, learning attitudes of students, atmosphere of the school and weakness in learning impact on student's education positively and negatively. These factors help out students to achieve their goals efficiently. Educational environment and students expectations support the student's action and encourage for social interaction, inside and outside the school that enhance interpersonal relationship with teachers and meet the learning goals (Mthimunye & Daniels, 2019).
Assistance provided by clinical supervision helps students connect theoretical classroom knowledge to the care of patients in the clinical environment (Donough & van der Heever, 2018). Clinical supervision is beneficial for students. First of all, by directly monitored students at clinical environment, The supportive relationship is built between the clinicians Supervisor and student (Bifarin & Stonehouse, 2017).Clinical supervision promotes positive attitude toward student's wellbeing, professional development and contributes to the need for lifelong learning and confidence (Fuvich, 2017).
Clinical supervision is a procedure of assistant and knowledge which allows the students to grow their knowledge and skill for their own rehearsal, and improve patient care and well-being in complicated clinical circumstances. Hands on learning become effective with teacher supervision. Therefore, to fill the gap among academic learning and its implementation in clinical learning many educational helpful models like clinical supervision was established (DEHGHANI, GHANAVATI, SOLTAN, AGHAKHANI, & HAGHPANAH, 2016).

Educational environment is how the student reflects about climate of an institution. It includes their awareness regarding educational environment like infrastructure of the organization, educational opportunities, teacher's behavior and supervision, student's attitude about learning, educational atmosphere, weakness in learning and many other factors. Educational environment play a very important role on student education. Good educational environment is the reflective of quality course (Sarwar & Tarique, 2016).

The classroom is a setting where students understand key concepts related to clinical practice. Classroom learning is influenced by teacher characteristics, written assignments, classroom environment, curriculum, and motivations. It is important for nursing students to enhance their knowledge and skills in classroom and clinical learning, which helps students care for patients in the clinical setting (Setati & Nkosi, 2017).

PROBLEM STATEMENT

Many studies had been conducted in India, UK, Brazil, and Iran on factors influencing clinical and academic environment that include both clinical and academic environment related factors such as support for hands on learning, learning attitude, learning weakness and learning atmosphere. Some studies have been conducted on educational environment of nursing students in Pakistan. In order to achieve successful and effective educational and academic environment there is need for study to investigate factor influencing educational environment among nursing students.

SIGNIFICANCE OF THE STUDY

This study will provide sufficient information about the factors affecting the educational environment in nursing students. This researcher can benefit by enabling students to understand the factors that may influencing the educational environment for teachers, this investigation may enable them to understand the student-driven issues that may influencing educational environment. Nurse students' excellent performance during the training period reveals academic quality. This study will be a source of information to improve awareness of factors affecting the nursing profession, as well as their practice at the clinical site. This study will encourage and enhance the learning attitude of nursing students in the classroom and clinical placement that is overall educational environment .This study will help the institute (Lahore School of Nursing) to appropriate managing the factors providing quality nurse for future.

LITERATURE SEARCH

A Study identified the ethics of education through beliefs and practices from the perspective of psychologists. The results showed that the ethics of education included a set of behaviors and beliefs, such as course content, evaluation of students, academic environment, disrespect, research and financial (Tabachnick, Keith-Spiegel, & Pope, 2016).

The most common influences affecting the nursing students learning. These factors associated to the educator's factors. The student factor, the household, school, the nursing students' educational performance significantly. And affects the gender of the participant is negatively related to the education of the participants because the value of sealing value (Fajar, Hussain, Sarwar, Afzal, & Gilani, 2019).

The results of this study revealed that the most important factors affecting educational performance were personal attitudes 78%, teachers' personality 50%, and understanding of subject 89%. Resource availability atmosphere of the school affects 78% of learners' academic performance (Sharma et al., 2017).

The study highlights the strengths and weaknesses of an educational institution, comparing its performance and effectiveness. There are many issues that need to be changed. And the social students' perceptions of the 'students'. School is not worse. There were no individual fields of excellence (Item Score> 3.5) in nursing student (Hettiarachchi & Chandana, 2012).

The study was done in India (2011) Most nursing students in the classroom were not satisfied with the teachers' learning style. However, 25% of the nursing students were satisfied. However, teachers' effective learning style increases the motivation for classroom learning in nursing students (Wijnia, Loyens, & Derous, 2011).

CONCEPTUAL FRAMEWORK
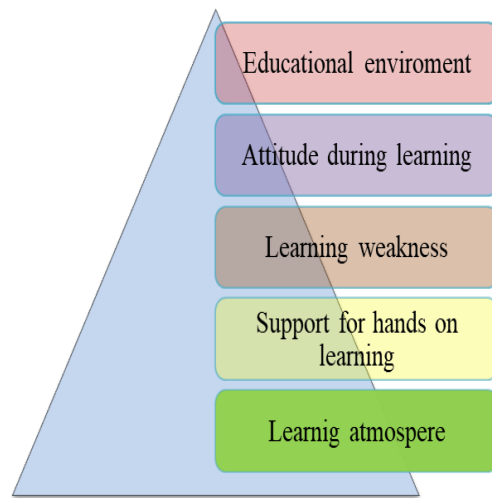
Figure 1: showing Maslow hierarchy of needs

METHODOLOGY

STUDY DESIGN: A quantitative cross sectional study was conducted.

STUDY SITE: The study was conducted in Lahore school of Nursing, The University of Lahore.

DURATION: Study duration was 4month from September 2019 January 2020.

POPULATION: The population of this study was the nursing students. The students of 4 year Bachelor of Science in nursing BSN degree program and BSN (Post RN) from Lahore School of Nursing were the population of research study.

SAMPLING: A convenient sampling method was used for this study. It is type of non-probability sampling in which sample is extracted from part of population that is easily available and closes to hand.

RESEARCH INSTRUMENT: Questionnaire adopted from (Messas et al., 2016) was used to collect data from nursing students of Lahore School of Nursing Questionnaires.

DATA GATHERING PROCEDURE: Questionnaires consist of 5 section, Section A was Demographic Data Section B was Hands on learning related to supervision Section C was Attitude towards learning Section D was composed on learning atmosphere and Section E was learning weakness. The participants answered the items using 5-point Likert scale with 1 = strongly disagree; 2 = disagree; 3 = neutral 4=agree 5=strongly agree. The data collected through questionnaire was calculated through statistical package for social science version 21 for descriptive statistics using mean, frequency, percentage and standard deviation.

ETHICAL CONSIDERATION: The rules and regulations set by the ethical committee of university of Lahore will be followed while conducting the research and the rights of the research participants will be respected. Permission for data collection was taken from all the participants on attached consent form. All the data and information taken from students was kept in confidential. Throughout the study participants were remain anonymous. It is informed that no disadvantages and risk of the study were considered. Participants were informed that any time they will free hand to with draw from process of study.

RESULTS

This chapter consists of two sections. Section 1 represent Demographic Data the study Participants, Section 2 consists of graphical representation of factor influencing the educational environment, (1) Hands on learning related to supervision (2) Attitudes towards learning (3) learning atmosphere and (4)learning weakness. The data collected through questionnaire were calculated through statistical package for social science version 21 for descriptive statistics using mean, frequency, percentage and standard deviation.

SECTION 1

This section represents the distribution of participant by demographic characteristics. The data is summarized in terms of frequency and percentage.

Table 1: Description of Demographic Characteristics

Variables	Respondents	
	Frequency	Percent
Gender		
Male	13	9.6%
Female	122	90.4%
Age (years)		
18 to 26years	127	94.1%
27 to 35	8	5.9%
year_of_study		
1st year	48	35.6%
2nd year	47	34.8%
3rd year	29	21.5%
4th year	11	8.1%
Course		
BSN post RN 2years	18	13.3%
BSN 4 years	117	86.7%

Table 1 elaborates the percentage and frequencies of demographic characteristics of the participants that majority of student involved in this study were female n = 122 (90.4%), and male were n = 13 (9.6%). The frequency of female is higher than male in this study. The majority of participants involved in this study were n = 127 (94.1%) belong to the age group 18 to 26 years and n=8 (5.9%) belong to the age group 27 to 35 years. participants involved in this study were n = 48 (35.6%) were 1st year student, n = 47 (34.8%) were 2nd year, n = 29 (21.5%) were 3rd year and n = 11 (8.1%) were 4th year. n = 117 (86.7%) participants were belong to BSN 4 years program and n = 18 (13.3%) belong to BSN post RN 2years.

SECTION 2
This section represents data about factors influencing educational environment of nursing student. Factors (1) Hands on learning related to supervision (2) Attitudes towards learning (3) learning atmosphere and (4) learning weakness. Statistical analysis was carried out using descriptive statistics such as table, frequency and percentage.

Factor 1: Support for hands on learning
Table 02

Statement	D	NDNA	A
	f (%)	f (%)	f (%)
Teachers were present whenever I needed them.	9 (6.7)	40 (29.6)	86 (63.7)
I feel confident about the supervision of the teachers.	9 (6.7)	40 (29.6)	86 (63.7)
I have been encouraged to participate in work.	24 (17.8)	20 (14.8)	91 (67.4)
Field provided conditions for carrying out the activities planned.	29 (21.5)	20 (14.8)	86 (63.7)
I feel confident about the supervision of the nurses.	24 (17.8)	40 (29.6)	71 (52.6)

Table 02 showed statistics regarding support for hands on learning result indicated that respondents highly response "Agree" to item (1, 2, and 3). Item 4 high response to "Agreed "the fields have provided conditions for carrying out the activities planned. And52.6% respondents agreed supervision of nurses provide confident.

Factor 2: Attitude during learning
Table 3

Statement	D f (%)	NDNA f (%)	A f (%)
I have witnessed the occurrence of situations that disregard ethical aspects of professional practice.	25 (18.6)	40 (29.6)	76 (56.3)
I notice unethical actions by some teachers.	39 (28.9)	20 (14.8)	76 (56.3)
I have not always been received very well by the nursing staff in the fields of practice.	24 (17.8)	20 (14.8)	91 (67.4)
Teachers do not listen to the students.	60 (44.5)	60 (44.4)	15 (11.1)
Teachers get irritated with the behavior of students.	60 (44.5)	40 (29.6)	35 (25.9)
The opinion of the students is considered in order to improve the teaching process.	49 (36.3)	20 (14.8)	66 (48.9)
Student performance evaluation does not occur continuously.	95 (70.4)	20 (14.8)	20 (14.8)
Mentoring offers the support that students need.	25 (18.6)	20 (14.8)	90 (66.6)

Table 3 showed the results factor2 that is attitude during learning respondents high response in form of "agree" in reaction to (1,2,3,6,8) item because respondents high response to "Disagree " in reaction to (4,5 and7).

Factor 3: Learning Atmosphere
Table 04

Statement	D f (%)	NDNA f (%)	A f (%)
The learning environment is stimulating.	44 (32.6)	20 (14.8)	71 (52.6)
I concentrate on other things during the lectures	60 (44.5)	20 (14.8)	55 (40.7)
This course is meeting my expectations.	49 (36.3)	40 (29.6)	46 (34.1)
The people of this School are caring.	64 (47.4)	20 (14.8)	51 (37.8)
This school is welcoming.	64 (47.4)	20 (14.8)	51 (37.8)
Teachers help me find learning opportunities.	84 (62.2)	20 (14.8)	31 (23.0)
The course has been important in my training.	24 (17.8)	20 (14.8)	91 (67.4)
Previous semesters has facilitated my development in the current semester.	9 (6.7)	20 (14.8)	106 (78.5)
Able to discuss the ethical and legal aspects related to the professional practice.	44 (32.6)	55 (40.7)	36 (26.7)
The course has provided gradual development of my professional identity.	24 (17.8)	20 (14.8)	91 (67.4)
I have good interactions with the teachers.	24 (17.8)	20 (14.8)	91 (67.4)
I feel comfortable giving my views during the theoretical and practical classes.	44 (32.6)	20 (14.8)	71 (52.6)
The classes are held in a pleasant atmosphere.	9 (6.7)	40 (29.6)	86 (63.7)
Teachers and students respect one another.	29 (21.5)	36 (26.7)	70 (51.8)
The information given by the School's employees is confusing.	24 (17.8)	20 (14.8)	91 (67.4)
I have good contact with classmates from other semesters.	24 (17.8)	20 (14.8)	91 (67.4)

Table 3 revealed the results regarding learning atmosphere that is necessary for educational environment 52.6% of the respondents agreed that learning environment is stimulating. Respondents highly disagreed to item (2, 4, 5, 6).Neutral respondents were 29.6%, 40.7% to item (3, 9). Participants disagreed to item (7, 8, 10, and 11) also respondents highly disagreed to item (13, 14 and 15).

Factor 4: weakness in learning
Table 5

Statement	D	NDNA	A
	f (%)	f (%)	f (%)
Courses have been known by memorization.	24 (17.8)	40 (29.6)	71 (52.6)
I don't feel I have leisure time due to fatigue Courses.	24 (17.8)	20 (14.8)	91 (67.4)
Carry out activities for which I do not feel prepared.	44 (32.6)	20 (14.8)	71 (52.6)
I have more access to the School's labs.	24 (17.8)	40 (29.6)	71 (52.6)
Classes are taught exclusively with slide presentation.	9 (6.7)	20 (14.8)	106 (78.5)
I am not able to make friends in this School.	79 (58.5)	40 (29.6)	16 (11.9)
Objectives for my professional training are clear	9 (6.7)	40 (29.6)	86 (63.7)
I don't understand why they are teaching certain subjects.	29 (21.5)	20 (14.8)	86 (63.7)
I still don't know what the nurse's role is.	100 (74)	20 (14.8)	15 (11.1)
decision-making are not encouraged by the teachers.	9 (6.7)	40 (29.6)	86 (63.7)

Table 5 showed the response of participants about weakness in learning they high response in form of" agrees "to item (1, 2, 3, 4, and 5).58.5% respondents disagreed that I am not able to make friends in this School. The objectives proposed for my professional training are clear 6, 7% disagreed to this statement. The respondents' high response to agree in reaction to item (8, 10) and 74% disagreed to statement I still don't know what the nurse's role is.

ANOVA test

The ANOVA results showed variations in all scores levels when the current semester was comparison variable. Factor 1 [F (3.166) = 5.166, p≤0.01] Factor 3 [F (3.166) = 4.348, p≤0.01], Factor 2 [F (3.166) = 22.014, p≤0.01]; and Factor 4 [F (3.166) = 4.243, p≤0.01].There were no other significant difference between year of the study and factors.

Table 6 Distribution of scores by factor

Factors	N	M	SD	Standard Error
F1	135	3.62	1.088	0.05
F2	135	3.10	1.160	0.09975
F3	135	3.281	1.138	0.0978
F4	135	3.22	1.0266	0.0884

DISCUSSION

The objective of the study was to determine the factors influencing in the educational environment among nursing students. The data was collected from 135 BSN 4 years and BSN (post RN) nursing students of Lahore school of nursing. In this study gender score for female was high with 90.4% and male was 9.6% that was low as compare to female. The study participants were 1st year students who were in 2nd semester, 2nd year students who were in 4th semester, 3rd year students were in 6th semester and 4th year students were in final semester.

 The study showed that highest score went to factor 1 that is support for hands on learning, and attitude during learning was lowest score that is factor 2.Mean score for factor 1 was ±3.62 while mean score for factor 2 was ±3.10.

The results of the study show that with regard to factors 1 and 3, Support for hands on learning and learning atmosphere Scores were higher than factors 2 and 4, attitude during learning and learning weakness. All these factors are interdependent therefore, will be discussed in coordinated manners.

In Factor 2, attitude during learning was significantly lower on average in the second semester group as compared to other groups. The sixth semester group achieved high scores in this factor, with significant differences from the other groups. Learning atmosphere that is Factor 3 the average of the sixth semester group was significantly lower than the other groups. The eighth semester achieved high scores in this factor, with significant differences from the other groups. As a final point, Factor 4 that is learning weakness the average for the eighth semester was significantly lower than the other semesters, while the sixth semester scored the highest scores in this factor, with significant differences from the other groups. Mean score for factor 3 was 3.28 while mean score for factor 4 was ±3.22 that was lower than mean score of factor 3.

In this study, support for hands on learning among nursing students was confirmed, particularly in case of supervision, teachers were there and encouraged students to take part in clinical setting. These findings expose the consideration of school to provide support to the students in practical learning as well as academic learning. Another study showed the results of confidence and practical teaching of nursing students increase with the teacher supervision and behavior (MUNAWAR et al., 2017).Student and teacher relationship is important along with listening to students by the teachers.

In this study, learning atmosphere was estimated, such as Learning atmosphere is considered satisfying , friendly and good relationship with teachers. Good relationship with teachers leads to reflection and discussion with teachers. Though, students also give emphasis to improve the direction provided by practical and organization experts.

In some studies, good relationships between students and teachers have been highlighted which showed a direct link between good relationships and professional development of students (Messas et al., 2016). An important feature of the learning atmosphere is providing students with the strategies that help them covenant with moral concerns.

The study reveals that strategies used in teaching learning process needs to take into account all the changes in the teacher's work process such as time, motivation, dedication, communication and more importantly to adopt these strategies. Adoption of proactive methodology is a weakness in the educational environment during school evaluation. Because teaching strategies are based on memorization and knowledge delivery, which may explain the lack of understanding of the material offered for the practical training of students and clarity in role of the nurse.

In educational environment to support teaching learning strategies it is essential to provide favorable environment to teacher students to establish a good interaction and to develop new strategies. Some facets, as well as the values of meaningful learning and methodologies in learning, guide students with opportunities for education, thus facilitating the role of facilitators in this process. Most favorable factor from student's viewpoint was support for hands on learning. Attitude during learning received lower scores as compare to other factors so there is need to support these scores in undergraduate nursing students. Although there is an argument about respect for students and the moral concerns that arise.

CONCLUSION

In summary, to determine the factors influencing in the educational environment among nursing students. In four factors the most favorable factor from student's perspective was support for hands on learning in educational environment. This factor involves student's opinion to promote education and develop student's confidence to make good interaction with teachers. In regarding to teaching strategies supporting students help to make good strategies used in educational environment as slides presentations also help in memorization. Students were aware with role of nurse professional issues it indicated that course objectives were meeting the needs of student. And factor 2 attitudes during learning gain lower score it suggested that respect should be given to students. The responsibility of institute and teachers is to meet the needs of students by providing favorable educational environment to nursing students.

STRENGTH OF THE STUDY:

The study has following strength

- This is a first study conducted in Lahore school of nursing on both clinical and academic environment among nursing students.
- The questionnaire used in this study was already been tested for validity and reliability.
- Correct data was collected with full cooperation of student.

LIMITATIONS

The study has following limitations that essential to be acknowledged in explanation of results.

- The data collected for this study is collected only on setting that is not enough to generalizability.
- Convenient sampling is used.
- The study is limited to determine the factors influencing in the educational environment.

RECOMMENDATIONS

In order to noted study results, following strategies should be recommended to provide educational environment according to student need and pay attention to lower factor by the institute and teachers.
- Provide supportive practice to the nursing students on clinical and academic level
- On the bases of student work and performance students should be involved in teaching learning process.
- Provide opportunity for students to establish better relationship between teacher and students
- Pay proper attention to student's attitude during learning
- Enhance positive work environment by collaboration, establish trust and respect

REFERENCES

1. Ahmad, C., Nidzam, C., Ainoor Shaharim, S., & Lee Abdullah, M. F. N. (2017). Teacher-Student Interactions, Learning Commitment, Learning Environment and Their Relationship with Student Learning Comfort. Journal of Turkish Science Education (TUSED), 14(1).
2. Al-Hothali, H. M. (2018). Ethics of the Teaching Profession among Secondary School Teachers from School Leaders' Perspective in Riyadh. International Education Studies, 11(9), 47-63.
3. Ali, S. M., Anjum, N., Ishaq, M., Naureen, F., Noor, A., Rashid, A., . . . Viney, K. (2019). Community Knowledge about Tuberculosis and Perception about Tuberculosis-Associated Stigma in Pakistan. Societies, 9(1), 9.
4. Alshammari, F., Saguban, R., Pasay-an, E., Altheban, A., & Al-Shammari, L. (2017). Factors affecting the academic performance of student nurses: A cross-sectional study. Journal of Nursing Education and Practice, 8(1), 60.
5. Altmann, T. K. (2017). Attitude: a concept analysis. Paper presented at the Nursing forum.
6. Bakhshialiabad, H., Bakhshi, M., & Hassanshahi, G. (2015). Students' perceptions of the academic learning environment in seven medical sciences courses based on DREEM. Advances in medical education and practice, 6, 195.
7. Bifarin, O., & Stonehouse, D. (2017). Clinical supervision: An important part of every nurse's practice. British Journal of Nursing, 26(6), 331-335.
8. Celkan, G., Green, L., & Hussain, K. (2015). Student perceptions of teacher respect toward college students. Procedia-Social and Behavioral Sciences, 191, 2174-2178.
9. DEHGHANI, M., GHANAVATI, S., SOLTAN, B., AGHAKHANI, N., & HAGHPANAH, S. (2016). Impact of clinical supervision on field training of nursing students at Urmia University of Medical Sciences. Journal of Advances in Medical Education & Professionalism, 4(2), 88.
10. Donough, G., & van der Heever, M. (2018). Undergraduate nursing students' experience of clinical supervision. Curationis, 41(1), 1-8.
11. Duban, N., Aydogdu, B., & Yüksel, A. (2019). Classroom Teachers' Opinions on Science Laboratory Practices. Universal Journal of Educational Research, 7(3), 772-780.
12. Fajar, S., Hussain, M., Sarwar, H., Afzal, M., & Gilani, S. A. (2019). Factors Affecting Academic Performance of Undergraduate Nursing Students. International Journal of Social Sciences and Management, 6(1), 7-16.
13. Farajpour, A., Raisolsadat, S. M. A., Moghadam, S. S., & Mostafavian, Z. (2017). Perception of educational environment among undergraduate students of health disciplines in an Iranian university. International journal of medical education, 8, 300.
14. Fuvich, J. I. (2017). Exploring the Perceptions of Nursing Students' Self-Confidence in the Acute Care Setting.

15. Gambari, A. I., Yusuf, H. T., & Balogun, S. A. . (2015). Effectiveness of PowerPoint Presentation on Students' Cognitive Achievement in Technical Drawing. . Malaysian Online Journal of Educational Technology, 3(4), 1-12.

16. George, L. S., Lakra, A. J., & Kamath, A. (2017). Factors affecting learning among undergraduate nursing students: Cross-sectional survey. Journal of Clinical and Diagnostic Research, 11(11), JC01-JC04.

17. Hettiarachchi, M., & Chandana, N. (2012). Evaluation of educational environment of Nursing Undergraduates. Galle Medical Journal, 17(2).

18. Hussain, A. M. U. D. M., & Gillani, M. A. S. A. (2019). Association Between the Use of Active Learning Strategies and Classroom Engagement Among Nursing Students.

19. Jackson, B. A. (2015). Nursing Students' and Novice Clinical Instructors' Experiences With Clinical Instruction and Assessment.

20. Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., & Najafi Kalyani, M. (2016). The challenges of nursing students in the clinical learning environment: A qualitative study. The Scientific World Journal, 2016.

21. Kandamby, G. T. C. (2019). Effectiveness of laboratory practical for Students' Learning. International Journal of Innovation Education and Research, 7(3), 222-236.

22. Karataş, S., Kahya, S., & Kahyaoğlu, R. B. (2018). TEACHERS'OPINIONS ON UNETHICAL CONDUCTS OF EDUCATION ADMINISTRATORS. European Journal of Education Studies.

23. Karimi, S., Haghani, F., Yamani, N., & Najafi Kalyani, M. (2017). A qualitative inquiry into nursing students' experience of facilitating reflection in clinical setting. The Scientific World Journal, 2017.

24. Khan, A., & Ghosh, S. K. (2016). Analysing the impact of poor teaching on student performance. Paper presented at the 2016 IEEE international conference on teaching, assessment, and learning for engineering (TALE).

25. Kimani, G. N., Kara, A. M., & Njagi, L. W. (2013). Teacher factors influencing students' academic achievement in secondary schools in Nyandarua County, Kenya. International journal of education and research, 1(3), 1-14.

26. Kweon, B.-S., Ellis, C. D., Lee, J., & Jacobs, K. (2017). The link between school environments and student academic performance. Urban Forestry & Urban Greening, 23, 35-43.

27. Maginnis, C. (2018). A discussion of professional identity development in nursing students. Journal of Perspectives in Applied Academic Practice| Vol, 6(1).

28. Marañón, A. A., & Pera, M. P. I. (2015). Theory and practice in the construction of professional identity in nursing students: A qualitative study. Nurse Education Today, 35(7), 859-863.

29. Messas, J. T., Leonello, V. M., Fernandes, M. d. F. P., Gonçalves, G. C. d. C., Bucchi, S. M., & Mira, V. L. (2016). The educational environment of the undergraduate nursing course from the student perspective. Revista da Escola de Enfermagem da USP, 49(SPE2), 106-114.

30. Mitchell, K. M., & Manzo, W. R. (2018). The Purpose and Perception of Learning Objectives. Journal of Political Science Education, 14(4), 456-472.

31. Mthimunye, K. D., & Daniels, F. M. (2019). Student nurses' perceptions of their educational environment at a school of nursing in Western Cape province, South Africa: A cross-sectional study. Curationis, 42(1), 1-11.

32. Mueller, S. A., Naragon, R. M., & Smith, R. R. (2016). The Relationship Between Nursing Students' Perceptions of Staff Nurses' Attitudes Towards Them and Self-Efficacy in Sophomore-and Senior-Level Nursing Students.

33. MUNAWAR, S., HUSSAIN, M., AFZAL, M., & GILANI, S. A. (2017). Nursing Students' Perceptions of Clinical Instructor Behaviors that Affect the Development of Self-Confidence.

34. Picton, C., Kahu, E. R., & Nelson, K. (2017). Friendship supported learning–the role of friendships in first-year students' university experiences. Paper presented at the Proceedings of STARS: Students Transitions Achievement Retention and Success Conference.

35. Ramzan, S., Kousar, R., Chanda Jabeen, A. W., & Gilani, S. A. (2017). The behaviors of clinical nursing faculty toward Student learning. Saudi J Med Pharm Sci, 3, 669-680.

36. Rawas, H., & Yasmeen, N. (2019). Perception of nursing students about their educational environment in College of Nursing at King Saud Bin Abdulaziz University for Health Sciences, Saudi Arabia. Medical teacher, 41(11), 1307-1314.

37. Regan, M., & Sheppard, S. (1996). Interactive multimedia courseware and the hands-on learning experience: an assessment study. Journal of engineering education, 85(2), 123-132.

38. Salehian, M., Heydari, A., Aghebati, N., & Moonaghi, H. K. (2017). Faculty-student caring interaction in nursing education: An integrative review. Journal of caring sciences, 6(3), 257.

39. Sarwar, S., & Tarique, S. (2016). Perception of educational environment: Does it impact academic performance of medical students? environment, 66(1210).

40. Setati, C. M., & Nkosi, Z. Z. (2017). The perceptions of professional nurses on student mentorship in clinical areas: A study in Polokwane municipality hospitals, Limpopo province. health sa gesondheid, 22(1), 130-137.

41. Shabnum, H., & Majeed Afzal, A. (2018). Nursing Students" Satisfaction with Clinical Learning Environment. International Journal of Graduate Research and Review, 4(2), 58-63.

42. Sharma, G., Naushad, M., Kumar, A., Rana, S., Sharma, S., Bhatnagar, A., . . . Khan, M. R. (2017). Efficient removal of coomassie brilliant blue R-250 dye using starch/poly (alginic acid-cl-acrylamide) nanohydrogel. Process Safety and Environmental Protection, 109, 301-310.
43. Singh, A. S., & Masuku, M. B. (2014). Sampling techniques & determination of sample size in applied statistics research: An overview. International Journal of Economics, Commerce and Management, 2(11), 1-22.
44. Tabachnick, B. G., Keith-Spiegel, P., & Pope, K. S. (2016). Ethics of teaching: Beliefs and behaviors of psychologists as educators. American psychologist, 46(5), 506.

NURSING STUDENT'S PERCEPTION REGARDING HEALTH PROMOTION AND HEALTH EDUCATION

Fazal Rahman[1], Muhammad Hussain[2], Muhammad Afzal[3], Syed Amir Gillani[4],

[1]BScN Student, Lahore School of Nursing, the University of Lahore, Pakistan

[2]Assistant professor, Lahore School of Nursing, the University of Lahore, Pakistan

[3]HOD Lahore School of Nursing, the University of Lahore, Pakistan

[4]DEAN Faculty of Allied Health Science, the University of Lahore, Pakistan

E-mail: [1]fazalrahmanbsn010@gmail.com

ABSTRACT

Background: Promoting health is a key component of nursing practice- By helping nurses change individuals, society and healthcare system by promoting the health of individuals, families, communities and populations.
Purpose: The aim of the study is to show the understanding of nursing student's perception regarding health education and health promotion.
Study design: Cross sectional study.
Setting: Lahore School of Nursing, the University of Lahore.
Duration: 4 months from September 2019 to December 2019.
Methodology: this study was done on 135 nursing students selected through convenient sampling method from Lahore School of Nursing, the University of Lahore. Data was collected by modified questionnaire adopted from (Halcomb, 2010) to understand the perception of nursing students regarding health promotion and health education.
Results: This study finds out that 90% n=122 participants have positive perception regarding health promotion and health education. Although there were some signs that nursing students were introduced to the concept of health promotion as a socio-ecological strategy that integrates changes in the economy, policy, organization and climate. This socio-ecological approach was not viewed by the majority of student nurses as having a role modeling faculty or nurses.
Conclusion: students nurses to be recognized as future high quality health promoters, collaborates with wellbeing advancement leaders, and effectively teach nursing education. There is a need to made changes in the nursing curriculum to reflect appropriate and accurate health promotion concepts and performed health promoting behaviours which have strong impact on individual health.
Keywords: Health education, Health promotion, Nursing student, Perception

INTRODUCTION

Promoting health "is defined as any arranged combination of education, political, natural, disciplinary, or organizational implements that encourage lifestyle and living environment and that influence people, groups and communities" (Hosseinpoor, Bergen, & Schlotheuber, 2015).

Health education is an event aimed at informing people about the essence of health/disease and the risks associated with the individual's lifestyle behaviours and actions. Health education seeks to accelerate the process of behaviour change by directly influencing an individual's values, beliefs, and attitudes, where the individual is believed to be particularly at risk or to have a disease, illness or disability (Gilbert, Sawyer, & McNeill, 2014).

The words promoting and education health have been misused in the nursing literature and in practice. Health education and health promotion are, in fact, separate activities. The concept of wellbeing advancement, which centers on social and natural determinants and partner participation in health, includes the narrow view of health education (Woods, Cashin, & Stockhausen, 2016).

It is the responsibility of nurses' educators to spread nursing knowledge. The future undergraduate nursing students will be impacted by standardized nursing education systems as well as individuals working in the workplace, healthcare staff, peers and media, emotions and beliefs (Patterson et al., 2017). Nursing educators need to have an understanding of wellbeing, wellbeing advancement, and wellbeing instruction in order to be part of nursing, not just illness and disease prevention (Bastable, 2017).

It is the responsibility of health professionals to improve health at the person, community and economic levels. Nurses have the opportunity to contribute to the field of wellbeing development and health education as the biggest group of healthcare experts. Health promotion and health education is based on global architecture. Wherever they are organized and experienced, they want to establish a common principle between healthcare professionals and their

setting. To date, most nursing education focuses on the European or North American context in this area (Whitehead et al., 2015). This study presents a unique perspective of nursing students about health promotion and health education in Pakistan.

Problem statement

Various studies have been conducted previously in the United States, the United Kingdom, Canada, New Zealand and many other countries on perception about health promotion and health education; In Pakistan, there is little work in terms of advancing wellbeing and understanding wellbeing instruction in nursing students. Both the policies and practices of health education and health promotion were ignored in a country like Pakistan, in which communication costs one of the lowest per capita expenditure on health and the death rate due to communicable diseases is high, measures for prevention and health promotion practices are important in reducing the burden of diseases (Qidwai, 2016).

Research Question

The study was guided by the following research questions:

1. How do nursing students define health?
2. Can nursing students explain the difference between health education and health promotion?
3. What have nursing students been exposed to within their curriculum regarding health promotion?
4. What health promoting behaviours are nursing faculty role modelings's as perceived by nursing students?
5. What is the role of the nurse in implementing health promotion as perceived by nursing students?

Significance

Health education and health promotion is an important topic because health promotion improves quality of life for all people and health education provides information about physical, mental, social and spiritual health. The main focus of this study is primarily based on nursing students. Current study will create an insight of nursing students' perception about health promotion and health education as it is an important role of nurse. The finding of this study would facilitate students to have an understanding about role of nurse in health promotion. This study will open the door for other researcher to conduct study on evaluation of nursing students' perception about role of nurse in health promotion and how the concept of health promotion is presented in nursing curriculum.

Conceptual Framework
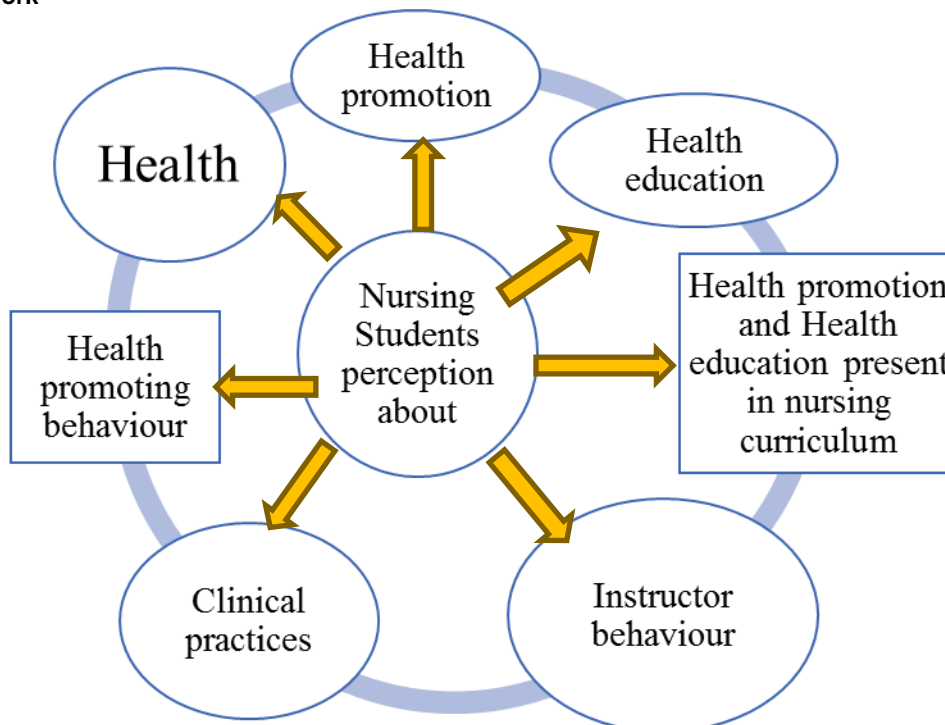
Materials and Methods

Study design: Descriptive cross sectional study design was used in this study.

Study Setting: This study was conducted in Lahore School of Nursing, The University of Lahore.

Target population: The population of this study was nursing students. The Lahore School Nursing students of Four-Year Bachelor of Science in nursing BSN degree program and BSN (Post RN) will be the population of this research study. Total population size of nursing students of BSN and BSN (Post RN) students are 205 and sample size of this study is 135.

Sample size : Sample size for this study was calculated by using slovin's formula:

n=N/1+ (N) (e)2

Inclusion Criteria: The study participants were include male and female students' age 18-44 years nursing students of Lahore School of Nursing registered in generic Bachelor of Science in nursing BSN and BSN post RN nursing. Study participants include students that give data conveniently. Those students was included who are full time participants of class, enrolled their subjects present students and those willing to participate in this study.

Exclusion Criteria: The students that not want to participate in study, Students that were absent from class and freeze their semester, Students that not enrolled.

Time Framework: This study was carried out in duration of 4 month, from September 2019 to December 2019.

Research tool: A developed questionnaire adopted from (Halcomb, 2010) was used to collect data from the study participants. During data collection permission was taken from class faculty and students. There given time and a free hand to complete it and return it.

RESULT

Section 1: This section represents the distribution of participant by demographic characteristics. The data is summarized in terms of frequency and percentage.

Table 1.1: Description of Demographic Characteristics

Characteristics	Category	Respondents	
		Frequency	Percent
Gender	Male	25	**18.5%**
	Female	110	**81.5%**
Age (years)	18-22	52	**38.5%**
	23-27	83	**61.5%**
Religion	Muslim	107	**79.3%**
	Christian	28	**20.7%**
Nursing program enrolled	Baccalaureate	89	**65.9%**
	Post RN	46	**34.1%**
Used a fundamental nursing text book?	Yes	124	**91.9**
	No	**11**	**8.1%**

The classification of demographic characteristics of participants is shown in Table 01.

Gender of the participants involved in the study were male n = 25 (18.5%) and female n = 110 (81.5%). The frequency of female is higher than male in this study. The majority of participants involved in this study were n = 83 (61.5%) belong to the age group 23-27 years and n = 52 (38.5%) belong to the age group 18-22 years. participants involved in this study were n = 107 (79.26%) were Muslims, and n = 28 (20.74%) were Christian. n = 89 (65.93%) participants were belong to baccalaureate program and n = 46 (34.1%) belong to Post RN. that majority of student n = 124 (91.9%) have read fundamental of nursing book and n = 11 (8.1%) said no in response to this question.

Section 2
Definition of health and factor related to health:

Table no 1.3

Questions ask about the word health.	N	Agree %	Disagree %
Health is a state of physical, social and mental well-being.	135	86.7%	13.3%
Health is a resource for everyday living.	135	60%	40%
Health is a positive concept emphasizing social and personal resources.	135	65.9%	34.1%
As long as an individual is without physical disease or illness he/she has health.	135	88.9%	11.1%
Individuals are responsible for their health.	135	80.8%	19.2%
Social environments affect an individual's health behaviours.	135	80.7%	19.3%
Health is a process through which a person seeks equilibrium that promotes stability and comfort.	135	88.9%	11.1%
Only individuals without disease or illness have health.	135	60%	40%
Health is the striving towards optimal functioning.	135	72.6%	27.4%
The current health of an individual is directly related to:		Agree	Disagree
His or her personal choices.	135	88.9%	11.1%
The community in which he/she lives.	135	100%	0.00%
Both the community and his/her personal choices.	135	88.9%	11.1%

Table no 1.3 shows that the majority of the participants 88.9% agreed that process through which a person seeks equilibrium that promotes stability and comfort and individual without disease or illness, 86.7%, agreed that health is a state of complete physical, social and mental wellbeing, However study population are less likely only 60% agreed to statement asked about health as a resource for everyday living. The overwhelming majority of participants 88.9% respond that current health of individual is related to both community in which and his/her personal choices. But the response was different when personal choices and community were separated into individual questions, 100% respond that health is related to community and 88.9% respond that it related to personal choices.

Difference between concept of health promotion and health education:

Questions ask about health education and health promotion.	HE %	HP %	Both %	Neither %
Facilitating individuals with learning opportunities to improve health.	51.1	22.2	14.8	11.9
Concerned with giving individuals/groups/communities information.	37.0	14.1	34.1	14.8
Motivating people to change health behaviours.	61.5	38.5	-	-
It assists individuals with the confidence needed to make changes in behaviour.	40.0	36.3	23.7	-
Assisting individuals in learning skills needed to change health behaviours.	36.3	63.7	-	-
Empowering communities to gain control over factors affecting their quality of life.	38.5	61.5	-	-
Influencing economic conditions affect health.	14.1	-	63.7	22.2
Influencing the physical environments which affect health.	-	-	61.5	38.5

Table no 1.4

Making policies which affect health.	28.9	45.9	25.2	-
Influencing social conditions affect health.	14.1	14.8	48.9	22.2

Table no 1.4 shows the nursing student perception about the difference between the concept of health promotion and health education, in which majority of participants 61.5% response to Health education in motivating people to change health behaviours, 38.5% respond that it is health promotion. Majority 63.7% participant's respond to health promotion that it is involved with assisting individuals in learning skills needed to change health behaviours, 36.3% respond that it is Health education. Influencing the physical environments which affect health overwhelming participants 63.7% respond to both.

Concept of health education and health promotion presented in nursing curriculum:

Table no 1.5

Please identify in how many nursing classes the instructor presented each concept	0	1	2	3	4+
	%	%	%	%	%
Definition of Health Promotion (HP).	17.0	3.7	32.6	15.6	31.1
Definition of Health Education (HE).	31.1	16.3	31.9	20.7	
HP empowers communities to gain control over factors affecting quality of life.	3.7	16.3	16.3	37.8	25.9
HP is involved with influencing economic conditions which affect health	10.4	7.4	37.8	31.9	12.6
HP is involved with influencing the physical environment which affects health.	-	16.3	32.6	3.7	47.4
HP is involved with making/changing policies which affect health.	-	16.3	3.7	64.4	15.6
HP is involved with influencing social conditions which affect health.	17.0	16.3	47.4	3.7	15.6

Table no 1.5 shows that only 17.0% of the participants respond that definition of health promotion was never presented to them in nursing classes and 31.1% participant said that the definition of health education was presented zero time in nursing classes. When asked about the various concepts of health promotion and health education about 90% of concepts were presented at least twice. The concept that "HP is involved with influencing economic conditions which affect health" was never presented to 10.4% participants. The concept that is identified as least presented in nursing classes by nursing educator is HP is involved with influencing social conditions which affect health 17.0% see table 3.3.

Nursing students' health promoting behaviours upon completion on nursing program:
Table no 1.6

Nursing students' health promoting behaviours upon completion of nursing program.		Will be performed	Will not be performed
	N	%	%
Support a non-smoking policy for your place of employment.	135	100.0%	0.00%
Support non-smoking law banning smoking in public places.	135	72.6%	27.4%
Support non-smoking law areas involving children,	135	58.6%	41.4%
Attend a national nursing conference.	135	67.4%	32.6%
Offer smoking cessation education without a doctor's order.	135	100.0%	0.00%
Offer child safety education to family members of clients.	135	83%	17%
Assess a client's physical activity level.	135	100.0%	0.00%
Assess a client's nutritional intake.	135	100.0%	0.00%
Complete required continuing education hours.	135	100.0%	0.00%
Assess a client's seat belt use.	135	100.0%	0.00%
Assess the client for high risk behaviours,	135	72.6%	27.4%

Talk to clients about nutritional requirements.	135	58.5%	42.5%
Talk to clients about recommendations for physical activities.	135	67.4%	32.6%
Be involved in passing state laws affecting health.	135	100.0%	0.00%
assisting your community in developing healthy environments	135	72.0%	27.0%
Obtain yearly influenza vaccinations.	135	100.0%	0.00%
Support changes for healthier selections	135	100.0%	0.00%
Support the building of physical environments.	135	100.0%	0.00%
Changing unhealthy lifestyle behaviours for clients.	135	72.6%	27.4%

Table no 1.6 results identified that majority of nursing students will perform specific health promoting activities such as talking to clients about recommendations for physical activities (67.5%), assisting community in developing healthy environments (72%), offering child safety classes to family members of clients (83%), and Attending a national nursing conference (67.4%). The overall (100%) of the respondent would support a smoking cessation at their place of employment but that number decreased when asked about supporting a smoking law banning smoking in public places (72.6%) and areas involving children (58.6%), such as a person's home and private vehicle (54.4%, n=226).

Witnessed nurses performing health promotion activities:

Table no 1.8

Please rate how often you witnessed nurses:	Performed	Did not performed
	%	%
Involved in health policy change at their place of employment.	88.2%	11.8%
Utilize the "5 rights" for medication administration.	61.5%	38.5%
Implement health policy changes within the community in which they work.	68.9%	31.1%
Initiate health education to clients without a physician's order.	68.9%	31.1%
Accurately give injections.	100.0%	0.00%
Assess client's preventive health care behaviours.	80.7%	19.3%
Examine the client's immediate environment for factors which would adversely affect his/her health	100.0%	0.00%
Assess the community in which they live for factors which affect health.	88.1%	11.9%
Complete a physical assessment.	100.0%	0.00%
Increase their client's awareness on environmental factors which would affect his/her health.	100.0%	0.00%
Role model healthy behaviour.	61.5%	38.5%
Assess client's health behaviours.	40.8%	59.3
Accurately take blood pressures.	80.7%	19.3%

Table no 1.8 indicates that health promoting activities performed by the nurses and observed by the majority participants (100%) was giving accurate injection and Increase client's awareness on environmental factors which would affect his/her health. The overall results shows that nurses are performing health promoting activities as responded by the majority of participants. Only (40.8%) of the participants witnessed nurses assessing clients' health behaviours and (61%) participants responded that they witnessed nurses' role modelling healthy behaviours.

Faculty role modelling health promoting behaviours:

Table no 1.9 Nursing instructors performed health promoting behaviours.	Performed	Did not performed
	%	%
Non-smoking.	88.1%	11.9%
Maintain ideal body weight.	80.7%	19.3%
Engage in regular physical activity.	47.4%	52.6%
Manage stress.	39.3%	60.7%
Have healthy social interactions at work.	80.7%	19.3%
Exhibit characteristics of good mental health.	60.7%	39.3%
Eat healthy foods.	73.3%	26.7%
Be involved in local, state or national public health policy change.	11.9%	88.1%
Be involved in developing healthy environments.	61.5%	38.5%
Be involved in influencing the economy to influence health.	47.4%	52.6%

Table 1.9 shows that nursing instructors were not always role modelling healthy behaviour, as perceived by nursing students. While nursing faculty are performing a lot of the health behaviours most of the time, some are still smoking (11.9%), and not maintaining ideal body weight (19.3%) 73.3% eats healthy foods, and only 47.4% engage in regular physical activity (see Table 4.7). The researcher clustered the individual behaviours, such as non-smoking, managing stress, maintaining ideal body weight, engaging in regular physical activity, exhibiting characteristics of good mental health, and having healthy social interactions at work, and then clustered the community activities of being involved in local, state or national public health policy change, developing healthy environments and influencing the economy to influence health. The individual activities were performed more frequently (52.2%) by nursing instructors than the community activities (32.5%).

CHI-SQUARE TEST:

Chi-Square test was used to compare the Post RN and BSN nursing students' perception of likelihood to perform health promoting activities upon the completion of program.

Table 2

Post RN vs BSN nursing students likelihood to perform specific behaviours	Post RN n=46	BSN n= 89	Chi-Square	df	Sig p<
Support changes for healthier selections	34	66.2	3.376	1	*p< .050
Changing unhealthy lifestyle behaviours for clients.	71.73	73.03	4.348	1	p< .811
Offer child safety education to family members of clients.	82.6	83.15	4.136	1	*p<.039
Talk to clients about recommendations for physical activities.	63.04	69.66	1.454	1	*p<.016
Talk to clients about nutritional requirements.	67.4	53.93	3.501	1	*p<.039

In comparing the post RN to BSN table no 5 shows that BSN students are more likely to performed health promoting activities upon the completion of study.

NORMALITY TESTS:

The obtained data was analysed for missing values and other typing errors to rectify the values. Data normality was examined through skewness and kurtosis. The score of nursing student perception were normally distributed and were in range from +1 to -1 showing the normality of data.

Table 5: Summary of skewness and kurtosis results

	QNC	PP
Skewness	-.417	-.359
S.E	.161	.161
Kurtosis	-.848	.864
S.E	.321	.321

DISCUSSION

The purpose of the study is to assess nursing student perception regarding health promotion and health education. The data was collected from 135 nursing students currently enrolled in Post RN and BSN nursing programs at the Lahore School of Nursing, The University of Lahore. In compare to national league for nursing sample for this study was not similar demographically to national student nurses population (Godshall, Wilson, & CHSE, 2016).

Participants in this study, who identified their gender, were 110 predominantly females (81.5%, n=135). This findings were similar (p<.08) to the national characteristics of student nurses graduating from basic nursing programs in which the majority are female (88%).

The research included more students from the BSN (65.9%, n=135) and fewer students from the diploma (34.1%, n=135) than the national student nurse population. Statistically, the survey sample was not similar in terms of nursing programs to the national population (p<.02).

The first research question was: "How do nursing students define health". The majority of participants define health as recognized by world health organization that's been around and used by many professionals for many years. Students in nursing accepted that an individual's health is influenced by personal choices made by an individual, as well as by the society they live in. Students were more likely to agree that personal choices (88.9 percent, n=135) impact an individual's wellbeing more than the society (88.9 percent, n=135) in which they live. From the findings of this study, this can be assumed that nursing students recognize that the environment affects an individual's health. This reinforces other study findings that indicated that nursing students recognized the importance of the social environment to health, but were unable to put into practice how they can influence the social environment to improve health. Nursing schools need to use their learning to allow students to improve their health by "combining academic and environmental support for behaviours and living conditions conducive to health" (Golden, McLeroy, Green, Earp, & Lieberman, 2015).

The second research question asked was: "Can students in nursing describe the difference among the concept of health education and health promotion? The majority of participants respond that facilitating individuals with learning opportunities to improve health is health education and assisting individuals in learning skills needed to change health behaviours is health promotion. The overwhelming majority of participants respond that influencing economic conditions affect health concept related to both health promotion and health education and 38.5% participant's respond that influencing the physical environments which affect health is nor health education nor health promotion. It is evident from the results of this study that there is a lack of a universal understanding of health promotion and health education in nursing. This finding was similar to international studies conducted on health promotion and health education (whitehead, 2017), (Casey, 2017).

The third research question was: how many time the concept of health education and health promotion presented in nursing curriculum? At least 93 percent (n=135) of the participants indicated that their nursing courses described health promotion and health education at least once. Approximately 96% (n=135) of respondent reported hearing that health promotion and health education includes concepts such as involved with influencing physical environments, economic conditions, and making/changing strategies and social conditions that affect health.

The forth research question was: What health promoting behaviours is nursing faculty role-modeling as perceived by their students? The results of this study revealed that the faculty of nursing always acts as reliable role models for student nurses. This research asked students about their experiences of nursing teachers practicing specific behaviours enhancing their own wellbeing and improving the community's health. According to nursing students, smoking, rarely engaging in physical activity and failing to maintain ideal body weight, some nursing instructors failed to act as role models for individual health behaviours. This study found that 11 percent of nursing teachers are smoking; while this figure is less than the 13 percent national smoking figures (CDC, 2018), progress towards a healthier lifestyle remains scope for improvement. Only 11% (n=135) of the students nurse believe that nursing faculty engage in improvements to local, state or national public health policy. If nurse educators expect their students to be active in health promotion from

an individual, as well as a community perspective, they need to act as role-models. A study conducted by Denehy (2013) indicated that nurses instructor need to be active participants in healthy behaviours in order to be reliable role models or advocates of health.

The fifth research question asked was: "What is the role of the nurse in implementing health promotion as perceived by nursing students?" to answer this question, The researcher asked questions about what students felt nurses should do and what students witness nurses doing and asked specific questions about what actions nursing student should conduct once they became nurses. All participants agreed that nurses had a role for individuals, groups and communities to encourage health promotion. The participants who answer "yes" nurses should talk about health and lifestyles routinely with their clients, (27.4%) of the student nurses would not assess the client for high risk behaviours. Participants who said nurses should expand their health promotion efforts and provide health and lifestyle information to family members of their clients; (33.1%) of them would not offer child safety education to family members of clients. Among the respondents who said that nurses are supposed to support healthier environments, all of the participants would be involved in helping pass state laws affecting health and (67.4%) would be involved in supporting the building of physical environments.

In terms of health promotion, the participants in this study did not see nurses serving as role models. The results show that the majority of the participants (68.9%) initiate health education to clients without a medical doctor's order. Only a small number of study participants witnessed the other listed health promotion activities.

Chi-square test was used to compare the likelihood of performing health promoting activities of post RN and BSN nursing students upon their completion of study. The results indicated that nursing students of both degrees will perform health promoting activities. These findings suggest that nursing student will be in involved in promoting health of individual rather than community and groups.

The data from this research established that the task of promoting health through a socio-ecological approach was either not being taught to nursing students, or not seeing themselves in. The answers of the students showed that they were told that health promotion was based more directly on modifying behaviours of individuals. Students had nursing instructors who played a role that modelled individual health promotion more than community health promotion and, in turn, nursing students were exposed to nurses who limited individual health promotion activities. This can happen because nurses usually do not see their position as health advocates by making policies, affecting the economy or improving the climate to have a positive impact on the community.

CONCLUSION AND RECOMMENDATION

The findings indicated that only half of nursing students are informed that there is a difference between health promotion and health education by their nursing instructors. Although there were some signs that nursing students were introduced to the concept of health promotion as a socio-ecological strategy that integrates changes in the economy, policy, organization and climate. This socio-ecological approach was not viewed by the majority of student nurses as having a role modelling faculty or nurses. The expectations of student nurses about the nurse's role in promoting health have to do with modifying individual health habits as opposed to affecting the environment, social conditions, policies or anything beyond the patient. Curriculum improvements are not only required to integrate these accepted concepts of health promotion, but clinical practices are also needed to allow students to work in the expanded role of health promotion. Today's nursing students are not only limited in terms of health promotion in the clinical setting, but also in terms of health education. This research study elicited that student's nurses perceived health education as giving information regarding illness. Students of nursing need role models who incorporate individual healthy behaviours. All fields of nursing need to understand that if the broad socio-ecological approach is used, health is dramatically improved. Student nurses may not be able to see themselves fulfilling the expanded role of health promotion because they have no role models for nurse educators or nurses. Nurses need to be more involved in promoting the wellbeing of people, organizations, and societies by participating in the cultural, political, institutional, and environmental changes affecting health. Nurses and nursing educator need to understand that their patients ' wellbeing is influenced by social-ecological issues, not just the particular activities of the patient, regardless of the type of environment in which they operate.

Limitation:

This study has following limitation.

- This study was carried out in only one department of University of Lahore, so its findings cannot be generalized to overall populations.
- The results are based on self-reported data from participants, which limit the validity of the data.
- Simple size was small. Large sample will improve the accuracy of the results.

REFERENCES

1. Akhtar, S., Hussain, M., Afzal, M., & Gilani, S. A. (2018). Barriers and Facilitators for Execution of Nursing Process among Nurses from Medical and Surgical Wards in a Public Hospital Lahore. International Journal of Social Sciences and Management, 5(3), 170-186.
2. Association, A. N. (2014). Nursing's social policy statement: The essence of the profession: Nursesbooks. org.
3. Farmer, P., Meyer, D., Sroczynski, M., Close, L., Gorski, M. S., & Wortock, J. (2017). RN to BSN at the Community College: A promising practice for nursing education transformation. Teaching and Learning in Nursing, 12(2), 103-108.
4. Khalil, Iram Majeed, Afzal, M., & Gilani, S. A. (2017). ASSESSMENT OF NURSING STUDENT PERCEPTION TOWARDS, NURSING PROFESSION IN SIR GANGA RAM HOSPITAL AND ITTEFAQ HOSPITAL TRUST LAHORE, PAKISTAN.
5. Khan, N., & Alam, B. (2015). Views of Nursing Students about Clinical Instructor behaviours That Affect the Development of Self-Confidence, Peshawar, KP, Pakistan. International Journal of Innovative Research and Development, 4(4).
6. Lewallen, T. C., Hunt, H., Potts-Datema, W., Zaza, S., & Giles, W. (2015). The whole school, whole community, whole child model: A new approach for improving educational attainment and healthy development for students. Journal of School Health, 85(11), 729-739.
7. Maier, R. M., Díaz-Barriga, F., Field, J. A., Hopkins, J., Klein, B., & Poulton, M. M. (2014). Socially responsible mining: the relationship between mining and poverty, human health and the environment. Reviews on environmental health, 29(1-2), 83-89.
8. Qidwai, W. (2016). Addressing healthcare challenges in Pakistan: Issues, possible remedies and way forward. Journal of Dow University of Health Sciences, 10(2).
9. Ramnanan, C. J., & Pound, L. D. (2017). Advances in medical education and practice: student perceptions of the flipped classroom. Advances in medical education and practice, 8, 63.
10. Shahzadi, A., Hussain, M., Afzal, M., & Gilani, S. A. (2018). Determination the Level of Knowledge, Attitude, and Practices Regarding Household Waste Disposal among People in Rural Community of Lahore. International Journal of Social Sciences and Management, 5(3), 219-224.
11. Wilding, J. M. (2017). Perception: From sense to object: Routledge.
12. Woods, A., Cashin, A., & Stockhausen, L. (2016). Communities of practice and the construction of the professional identities of nurse educators: A review of the literature. Nurse Education Today, 37, 164-169.

PROFESSIONAL VALUES FOR STANDARD PRACTICES

Aneeba Noor Ur Rahman[1], Muhammad Hussain[2], Muhammad Afzal[3], Syed Amir Gilani[4]

[1]BS Nursing, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[2]Associate Professor, Lahore School of Nursing, the University of Lahore, Lahore, Pakistan

[3]Assistant Professor , Lahore School of Nursing, the University of Lahore, Lahore, Pakistan

[4]Professor, FAHS the University of Lahore, Lahore, Pakistan.

E-mail: [1]aneeba199rehman@gmail.com

ABSTRACT
Introduction: Professional values are root of discipline and practices. Professional values enhance quality of professional life, personal success and quality care. It can't be ignored during standard practices, training and professional life. The objective of this study is to assess the professional values for standard practice among nursing practice. Methods: A cross sectional study design was used for this research paper. Data was collected through two parts of questionnaires one was demographic and second was nursing professional values-revised (NPVS-R). Convenient sampling technique was used for data collect procedure and 113 participants were included in study. Results: High score of professional values among nursing students indicate that they have high level of awareness about professional values with mean score of 100.19 ± 21.21. Caring mean value was very high as compared to other variables with mean score of 4.14. Maintain confidentiality of patients, protect legal and moral rights, serve as a patients advocate and safeguard patients' rights are very high score in caring. According to students perspectives caring is most important in their values. Statistical there is no significant relationship among professional values and educational semester (p>0.005). Conclusion: This study show that professional values among under graduate nursing students are very high. But some values are low. It should need to improve it. Professional values can be improved through culture values, religion, societies and peer group senior, from educator, seminar and institution.
Keywords: Professional values, nursing students and standard practices

INTRODUCTION

Professional values enhance the quality of the professional life of nurses, reduce emotional exhaustion and depersonalization, increase personal success, and help make more frequent collaborations with healthcare team members (Cetinkaya-Uslusoy, Paslı-Gürdogan, & Aydınlı, 2017).
Professional values influence on patient safety and outcomes that are critical. Therefore, reasonable to look at the quality of the development of professional values of interest in nursing learning (Caldwell & Miller, 2016).Professional values learned during socialization in nurses from peers, experience in nursing, teachers and code of ethics. Nursing profession covers promotion of health, prevention of disease, and care of persons who are ill, handicapped, and dying. Advocacy, promote a safe environment, research contribution in health procedure shaping, supervision of patient and health structure, and practices are also important roles in nursing (Al-Banna, 2017).
Trust is seen as the pillar of nursing care and is key to the relationship between nurse and patient. It has been suggested that the trust between a nurse and a patient has a positive influence on the results of the care (Haavisto & Jarva, 2018).
Trust is important for all interventions in nursing. The perceptions of patients ' trust in depend on the nurses expertise, to establish relationships and contextual issues. Nurses understand the trust in nursing among client and nurses trusts relationship. Nursing researchers in clinical area controllers, administrators and nurse mentors must talk over during student training and concentrate on meetings with nursing students to certify that nursing professional gain knowledge and establish a trustworthy nurse client relationship (Rørtveit et al., 2015).
The perception of organizational justice can affect the organizational confidence and identity of nurses and whether organizational trust and organizational recognition would enable nurses to stay actively in their jobs and participate in hospitals (Chen et al., 2015).
Professionalism is one of the fundamental concepts of nursing and the product of social and other communication. The quality of care is influenced by nursing professionalism. Professionalization will result in professional satisfaction with one's work, better service delivery and higher quality treatment for customers (Shohani & Zamanzadeh, 2017). Inter professional training is helpful for students to recognize other practitioners for teamwork and cooperation which leads to better patient care and strengthens interaction between health professionals and

Caring has remained over time and into the practice of today the art and science of the heart of nursing. Time testing has endured that common individual feature is caring. Caring has been proved central and weaved as the actual basis on which the essentials and values of nursing training are based through the discipline of nursing. Administrative environment, difficulties in client care, increase nurses job work and modern technologies have improved notably since the day of Florence Nightingale. However, the care structure is perhaps even more critical for the nursing profession currently from the past. Humble, sympathetic and proficient nurses help to nursing promotion and lead in nursing training (Adama, Bayes, & Sundin, 2016).

Currently nurses need professional ethics awareness and information as standards for providing quality care. The ethical viewpoint of nurses' impacts decision-making and patient care (Poorchangizi, Farokhzadian, Abbaszadeh, Mirzaee, & Borhani, 2017). The ethical principles usually assigned to nursing managers impact the attitudes of both staff nurses and nursing manage (Kantek & Kaya, 2017).

In nursing, importance is critical as it underpins all facets of professional practice. We can have a positive and negative effect on behaviors, which is why it is so important for nurses to know how this can influence patient care (Baillie & Black, 2014).

Professional Nursing Values learned during student professional education is important for the implementation of correct care-giving habits and successful graduation practice. Evidence suggests that there are gaps between practitioners in the interpretation and application of nursing professional values NPV (Chikeme et al., 2019). Effective clinical training and student performance judgment are very significant for clinical education in order to provide patients with high quality health care (Hussain and Shaheen, 2018).

Today's society needs more skilled and ethically trained nurses to carry out healthcare work aimed at the four nursing tasks: treatment, teaching, research, and management (López-Pereira & Arango-Bayer, 2017). The ethical principles of the nurse are expectation of practice and provide the basis for evaluating behaviors (Özsoy & Donmez, 2015). Adequate professional personality helps to establish a sound basis for professional practice (Ibrahim, Afzal, Hussain, & Gillani, 2019).

Our job is to set the Code standards, but not fair our expectations. They provide direct care to persons, groups or societies or in other roles, such as leadership, academic activities, or research paper; they carry their professional information to tolerate on nursing and midwifery training. The standards and principles laid down in the Code can be implemented in a number of operations, but they are not negotiable or discretionary (Council, 2015).

From a clinical perspective, patients reported more positive health habits, fewer complications, higher quality of life, and more comfortable with treatment when they had greater confidence and trust in their health care provider (Birkhäuer et al., 2017). To strengthen the education of student nurses, theory and practice in the educational and clinical setting are required (Afzal & Gilani, 2019).

An administrator of nursing programs is to focus on improving social growth and professional standards. A role modeling strategy can help convince students of the relevance of these principles by organizing meetings and seminars with schools, leaders of study and public policy programs for national and international nurses. In addition, allowing students the opportunity to criticize, engage in peer reviews, self-assessments, and perform skilled nursing events and activities can help them feel the importance of these values (Rabia, Ismaile, & Househ, 2017).

Contemporary nursing requires strong moral support and common values as nurses in their profession face many ethical dilemmas. Students learn important nursing professional values through their educators appropriate role modeling. Students of nursing ought to be able to provide moral and competent patient care while seeking to model desired behavior (Riklikiene, Karosas, & Kaseliene, 2018). Good performance standards are imperative for students. Academic achievement or success is the degree to which a learner, teacher or organization has accomplished its short-term or long-term learning objectives (Mushtaq, Hussain, Afzal, & Gilani, 2019).

Awareness of professional ethics and its contributing factors that help patients to receive better treatment from nurses and health care professionals. Around the same time, for efficient planning and management, such understanding will be essential for academic administrators (Dehghani, Mosalanejad, & Dehghan-Nayeri, 2015).

Significance

1. This study helps the nursing students to seek awareness about professional values in nursing as for standard practices.
2. Professional values supports the professional identity among students.
3. It opens the door for other students focus on professional values and their importance in nursing.
4. Professional values stimulate students to adopt professional conduct, professional responsibilities, support standard practices and provide humanistic care
5. Professional values motivate students internally to act as professional way of attitude behaviors and manners.
6. After answer to my research question, if values are low teachers can conduct workshops and seminar to improve the professional values among nursing students.

Objective: of this study is to assess the professional values among nursing students for standard practices.

Theoretical framework
Banner's novice-to-expert model was used to describe how professional and practices develop students in their professional carrier. Based on Banner's novice-to-expert model, each level of undergraduate education, an increase in professional nursing values was expected because, as the theory claim, the transformation of professional nursing values is substantially supported with time and experience in undergraduate nursing students.

Methodology of Research
Design of study
A cross sectional study design was used for this study to identify the professional values among nursing students.
Study Site
The study site was The University of Lahore New Campus.
Study Setting
Study setting was Lahore School of Nursing in University of Lahore.
Target population
Target population was the nursing students from University of Lahore (BSN Post RN and BSN). Approximately164 students supposed for study population.
Sample size
Use the Slovin's Formula to determine the simple size of study.
$n = N / 1 + N (E)^2$
Desired sample size= n=?
Population= N
Margin of error= E= 0.05% (If we take confidence interval 95%)
Let N= 164, e=0.05
So, according to the formula,
n= 164 / 1+164(0.05)*2
n= 164 / 1 + 164(0.0025)
n= 164 / 1+0.41
n= 164 / 1.41
n= 116.3
Henceforth, n= 116
n= 116
Sampling Method
A convenient sampling method was used for this study.
Research tool
As well-structured questionnaires with close ended, Likert scale adopted to assess the professional values as for standard practices among nursing students. Permission was taken from original author to use their instrument in my study paper. Questionnaire consisted of two parts the first part explain the consent form and demographic data of students in which gender, marital status, ethnicity, semester and participation in professional ethical and the second part of questionnaire was explain the 26 questions in which 05 questions about trust, 03 about justice, 04 about professionalism, 05 about activism and the other 09 questions will express the caring.
A pilot study was conducted with 10 nurses to assess the accuracy of instrument is 0.93.
Data Analysis
Data analysis was done by SPSS version 21. All descriptive statistics was obtained from the SPSS software.
Time frame work
This research will be conducted within 4 months September 2019 to December 2019.
Ethical consideration:
Permission was taken from Faculty of Allied Health Sciences, Department of Lahore School of Nursing. Participant's right to fidelity will be assured. The purpose of research was informed to the participants and if they want any other information regarding research they will be guided. Participant's right for autonomy was be maintained. The informed consent was signed by nursing students. Participants was informed that they have a right to participate or not to participate and they can even withdraw from the research anytime if they want.

RESULTS
The results show that 80.5% of participants was females and 96.5 % was male. 95.6% participants were married. Total 100% participants was Pakistani. Mostly participated students from 6th and 4th semester. Mostly students was not participated in ethical professional session with the rate of 58.4%.

High score of professional values among nursing students indicate that they have high level of awareness about professional values. Trust score among students was very high with the mean value of 4.02. Maintain competency in practice, protect health and public safety, responsibility and accountability in practices very important and most important according to student's perspectives. Justice mean score was 4.11. Justice is most important according to student's perspectives. Justice score indicated that students have justice in their professional values during training. Professionalism mean score was 3.98 and activism mean 3.37. Activism is lower as compared to other professional values. Participate in public policy decision, participated in health related activities, shaping health care policy and participation in professional nursing associations have lower score. Caring mean was very high as compared to other variables with mean score of 4.14. Maintain confidentiality of patients, protect legal and moral rights, serve as a patients advocate and safeguard patients' rights are very high score in caring. According to students perspectives caring is most important in their values.

Pearson correlational coefficient t indicated that there is no significant relationship based on age and professional values. It also indicated that there is no significant relationship among professional values and educational semester (p>0.005).

Table no. 01

Variables		Percentage	Mean ± SD
Gender	Female	19.5%	
	Male	80.5%	1.80±0.39
Marital status	Yes	95.6%	
	No	4.4%	1.9±0.20
Ethnicity	Pakistani	100%	
	Non-Pakistani	0%	
Semester	2nd semester	20.4%	
	4th semester	33.6%	
	6th semester	38.9%	
	8th semester	7.1%	2.32±0.88
Participation in professional ethical	Yes	39.8%	
	No	58.4%	1.63±0.58

Table no. 02

Dimensions	Items	Mean	SD
Trust	Engage in ongoing self- evaluation	3.77	0.89
	Request consultation/collaboration when unable to meet patient needs	4.09	0.76
	Seek additional education to update knowledge and skills.	4.17	0.74
	Accept responsibility and accountability for own practice	4.12	0.76
	Maintain competency in area of practice	3.95	0.72
Justice	Protect health and safety of the public	4.23	0.74

	Promote equitable access to nursing and healthcare	4.16	0.70
	Assume responsibility for meeting health needs of culturally diverse population	3.95	0.68
Professionalism	Participate in peer review	3.84	0.79
	Establish standards as a guide for nursing practice	3.96	0.84
	Promote and maintain standards where planned learning activities for students take place	3.92	0.84
	Initiate actions to improve environments of practice	3.98	0.69
Activism	Participate in public policy decisions affecting distribution of Resources	3.38	0.96
	Advance the profession through active involvement in health-related activities	3.70	1.02
	Recognize role of professional nursing associations in shaping healthcare policy	3.47	1.15
	Participate in nursing research and/or implement research findings appropriate to practice	3.03	1.21
	Participate in activities of professional nursing associations	3.27	1.03
Caring	Protect moral and legal rights of patients	4.00	0.89
	Refuse to participate in care if in ethical opposition to own professional values	4.12	0.72
	Act as a patient advocate	4.31	0.77
	Provide care without prejudice to patients of varying Lifestyles	4.18	0.73
	Safeguard patient's right to privacy	4.25	0.72
	Confront practitioners with questionable or inappropriate Practice	4.22	0.65
	Protect rights of participants in research	4.37	0.72

	Practice guided by principles of fidelity and respect for Person	4.15	0.64
	Maintain confidentiality of patient	3.90	0.85
Total		100.19	21.21

DISCUSSION

Professional values is to focus on improving social growth and professional standards. However, professional values can be improved through culture values, religion, societies and peer group senior, from educator, seminar and institution. It is certainly important to consider the growth of professional principles in the nursing education. In an effort to improve all ethical principles among prospective nurses, a multidimensional strategy should be implemented to uphold nursing quality and improve public awareness (Chisholm-Ford, Anderson-Johnson, Waite, & Garriques-Lloyd, 2016).

Maintain patient confidentiality, safe guarding patient's right, right of client privacy, responsibility to meet health care needs, and maintain competency are in area practice are most important professional values (Fisher, 2014). All of these values related to provide direct care to patients. These professional values can learn during educational environment or under the supervision of well-trained nurse's during clinical setting. Faculty should need discuss these values during their training session.

In this analysis, the least important values from the students ' point of view are "participation in public policy decisions affecting resource allocation," "participation in peer review," "recognition of the role of professional nursing organizations in influencing health care policy" and "participation in nursing research and/or performing research findings relevant to practice (Poorchangizi, Borhani, Abbaszadeh, Mirzaee, & Farokhzadian, 2019). Nursing research as important for evidence based practice. It is necessary to participate in professional organization for promotion of health care system.

The reason for the low importance attached to values such as "participation in nursing research and/or the implementation of practicable research findings" may be that nursing students do not acquire the compulsory skills (such as information literacy skills) to apply in evidence-based practices in their educational days (Farokhzadian, Khajouei, & Ahmadian, 2015). Another reason is that during academic days students focuses on their practices not in others session. But these values are important to participate in nursing association and policy making.

Participants (n=158) commented favorably on integrity and altruism claims. There was support for both altruism and religiosity, but the latter was to a lesser degree. Students found their integrity more important than altruism, and depending on the situation, honesty varied (Timmins et al., 2018).

Altruism shaped a sense of doubt and uncertainty, defined as the sovereign expressions of life triggered by others demand, but also not willingness to take unreserved accountability for others. Civilization's perceptions of altruism and nurses view of their role as a rewarded job clash in advance health care are common. Nurses are not willing to fully respond fully with patients for moral demands. In the event of a misadventure, where nurses may be at risk of personal safety, life and health, there may be logic to question whether the healthcare association will fulfill its responsibilities to provide healthcare to the entire population (Slettmyr, Schandl, & Arman, 2019). Our study shows that most nurses are girls (86%) between the ages of 20-30 (66%). Of the participants, more than half (64 percent) were appointed staff nurses. 82 percent of the respondents are nurses with a valid undergraduate degree in nursing. More than 80% of the respondents had six years or less of work experience. Just 18% of the respondents had previously taken legal and ethical courses. Our findings showed that the majority (78%) of participants in nursing had poor knowledge of law and ethics. In the present study, knowledge of law and ethics was found to be correlated significantly with younger age (21-30), educational qualification, appointment and work experience (Thirunavukarasu & Velmurugan, 2018).

Study revealed that the professional skills and relational caring qualities of the nurses have emerged as the most essential to build trust. The average scale score was 24.5 ± 3.9, which means that patients in this hospital had a high level of trust in nurses. Patients in the 50-59 age group and men were statistically higher than in other groups. Responses from patients revealed that "Personal and Professional Characteristics" themes were important in developing trust, but "Mistreatment, Professional Incapacity, and Communication Problem" was important in causing mistrust of nurses (Ozaras & Abaan, 2018).

The maximum professional behavior score was competency and ongoing education, publication and communication was the lowest behavioral score. The results show that greater competence in nursing is significantly associated with the increased interval of nursing practice, a higher level of academic readiness, and the present position as a nursing manager (Tanaka, Taketomi, Yonemitsu, & Kawamoto, 2016). Maintain competency should never be ignored during training and professional life. Education and communication should be improved during academic career and professional career.

Through educating and gaining knowledge, insight and attitude, as well as some cultural and individual factors, professional values among the students will be established. This topic is highly influenced by the experiences of nursing teachers as they are in a permanent relationship with students. It is very important to pay attention to the perspective of instructors and students, which should be taken into account in the nursing profession (Parandeh, Khaghanizade, Mohammadi, & Nouri, 2015).

Altruism shaped a sense of doubt and uncertainty, defined as the sovereign expressions of life triggered by others demand, but also not willingness to take unreserved accountability for others. Civilization's perceptions of altruism and nurses view of their role as a rewarded job clash in advance health care are common. Nurses are not willing to fully

Implication in nursing:

It is necessary that educator should need to provide knowledge to students about professional values, nursing research, management and ongoing education. Professional values enhance professional life of nurses and research provide evidence based practice. Classes, seminar and workshops helps to promote professional values. Role model educators can play role to develop professional values among students.

Conclusion:

This study show that professional values among under graduate nursing students are very high. But some values are low. It should need to improve it. Overall professional values are high. Professional values are very important apply in patient care and health care setting. These values promote nurses values in global standard.

Limitation:

Study was conducted during short period of time. Data collected only one institute so values indicated only one institute no other nurse's values are include.

REFERECES

1. Adama, E. A., Bayes, S., & Sundin, D. (2016). Parents' experiences of caring for preterm infants after discharge from neonatal intensive care unit: a meta-synthesis of the literature. *Journal of Neonatal Nursing, 22*(1), 27-51.
2. Afzal, N. F. M. H. M., & Gilani, M. A. (2019). Nursing Students Challenges at Educational and Clinical Environment. *Nursing, 62*.
3. Al-Banna, D. (2017). Core Professional and Personal Values of Nurses about Nursing in Erbil City Hospitals: A Profession, Not Just Career. *Nurse Care Open Acces J, 2*(6), 00056.
4. Baillie, L., & Black, S. (2014). *Professional values in nursing*: Routledge.
5. Birkhäuer, J., Gaab, J., Kossowsky, J., Hasler, S., Krummenacher, P., Werner, C., & Gerger, H. (2017). Trust in the health care professional and health outcome: A meta-analysis. *PloS one, 12*(2), e0170988.
6. Caldwell, H. E., & Miller, K. L. (2016). Professional Values in Baccalaureate Nursing Students.
7. Cetinkaya-Uslusoy, E., Paslı-Gürdogan, E., & Aydınlı, A. (2017). Professional values of Turkish nurses: A descriptive study. *Nursing ethics, 24*(4), 493-501.
8. Chen, S.-Y., Wu, W.-C., Chang, C.-S., Lin, C.-T., Kung, J.-Y., Weng, H.-C., . . . Lee, S.-I. (2015). Organizational justice, trust, and identification and their effects on organizational commitment in hospital nursing staff. *BMC health services research, 15*(1), 363.
9. Chikeme, P. C., Ogbonnaya, N. P., Anarado, A. N., Ihudiebube-Splendor, C. N., Madu, O., & Israel, C. E. (2019). Professional Values of Nigerian Nursing Students. *Health Sciences, 8*(3), 26-35.
10. Chisholm-Ford, S. L., Anderson-Johnson, P., Waite, M. J., & Garriques-Lloyd, S. N. (2016). Professional values of baccalaureate nursing students in Jamaica. *J Nurs Educ Pract, 7*, 47.
11. Council, N. M. (2015). The code: professional standards of practice and behaviour for nurses and midwives. *London: NMC*.

12. Dehghani, A., Mosalanejad, L., & Dehghan-Nayeri, N. (2015). Factors affecting professional ethics in nursing practice in Iran: a qualitative study. *BMC medical Ethics, 16*(1), 61.
13. Finnell, D., Thomas, E., Nehring, W., McLoughlin, K., & Bickford, C. (2015). Best practices for developing specialty nursing scope and standards of practice. *OJIN: The Online Journal of Issues in Nursing, 20*(2).
14. Fisher, M. (2014). A comparison of professional value development among pre-licensure nursing students in associate degree, diploma, and bachelor of science in nursing programs. *Nursing Education Perspectives, 35*(1), 37-42.
15. Gurková, E., Žiaková, K., Zanovitová, M., Cibríková, S., & Hudáková, A. (2018). ASSESSMENT OF NURSING STUDENT PERFORMANCE IN CLINICAL SETTINGS–USEFULNESS OF RATING SCALES FOR SUMMATIVE EVALUATION. *Central European Journal of Nursing and Midwifery, 9*(1), 791-798.
16. Haavisto, M., & Jarva, S. (2018). Developing Trust in a Nurse-Patient Relationship: A Literature Review.
17. Hussain, M. & Shaheen H (2018), Perception of Nursing Students Regarding Quality Clinical Teaching in the Government College of Nursing Lahore, Pakistan
18. Ibrahim, M., Afzal, M., Hussain, M., & Gillani, S. A. (2019). Impact of Professional Identity on Role Stress in Nursing Students in Pakistan.
19. Kantek, F., & Kaya, A. (2017). Professional values, job satisfaction, and intent to leave among nursing managers. *journal of nursing research, 25*(4), 319-325.
20. Koutroumpeli, K., Papagounos, G., & Lemonidou, C. (2015). Professional values of nursing students' and factors that affect them. *Nursing Care and Research, 6*, 34.
21. López-Pereira, A., & Arango-Bayer, G. (2017). Professional values of nurse lecturers at three universities in Colombia. *Nursing ethics, 24*(2), 198-208. .
22. Mukhtar, J., Hussain, M., Perveen, K., Afzal, M., & Gilani, S. A. (2018). Students' Perception and Readiness towards Inter-Professional Learning. *International Journal of Social Sciences and Management, 5*(3), 192-200.
23. Mushtaq, K., Hussain, M., Afzal, M., & Gilani, S. A. (2019). Factors Affecting the Academic Performance of Undergraduate Student Nurses.
24. Ozaras, G., & Abaan, S. (2018). Investigation of the trust status of the nurse–patient relationship. *Nursing ethics, 25*(5), 628-639.
25. Özsoy, S., & Donmez, R. Ö. (2015). Nurses professional values scale-revised: Psychometric properties of the Turkish version. *Nursing Practice Today, 2*(1), 16-24.
26. Parandeh, A., Khaghanizade, M., Mohammadi, E., & Nouri, J. M. (2015). Factors influencing development of professional values among nursing students and instructors: a systematic review. *Global journal of health science, 7*(2), 284.
27. Poorchangizi, B., Borhani, F., Abbaszadeh, A., Mirzaee, M., & Farokhzadian, J. (2019). The importance of professional values from nursing students' perspective. *BMC nursing, 18*(1), 26.
28. Poorchangizi, B., Farokhzadian, J., Abbaszadeh, A., Mirzaee, M., & Borhani, F. (2017). The importance of professional values from clinical nurses' perspective in hospitals of a medical university in Iran. *BMC medical Ethics, 18*(1), 20.
29. Rabia, S. A., Ismaile, S., & Househ, M. (2017). Professional values among female nursing students in Saudi Arabia. *Informatics Empowers Healthcare Transformation, 238*, 231.
30. Riklikiene, O., Karosas, L., & Kaseliene, S. (2018). General and professional values of student nurses and nurse educators. *Journal of advanced nursing, 74*(3), 666-676.
31. Rørtveit, K., Hansen, B. S., Leiknes, I., Joa, I., Testad, I., & Severinsson, E. (2015). Patients' experiences of trust in the patient-nurse relationship-a systematic review of qualitative studies.
32. Shohani, M., & Zamanzadeh, V. (2017). Nurses' attitude towards professionalization and factors influencing it. *Journal of caring sciences, 6*(4), 345.
33. Slettmyr, A., Schandl, A., & Arman, M. (2019). The ambiguity of altruism in nursing: A qualitative study. *Nursing ethics, 26*(2), 368-377.
34. Tanaka, M., Taketomi, K., Yonemitsu, Y., & Kawamoto, R. (2016). Professional behaviours and factors contributing to nursing professionalism among nurse managers. *Journal of nursing management, 24*(1), 12-20.
35. Thirunavukarasu, M., & Velmurugan, A. (2018). Knowledge regarding law and ethics among nurses at a tertiary care hospital in rural India. *International Journal Of Community Medicine And Public Health, 5*(9), 3882-3886.
36. Timmins, F., King, C., de Vries, J. M., Johnson, M., Cullen, J. G., & Haigh, C. (2018). Altruism, honesty and religiosity in nursing students. *Journal of clinical nursing, 27*(19-20), 3687-3698. Farokhzadian, J., Khajouei, R., & Ahmadian, L. (2015). Information seeking and retrieval skills of nurses: Nurses readiness for evidence based practice in hospitals of a medical university in Iran. *International Journal of medical informatics, 84*(8), 570-577.

CLINICAL TRAINING RELATED STRESSORS AND COPING STRATEGIES AMONG STUDENTS NURSES

[1]Maaz Ud Din, [2]Muhammad Husain, [3]Muhammad Afzal, [4]Syed Amir Gilani

[1]Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[2]professor, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[3]HOD, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[4]Dean, Faculty of Allied Health Science,The University of Lahore,Lahore Pakistan

Email: [1]Maazu756@gmail.com; [2]Muhammad.Hussain@lsn.uol.edu.pk; [3]Muhammad.afzal@lsn.uol.edu.pk
 [4]profgillani@gmail.com

ABSTRACT

Stress is defined as the body's biochemical reaction to a stressful stimulus, a threatening event, or a new situation. Selye defines stress as body's non-cause- unique response to any types of stimuli. Consequently, the forms of biological response to adaptation demands are always the same, regardless of the cause..

Results: Stress from lack of professional knowledge and skills 1.8533 ±1.016 Stress from assignments and workload was 2.88±0.87, Stress from taking care of patients was 2.511±1.0058, Stress from clinical environment was 3.023±0.949, Stress from teachers and nursing staff was 2.8133±1.2105, and stress related to instructors and nursing staff was 3.1825±1.02025, Problem-solving approach (3.931±0.9185), staying optimistic (3.49±0.9522), transference (3.80333±o.929), and avoidance behavior (3.31666±1.0486)

Conclusions: The findings demonstrated that nursing students at Lahore school of nursing the University of Lahore have mild stress levels. In order to overcome stressors, students frequently employed a problem-solving approach, followed by staying optimistic and using transference and avoidance

Keywords: Coping Strategies, Nursing Students, Practice, Stress

NTRODUCTION

Stress is defined as the body's biochemical reaction to a stressful stimulus, a threatening event, or a new situation. Selye defines stress as body's non-cause- unique response to any types of stimuli. Consequently, the forms of biological response to adaptation demands is always the same, regardless of the cause (Kotrotsiou,Theodosopoulou et al. 2001).

Stressors are daunting and unpredictable stimuli that can alter everyday events by normal response. The stress responses are both optimistic and undesirable reaction to the stresses and life variations. Responses to stress can be physical, mental, emotional and behavioral (AMBAR, HUSSAIN et al.).

Nursing is an emotionally and highly stressful career demanding because nurses in different situations at different times of the day have to deal with different individuals. The nursing students deal with to a very great degree emotionally exciting and speedily changing situations during their daily work. The facts that the nature human is willing to wear and tears linked with everyday activity is universally accepted (Yasmin, Hussain et al. 2018).

Coping refers to the ability of the person to deal with difficult situations successfully (Rydgren 2018).

Stress have been recognized as a critical psychological healthiness problem in the twentieth century (Chan, So et al. 2017).Stress can result from "too much or too little pleasure that damages the mind and body (Hamaideh 2016).

 In students nurses there stress is priory increase in clinical training and in examination. In nursing students, Dhar R et al reported that 48.83 percent mild stress and 11.62 percent severe stress. Source of Clinical stress contain that work with terminally ill patient, relational clash with other nurses, clinical unsafely and anxiety of failure and interpersonal relations through patients, work overload and nursing related (Patterson and McCubbin 2016).

Nursing students face high levels of stress as compare to the other students of health sciences. Because the clinical rotation of nursing students is more difficult as compare to their theory(Labrague 2014).

The Clinical teacher, nursing lecturer, nursing preceptors, and staff nurses can diverse nursing students sectors to convince the students nurses through their PMHN clinical education. This would help to improve the quality of nursing education and improve nursing students ' mental health(Pulido-Martos, Augusto-Landa et al. 2015).

University level students nurses face high level of stress with coupled of questions about successes, time accessibility and patient care(Antoinette Bargagliotti 2012).

Among nursing students there are many sources of stress that can be associated with theoretical load, such as assignments, examinations, and exposure to a new environment such as clinical site. Among nursing students the frequency and level of stress and depression in different academic areas is a alarming between nursing students(El Ansari, Adetunji et al. 2014).Students who used avoidance or transition techniques (such as avoiding medical issues, trusting others to solve the problem, Controversy and lack of patience, eat a heavy food and longtime sleep) The psychological pressure was greater than those who used coping strategies to solve problems (I,e setting of ideas to resolve the difficulties, investigate the sense of stressful episodes, Approving various strategies for problem solving and using previous skill to solve difficulties)(Chan, So et al. 2016).

AIMS OF THE STUDY
The core Aim of this research is to assess clinical training related stressors and coping strategies between student's nurses.

SIGNIFICANCE OF THE STUDY
This study determines the sources of stressor and coping strategies among Lahore school of nursing student.
This study will be helpful for nursing faculty, administrative staff of the institute to understand the level of stress and coping strategies of student and will help the students to minimize the level of stress.
Initial finding and controlling of stress can result in increased output among nursing students, to improve quality of lifespan, and life-threatening events.

LITERATURE REVIEW
Study was conducted in which the care of the patient was the main source of stress, few studies said that care of the patients was the students ' projecting stress (Chan, Huang et al. 2016).
Similarly a study reviled by , Zupiria et al. in (2015) found that the lack of skills and knowledge is the most common stresses. Cultural, academic and environmental variables can affect changes in stress management (Alberdi-Erice, Huizi-Egilegor et al. 2015)
An another study conducted in Bahrain find that all students nurses in the clinical setting experienced moderate to severe stress(John and Al-Sawad 2015).
Also, a study in conducted Iran revealed that 99.3 percent of nursing students reported the level of perceived stress as moderate to high(Reeve, Shumaker et al. 2013).
A research was conducted in the KSA the research found that nursing students experience mild to moderate level stress during clinical training due to heavy workloads and patient care.(Labrague, McEnroe–Petitte et al. 2018).
In the context of recent research review, its found that at hospital rotation students nurses faced with moderate to severe stress due to more workloads and care of patients(Gibbons 2010).
Coping was conceptualized in early research as a subconscious effort made by the participant in a form of the protection tool(Endler and Kocovski 2015)
A worldwide of research was carried out among students nurses the finding of the research showing that the high levels of stress in is occurred students nurses. Research was based on undergraduate students nurses often show high stress rate and coping strategies between nursing students(Bartlett et al., 2016. High level of stress can be attributed both educational and clinical needs between students nurses(Rafati, Nouhi et al. 2017).
The study found that pressure on the part of teachers and nurses was important and one of the most common stress sources they viewed along the same lines with many studies; Chen and Hung (2014The study found that pressure on the part of teachers and nurses was important and one of the most common stress sources they viewed along the same lines with many studies; Chen and Hung (2014)(Kaur, Chaurasia et al. 2017).
The study conducted by Smedley and Morey (2010) study agreed as the supportive clinical environment including staff and educator to alleviate student nervousness and boost self-confidence. The three main themes emerged from Nelwati and Plummer's (2013) work on the understanding of nursing students ' pressure at the clinical site(Shah, Hasan et al. 2010).
The study revealed that the correlation between stress and competence in nursing is negative. This study is conducted by Al-Zayyat, and Al-Gamal illustrated that students suffered from high levels of stress in the clinical setting and reported that common stressors among students care for patients independently, high expectations of teachers and clinical staff, and clinical responsibilities (Sahir, Afzal et al. 2019).

The study found that the most commonly used stress management mechanisms were problem-solving strategies, while the avoidance was leas similar to earlier researches Shaban et al. (2012) found,that by contrast ,the avoidance was the most commonly used mechanism by students to deal with different stressors avoidance is generally recognized as a temporary measure and not a sustainable solution to the underlying stressors (Maville, Tucker et al. 2016).

Previous researches show that associations play a major role in the psychological health of students. Bad associations between parents, peer, and teacher may increase the levels of stress, between students. Bachelor of nursing students identified conflict relationships as one of the predictors of stress in a four-country longitudinal study, involving Japan, Taiwan, Thailand and the United Statess(Erb, Humpal et al. 2015).

Likewise, the another study reviled by Beiter et al. (2015) ,Doulatabad et al. (2015) suggested that relationships with friends and staff as an important indicator of stress, and coping mechanism between students nurses, a research was conducted in India the finding of that research were show that the unhealthy association with friends as a predictor of stress(Seiffge-Krenke 2013)

The study agreed with previous studies, suggesting that the quality of care provided to the patient was diminished by nursing students ' poor treatment. Several scientists have substituted Melincavage's word nervousness with stress studies(Hsiao, Chien et al. 2010).

Tully, 2004Chang et al. (2006) Summarize the evidence that emotional-centric coping is more likely to harm wellbeing, and Lambert et al. (2004) found that coping with escape avoidance was correlated with mental health reduction in a Japanese nu study(Seyedfatemi, Tafreshi et al. 2016).

METHODS

SETTING
This Study was conducted in the University of Lahore, Lahore School of Nursing.

RESEARCH DESIGN
Cross-sectional study was used for the assessing clinical training related stress and managing strategies among nursing students.

POPULATION
The target population of this study was all students of nursing department of Lahore University new campus 1-km of defense road, Lahore.

SAMPLING
Convenient sampling technique was used in this study.

RESEARCH INSTRUMENT
An adopted questionnaire was used to collect data from target population. Proper consent was taken from Head of the department.

DATA GATHERING PROCEDURE
Data was collected through questionnaire. The questionnaire consists of two section. Section A contain of demographic data of the participants and section B contain questions related to the topic.

ANALYZE DATA
Data analysis was done by SPSS version 21 SPSS is a statistical computer software for data analysis. The study was descriptive study and all the descriptive statistics mean median percentage and frequenc was obtained through the SPSS software.

STUDY TIMELINE
This study took 4 months (September 2019, to December 2019).

ETHICAL CONSIDERATION
The rules and regulations laid down by the University of Lahore's ethical committee will be followed while conducting research and respecting the rights of research participants.
• All participants will receive attached written informed consent.
• All data collection and details shall be kept confidential.
• Throughout the study, participants will remain anonymous.
• The subjects will be told that the study technique does not pose any drawbacks or risks.
• They will also be informed that during the study process they will be free to withdraw at any time.
• The data is kept under the key and locked while the keys are kept in hand. It will be kept under password in laptop.

RESULTS

This section presents the outcomes of the study.
PROFILE OF THE RESPONDENTS
Section 1
Demographic
Respondents were taken from Lahore school of nursing, The University of Lahore.

Table #1 demographic characteristics

Age	frequency	Percentage
below 18 years	1	0.7%
18 _20	50	37.0%
21-23	59	43.7%
More than 23	25	18.5%

GENDER;

Male	25	18.5%
Female	110	81.5%

MARRITAL STATUS;

Married	2	1,5%
Unmarried	133	98.5%

ECONOMIC STATUS;

Poor	9	6.7%
Middle	98	72.6%
rich	28	20.7%

YEAR OF STUDY;

Ist	51	37.8%
2nd	44	32.6%
3rd	26	19.3%
4th	14	10.4%

SUMARY FINDING

This study included a total of 135 participants (48% male and 52% female) from the nursing department at Lahore school of nursing the University of Lahore. The above table show that .7% (n=1) participants belongs to age group of below 18 years, 37.0% (n=50) participants belongs to age group of 18-20 years, 43.7% (n=59) participants belongs to age group of 21-23 years, 18.5 (n=6) participants belongs to age group of above 23 years and 4.5 (n=25). 18.5% (n=25) participants are male and 81.5% (n=125) participants are female, 1.5% (n=2) participants are single and 98.5% (n=133) participants are married, 6.7% (n=9) participants are belong to poor family 72.6% (n=98) participants are belong to middle family and, and 20.7% (n=28), that 37.8% (n=51) participants are 1st year students, 32.6% (n=44) participants are 2nd year students, 19.3% (n=26) participants are 3rd year students and 10.4 (n=14) participants are 4rth year students.

TABLE NO 2
I. **Stress from lack of professional knowledge and skills; 1.8533 ±1.016**

	Question	naver	Almost never	Some time	Fairy Often	Very often	Mean ± SD
1	Unfamiliar with medical history and terms	39.3%	40.0%	6.7%	8.9%	5.2%	2.01±1.136

2	Unfamiliar with professional nursing skills	56.3%	32.6%	5.9%	3.0%	2.2%	1.62± .897

TABLE NO3
II. Stress from assignments and workload; 1.8533 ±1.016

Worry about poor grades	2.2%	4.4%	43.7%	42.2%	7.4%	3.48±.790
Pressure from the nature and quality of clinical practice	3.0%	4.4%	29.6%	48.9%	14.1%	3.67±.881
Feelings that performance does not meet teachers' expectations	31.9%	45.9%	14.8%	3.7%	3.7%	2.01±.977
Feelings that dull and inflexible clinical practice affect family/social life	1.5%	2.2%	54.1%	27.4%	14.8%	2.01±.827
Feelings that the demands of clinical practice exceed physical and emotional endurance	5.9%	8.1%	45.9%	33.3%	6.7%	3.27±.924

TABLE NO 4
III. Stress from taking care of patients   2.511±1.0058

Lack of experience and ability in providing nursing care and in making judgment	9.6%	23.7%	36.3%	23.0%	7.4%	2.95±1.074
Not knowing how to help patients with physio-psycho-social problems	7.4%	5.9%	20.0%	38.5%	28.1%	3.74±1.152
Unable to reach expectations	40.7%	47.4%	3.7%	5.2%	3.0%	1.82±.945
Unable to provide appropriate responses to doctors', teachers' and patients 'questions	53.3%	37.0%	6.7%	1.5%	1.5%	1.61±.802
Worry about not being trusted or accepted by patients or their families	4.4%	5.9%	16.3%	60.0%	13.3%	3.72±.928
Unable to provide patients with good nursing care	68.1%	17.0%	7.4%	2.2%	5.2%	1.59±1.074
Not knowing how to communicate with patients	37.0%	47.4%	6.7%	5.2%	3.7%	1.91±.988
Difficulties in changing from the role of a student to that of a nurse	21.5%	3.7%	59.3%	9.6%	5.9%	2.75±1.084

TABLE NO 5
IV. Stress from clinical environment 3.023±0.949

Feelings of stress in the environment where clinical practice takes place	3.7%	5.2%	16.3%	54.8%	20.0%	3.82±.937
Unfamiliarity with ward facilities.	43.0%	43.0%	6.7%	4.4%	3.0%	1.81±.956

Feelings of stress from rapid changes in a patient's condition	6.7%	7.4%	37.0%	32.6%	16.3%	3.44±.956

TABLE NO 6
V. Stress from teachers and nursing staff; 2.8133±1.2105

Seeing a discrepancy between theory and practice	3.7%	6.7%	12.6%	49.6%	27.4%	3.90±.999
Not knowing how to discuss a patient's illness with teachers or medical and nursing personnel	30.4%	43.0%	17.8%	5.9%	3.0%	2.08±2.08
Feelings of stress when a teacher's instruction is different from expectations	3.7%	4.4%	8.9%	45.9%	37.0%	4.08±.985
Medical personnel lacking empathy and willingness to help	34.8%	35.6%	17.0%	7.4%	5.2%	2.13±1.129
Feelings that teachers do not evaluate students fairly	37.8%	40.7%	10.4%	6.7%	4.4%	1.99±1.075
Lack of care and guidance from teachers	6.7%	42.2%	32.6%	11.9%	6.7%	2.70±.995

VI. Stress from peers and daily life 3.1825±1.02025
TABLE NO 7

Experience of competition from peers in school and clinical practice	4.4%	8.9%	18.5%	48.1%	20.0%	3.70±1.030
Feelings of pressure from teachers who evaluate students' performance by comparison	3.0%	6.7%	16.3%	28.9%	45.2%	4.07±1.073
Feelings that clinical practice affects involvement in extracurricular activities	9.6%	11.9%	48.9%	25.2%	4.4%	3.03±.969
Inability to get along with group peers	34.8	51.1	5.2	3.7	5.2	1.93±1.009

The spss was, used to measure stress levels among nursing students, showed that the Stress from lack of professional knowledge and skills 1.8533 ±1.016 Stress from assignments and workload was 2.88±0.87, Stress from taking care of patients was 2.511±1.0058, Stress from clinical environment was 3.023±0.949, Stress from teachers and nursing staff was 2.8133±1.2105, and stress related to instructors and nursing staff was 3.1825±1.02025.

TABLE NO 8 Coping behavior Inventory (CBI)

I Avoidance; 3.31666±1.0486

To avoid difficulties during clinical practice.	3.0	4.4	12.6	44.4	35.6	4.05±.964
To avoid teachers.	7.4%	5.9%	48.1%	26.7%	11.9%	3.30±1.008
To quarrel with others and lose temper.	26.7%	43.0%	17.0%	8.9%	4.4%	2.21±1.075

To expect miracles so one does not have to face difficulties.	5.9%	7.4%	6.7%	43.0%	37.0%	3.98±1.129
To expect others to solve the problem.	12.6%	36.3%	33.3%	10.4%	7.4%	2.64±1.069
To attribute to fate.	56.3%	17.8%	19.3%	4.4%	2%	1.79±1.047

TABLE NO 9
II.   Problem Solving; 3.931±0.9185

To adopt different strategies to solve problems	3.7%	.7%	3.7%	71.9%	20.0%	4.04±.777
To set up objectives to solve problems	3.0%	3.7%	4.4%	28.1%	60.7%	4.40±.956
To make plans, list priorities, and solve stressful events.	2.2%	2.2%	6.7%	62.2%	26.7%	4.09±.787
To find the meaning of stressful incidents.	6.7%	8.9%	5.9%	37.0%	41.5%	3.98±1.200
To employ past experience to solve problems.	3.7%	4.4%	39.3%	40.7%	11.9%	3.53±.896
To have confidence in performing as well as senior schoolmates.	3.0%	5.2%	39.3%	39.3%	13.3%	3.55±.895

TABLE NO 10
Stay Optimistic; 3.49±0.9522

To keep an optimistic and positive attitude in dealing with everything in life.	2.2%	2.2%	9.6%	46.7%	39.3%	4.19±.865
To see things objectively.	3.7%	2.2%	18.5%	36.3%	39.3%	4.05±1.002
To have confidence in overcoming difficulties.	4.4%	5.9%	19.3%	53.3%	17.0%	3.73±.965
To cry, to feel moody, sad, and helpless.	34.1%	44.4%	13.3%	5.2%	3.0%	1.99±.977

TABLE NO 11
IV.Transference; 3.80333±o.929

To feast and take a long sleep.	3.0%	7.4%	34.8%	25.2%	29.6%	3.71±1.064
To save time for sleep and maintain good health to face stress.	2.2%	3.7%	5.9%	49.6%	38.5%	4.19±.874
To relax via TV, movies, a shower, or physical exercises	3.0%	3.0%	39.3%	43.0%	11.9%	3.51±.851

The CBI showed that the strategies utilized by students to minimize stress during clinical rotation included taking a problem-solving approach (3.931±0.9185), staying optimistic (3.49±0.9522), transference (3.80333±o.929), and avoidance behavior (3.31666±1.0486)Section 2 represents the student and teacher related motivational questions.

Discussion; This descriptive, cross-sectional study was conducted to assess clinical training related stressors and coping strategies among students nursing of Lahore school of nursing the University of Lahore. The duration of this study was from September 2019 to January 2020. In this study the data was collected from the male and female students of nursing department of Lahore school of nursing the university of Lahore mostly female participants were involve in this study, same study was conducted in Jordan in that's study also female participants were involve The findings demonstrated that stress levels among nursing students during their clinical rotation were mild , similar to an Iranian study conducted on nursing students during clinical practice, A simple random sampling technique was utilized to select 135 nursing students from Lahore school of nursing the University of Lahore. A study conducted in KSA there was also simple random sampling technique was utilized to select 125 nursing students from Albaha University. Mean and standard deviation derived through spss version 21 in this study. The demographic information of this study was include information regarding age, gender, marital status, academic year, economic status. While this type of study was conducted in KSA the demographic data of that study was include included information regarding age, gender, marital status, nationality, GPA, type of Programme (BSc, bridging, MSc, PhD), previous work experience, academic year, name of current course requiring clinical training).

In this study All six elements related to PSS, nursing students have ranged between 1 and 2. Consequently, however students have not previous practices at clinical settings; they showed high confidence and capability to overcome stressors. The overall level of stress was not very high, similar to previous reports.

It was found that the students of Lahore school of nursing the University of Lahore were satisfied with their course, which consisted of both theoretical and clinical parts; this study demonstrating that nursing students were not happy with their study of nursing for several reasons. Based on these findings, the improvement of teaching procedures and setting of comprehensive tasks, especially for practical aspects, are proposed.

The students those were involve in this study tried to cope with stressors using single or combined strategies, which is similar to previous findings.

Further studies are recommended to determine how nursing students could be encouraged to utilize a combined coping approach to decrease stress.

The finding of this study is similar to those of a Jordanian and an American study in terms of coping strategies. Students significantly employed the coping strategy of avoidance to overcome stressors due to assignments and patient care, peers and daily life, and educators and clinical staff. Problem solving, as another strategy to overcome stress, was more significantly utilized by students to manage stressors due to assignments and patient care, environment, and teachers and clinical staff. The use of these strategies could be explained by the fact that they are the easiest for students and related to their personalities. It was also expressed in one integrative review that nursing students prefer taking a problem-solving approach over using emotion-focused coping strategies.

Another two strategies, staying optimistic and transference were significantly utilized by students to handle stress related to assignments and patient care, their environment, friends and everyday events, and educators and clinical staff. These relationships were similar to those demonstrated in the aforementioned Jordanian study. One study conducted on nursing students in three countries showed that other coping strategies could be effective in stress management and control.

CONCLUSION

The findings demonstrated that nursing students at Lahore school of nursing the University of Lahore have mild stress levels. In order to overcome stressors, students frequently employed a problem-solving approach, followed by staying optimistic and using transference and avoidance.

REFERENCES

1. Alberdi-Erice, M. J., et al. (2015). "Evolución de los hábitos de consumo de tabacoy alcohol en estudiantes de enfermería." Enfermería Clínica 17(2): 63-70.
2. AMBAR, M.,etal. "Impact of Age and Social Support on Stress, Anxiety and Self Efficacy among Part Time Education Nursing Students."
3. Antoinette Bargagliotti, L. (2012). "Work engagement in nursing: a concept analysis." Journal of advanced nursing 68(6): 1414-1428.
4. Baqutayan, S. M. S. (2015). "Stress and coping mechanisms: A historical overview." Mediterranean Journal of Social Sciences 6(2 S1): 479
5. Burns, C., et al. (2014). "Mastering the preceptor role: challenges of clinical teaching." Journal of Pediatric Health Care 20(3): 172-183.

6. Chan, C. K., et al. (2016). "Hong Kong baccalaureate nursing students' stress and their coping strategies in clinical practice." Journal of professional Nursing 25(5): 307-313.
7. Chan, C. K., et al. (2017). "Hong Kong baccalaureate nursing students' stress and their coping strategies in clinical practice." Journal of professional Nursing 25(5): 307-313.
8. Chan,W.K., et al. (2016). "An alternative branch of the nonsense-mediated decay pathway." The EMBO journal 26(7): 1820-1830.
9. Chrousos, G. P., et al. (2018). "Interactions between the hypothalamic-pituitary-   adrenal axis and the female reproductive system: clinical implications." Annals of internal medicine 129(3): 229-240.
10. Dahlin, M., et al. (2014). "Stress and depression among medical students: A cross-sectional study." Medical education 39(6): 594-604.
11. Dhar, R., et al. (2019). "A descriptive study to assess the causes of stress and copingstrategies used by the newly admitted basic B. Sc. Nursing students." Nursing and Midwifery Research 5(1).
12. El Ansari, W., et al. (2014). "Food and mental health: relationship between food   and perceived stress and depressive symptoms among university students in the United Kingdom." Central European journal of public health 22(2): 90.
13. Endler, N. S. and N. L. Kocovski (2015). "State and trait anxiety revisited." Journal of anxiety disorders 15(3): 231-245.
14. Erb, J., et al. (2015). "Minnesota wolf population update 2015." Minnesota Dept of Natural Resources, St. Paul, MN.
15. Gibbons, C. (2010). "Stress, coping and burn-out in nursing students." International Journal of Nursing Studies 47(10): 1299-1309.
16. Hamaideh, S. H. (2016). "Stressors and reactions to stressors among university   students."International journal of social psychiatry 57(1): 69-80.
17. Hamaideh, S. H. (2018). "Stressors and reactions to stressors among university   students."International journal of social psychiatry 57(1): 69-80.
18. Hsiao, Y. C., et al. (2010). "Spiritual health, clinical practice stress, depressive   tendency and health-promoting behaviours among nursing students." Journal of Advanced Nursing 66(7): 1612-1622.
19. John, B. and M. Al-Sawad (2015). "Perceived stress in clinical areas and emotional intelligence among baccalaureate nursing students." Journal of the Indian Academy of Applied Psychology 41(3): 75-84.
20. Kaur, H., et al. (2017). "Corneal myofibroblast viability: Opposing effects of IL-1 and TGF β1." Experimental eye research 89(2): 152-158.
21. Kotrotsiou, E., et al. (2001). "How do patients experience stress caused by hospitalisation and how do nurses perceive this stress experienced by patients? A comparative study."
22. Labrague, L. J. (2014). "Stress, stressors, and stress responses of student nurses in a government nursing school."
23. Labrague, L. J., et al. (2018). "Examining stress perceptions and coping strategies among Saudi nursing students: A systematic review." Nurse education today 65: 192-200.
24. Maville, J. A., et al. (2016). "Perceived stress reported by nurse practitioner students." Journal of   the American Academy of Nurse practitioners 16(6): 257-262.
25. Patterson, J. M. and H. I. McCubbin (2016). "Adolescent coping style and behaviors: Conceptualization and measurement." Journal of adolescence 10(2): 163-186.
26. Pulido-Martos, M., et al. (2015). "Sources of stress in nursing students: a systematic review of quantitative studies." International Nursing Review 59(1): 15-25.
27. Rafati, F., et al. (2017). "Iranian nursing students' experience of stressors in their first clinical experience." Journal of professional Nursing 33(3): 250-257.
28. Reeve, K. L., et al. (2013). "Perceived stress and social support in undergraduate nursing students'educational experiences." Nurse education today 33(4): 419-424.
29. Rydgren, J. (2018). The Oxford handbook of the radical right, Oxford University Press.
30. Sahir, A., et al. (2019). "The Impact of Stress on Competency Among Nursing Students in Lahore, Pakistan."
31. Seiffge-Krenke, I. (2013). Stress, coping, and relationships in adolescence, Psychology   Press.
32. Seyedfatemi, N., et al. (2016). "Experienced stressors and coping strategies among Iranian nursing students." BMC nursing 6(1): 11.
33. Shah, M., et al. (2010). "Perceived stress, sources and severity of stress among medical   undergraduates in a Pakistani medical school." BMC medical education 10(1): 2.
34. Timmins, F. and M. Kaliszer (2015). "Aspects of nurse education programmes that frequently cause stress to nursing students–fact-finding sample survey." Nurse education today 22(3): 203-211.
35. Yasmin, S., et al. (2018). "Coping Strategies of Nursing Student against Academic and Clinical Stress at Public Sector Lahore." International Journal of Social Sciences and Management 5(3): 209-218.

KNOWLEDGE AND PRACTICES OF PERSONAL HYGIENE AMONG SCHOOL STUDENTS IN A RURAL COMMUNITY OF LAHORE

[1]Jawad Khaliq, [2]Irum Majeed, [3]Muhammad Afzal, [4]Syed Amir Gilani

[1]Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[2]Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[3]Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[4]Dean of Allied Health Sciences, The University of Lahore, Lahore, Pakistan

Email: [1]Jawadbsn005@lsn.uol.edu.pk; [2]Irum.majeed@lsn.uol.edu.pk; [3]Muhammad.afzal@lsn.uol.edu.pk; [4]profgilani@gmail.com

ABSTRACT

Introduction: According to World Health Organization (WHO), "hygiene refers to conditions and practices that assistance to keep up wellbeing and avoid the spread of disease. Personal hygiene includes those practices performed by a person to care of one's bodily well-being, through cleanliness.

Methods: A Cross sectional descriptive study was conducted among the students total (n= 125) in the government high school Lahore, Pakistan from September 2019 to November 2019.

Results The instrument use for the data collection was adopted questioner and convenient sampling technique was used. Study included 125 high school students all the students participated in the study were male 100% with their age ranged 14 years are 38%, 15 are 37%, 16 years are 13% and 17 years are 12% respectively.

More than three quarters of the children knew the requirement of personal hygiene. About two thirds of children had well to moderate knowledge with nearly three quarters had positive attitudes and more than half had good practice. There was a moderate positive correlation between knowledge score with both the attitude and practice scores.

Conclusions: From the present study conducted among high school students in Lahore it can be concluded that the percentage of hygiene practices and knowledge among high school students was satisfactory.

Keywords: Hygiene Knowledge, Practice High school students

INTRODUCTION

Personal hygiene can be defined as the practice of maintaining cleanliness and promoting the health of the body (Al-Rifaai, Al Haddad et al. 2018). The Hygiene practices are very important, poor hygiene results in different communicable diseases. Children learn hygiene practices from their childhood. Schoolchildren are mostly prone to ignore basic personal hygiene (Sharma, Sharma et al. 2018). Children learn hygiene practice from childhood, improper practices lead to numerous transmittable diseases such as skin infections, gastroenteritis, etc. According to WHO, about 3.8 million children die due to diarrhea and acute respiratory tract infection per year under the age of five (Joshi and Agarwal 2016). The level of personal hygiene has a great influence on the preventive capacity of many diseases and, therefore, it has great importance. The school is a major place for hygiene practices (Mangal, Kumar et al. 2019). Personal hygiene, also known as personal care, includes bathing, hairs care, nails care, dental care, foot care, genital care, and laundry. Examples of these activities would be the shaving of the hair and the cutting of the nails. Health education providing to high school students can improve their personal hygiene practices (Ahmadu, Rimamchika et al. 2019). Most of the disease and death in the world are due to communicable diseases. Within the developing countries this tendency is more common where the respiratory and intestinal infection is the main cause of morbidity and mortality in young children. Inadequate hygienic conditions and bad hygiene practices play an important role in the burden of communicable diseases. The morbidities that arise due to bad personal hygiene practices are more due to in height population density, the spread of respiratory infections, insufficient water supply, lack of health services, diarrhea and insufficient nutrition that leads to anemia, malnutrition and vitamin deficiency. Furthermore, Self-care is more important for the students because students spend most of the time outside like they spend time in school, college or universities close to others Infection transmission to students can lead to school absence, which can also disturb the academic performance (Seenivasan, Mary et al. 2016). Knowledge and health promotion are essential for children, their families,

and communities in general. Indeed, a meta-analysis of hand hygiene of 30 students showed that improved handwashing minimized the onset of respiratory tract infection and gastrointestinal diseases (Temitayo 2016).

Education has positive impact on personal hygiene practices. Teaching students about personal hygiene provides them with knowledge about health, making them aware of the risk reduction associated with bad hygiene practices, such as disease transmission. Health education meant that university students could pass on personal hygiene information to their families and the community. Therefore, it leads to a better lifestyle, which can potentially increase the profile of social hygiene. The development of policies, services, and research on these issues is essential to maintain and improve the quality of health education (Sarkar 2018). A direct relationship exist between good personal hygiene and absence of diseases among school children and also decreases infant morbidity and mortality from infectious diseases (Khatoon, Sachan et al. 2017).

Germs spread in schools is dangerous for our young people's health. Good hygiene practices help prevent the spread of germs and also give a good impression of one person to others. Daily activities related to personal hygiene if practiced correctly can improve and maintain health. Communicable diseases that are transmitted through food, water, personal contact, and the surrounding environment can be adequately controlled by adopting hygienic practices (Chaudhari, Mansuri et al. 2015). Schools offer the opportunity to better educate students on different aspects of health, such as nutrition, immunization, hygiene, the environment, sanitation, social customs, etc. Early detection of childhood diseases can prevent complications in school-age children and it is possible through regular health checks (Kunde 2017).

School and family are the two main sources of strong basis for hygiene practices. The level of personal hygiene has a great influence on the preventive capacity of many diseases and, therefore, the evaluation of its level acquires great importance. This will allow children to attend schools regularly and therefore improve their academic performance (Mhaske, Khismatrao et al. 2017). Globally 9.1% of the diseases and 6.3% of the death can be prevented through clean and drinking water, sanitation, and by maintaining good hygiene. Children's who has good knowledge and practices of personal hygiene are less likely to be absent from school and get good grades. (Dajaan, Addo et al. 2018).

AIMS OF THE STUDY

The aim of this research is to assess the knowledge and practice of personal hygiene among school students in a rural community of Lahore.

SIGNIFICANCE OF THE STUDY

Through this study knowledge of secondary school students will improve for changing the behavior regarding personal hygiene, which ultimately promotes the health of students. The study help to prevent students from any kind of disease and promote health status which lead to a better quality of life.

All these secondary school students belong to the community, because of changing the practice overall health will be automatically improved and all the problems in the community will be reduced. The researcher will get more knowledge regarding community and research studies. There will be a chance for the researcher to conduct further research in other communities. This will be an appreciated step in nursing education and healthcare service leading to better understanding and determining many techniques that may promote personal hygiene and influence the perceptions of secondary school students and the people of the community, about personal hygiene and the nursing profession.

LITERATURE SEARCH

The concept of personal hygiene is more common in medical as well as in public health practices. Personal hygiene contains keeping the hygiene of our body and clothes. It is well-defined as a circumstance promoting sanitary practices to self. Knowledge of personal hygiene and practice is very important in every activity of our day. The aim of public health regarding personal hygiene contain the prevention of oro-fecal diseases, aesthetic values, and social impacts (Bastos 2016).

A study conducted by (Temitayo 2016) to explore secondary school students knowledge about personal hygiene and practices, The results of the study show that about 98.2% students had a good knowledge of personal hygiene, and could exactly identify the components and some of the harmful concerns of insufficient personal hygiene practices The results of the study also show that most of the participants had good hygiene practices, like bathing (99.6%), brushing their teeth (98.2%) and washing their hands (65.9%). Willmott and Nicholson (2016) study reveals that majority of the respondents (88.5%) had good knowledge level on personal hygiene. Female students were found having more knowledge level than male students. On the other hand, the majority of them were noted with moderate to the poor level of hygiene practices. School students have good knowledge of personal hygiene while a lot more improvement is required in terms of practices. An integrated approach by parents, school and social media could be useful to enhance hygiene practices. So it is concluded that school students have good personal hygiene knowledge and good personal hygiene practices (Willmott, Nicholson et al. 2016). Rajbhandari and his fellows conducted study which show that most of the participants had good level of knowledge of personal hygiene. In the study, it was founded that female students have more knowledge regarding personal hygiene as compare to male students. But the practices were very low.

(Rajbhandari, Dhaubanjar et al. 2018). According to a study results indicate that insufficient and generalized hand hygiene in the school population. Furthermore, lo scores related to the knowledge and practice of handwashing of the participants may indicate the need for a complete public health education program on the subject. It was found that awareness of hand hygiene and compliance among school students was relatively low. The study shows that existing programs need improvement to change the behavior of hand hygiene to improve attitudes, knowledge, and practices (Sultana, Mahumud et al. 2016).

The study was conducted in Pakistan in 2015, the evaluation of the attitude of students towards oral hygiene determines that 98% of children believe that preserving the mouth is an individual responsibility. But 83% considered that it was not under their control; 58% had previously visited the dentist, of which 36% had specified the purpose of his visit as dental deterioration. However, 50% of the children did not have a positive attitude about the importance of the dentist's role in preserving their dental health. There was a statistically important relationship (p <0.001) between the positive attitude towards the role of the dentist and the frequency of visits to the dentist (Vakani, Basaria et al. 2015). Hazazi and his fellows conducted study the results of the study show that over 95% of the students knew the disease could be transmitted from person to person. Before and after eating and even after using the toilet, over 90% of students wash their hands with soap. Just 71.7 percent of students state they are twice-daily brushing their teeth. There was a positive relationship between the score of knowledge and practice and also the score of attitude with the score of practice. It was therefore concluded that the knowledge about personal among children in primary school students are adequate, but practice are still absent in some aspects (Hazazi, Chandramohan et al. 2018). Byrd-Bredbenner study results show that about 52% of students were classified with adequate knowledge of adequate hygiene. Most students about 99.0% washing their hands before meals, but the use of soap is only 36.2%. While 76.7% of students reported washing their hands after defecation, this practice was actually followed by only 14.8% of students (Byrd-Bredbenner, Maurer et al. 2017).

A study was conducted by Ghose and his fellows (2018) reveals that about 75% of children know about wearing shoes while using the latrine and after latrine use soap for handwashing. 80% were aware of washing hands with soap before eating. Most children have good knowledge of personal hygiene but their practices are inadequate.in the study it was found that more than 50% of children do not use soap for handwashing before eating and after use of latrine. Moreover, eating open food, defecating in open places and using latrines without shoes was quite common among them. The type of school, the socioeconomic status of families and geographical features have been reported as probable factors of knowledge and hygiene practices among children. A complete approach should be introduced that addresses the social, economic and geographical characteristics of children in order to improve hygiene practices among schoolchildren (Ghose, Rahman et al. 2018).

The study was conducted to evaluate the level of personal hygiene and its related factors. The finding of the study showed that only 22% of students achieved a score above 75% and were classified as good personal hygiene practioners. Student age, parenting literacy, and family income were significantly associated with personal hygiene. The negative association between disease score and personal hygiene score show that children disease burden can be reduced with good hygiene practices. Therefore, it was decided that the systematic efforts to raise the awareness of personal hygiene, to improve the literacy of parents together with the economic empowerment of rural families can help to increase students' personal hygiene and, therefore, an extreme fall in the disease burden (Mangal, Kumar et al. 2019).

The study was conducted in a rural area to assess personal hygiene practices among government secondary school. "42.3% of students were followed Good hygiene practices. Relatively, female students had good hygiene practices than male students." Students who have knowledge about disease transmission had better hygienic practices, so it was concluded that less than half of the students have good hygiene practices and they needed a continuous education on health and reinforcement of the personal hygiene for these school-age children (Ratnaprabha, Kumar et al. 2018).

According to the study results show that with respect to personal hygiene practices, more than 70% of students respond "always" that they wash hand before and after eating, with just over a fifth indicating "sometimes". The immense majority of students dispose of solid waste in garbage cans (99.3%, n = 284), use garbage bags (80.8%, n = 231), open containers (64%, n = 183) and very few scatter anywhere in the compound school or in the classroom (respectively 9.1%, n = 26 and 8.7%, n = 25). The current low levels of hygiene knowledge among students in the study area have the probable to affect student performance at school as risky hygiene practices make them susceptible to infectious diseases and the missing school (Thakadu, Ngwenya et al. 2018).

METHODS

SETTING
This study was conducted in the community of Ali Raza Abad, Raiwind Road, Lahore.

RESEARCH DESIGN
A descriptive study design was used.

POPULATION
The target population of the study was 125 school students of a rural community of Lahore.

SAMPLING
Convenient sampling technique was used in this study.

RESEARCH INSTRUMENT
A well structured and adopted questioner from the study was used for collecting the data from the participant. After taking informed consent, data collected from students of high school according to the variable of the study.

DATA GATHERING PROCEDURE
A formal written letter of permission to conduct the research. And the questionnaire was distributed to the high school children.

ANALYZE DATA
Data analysis is done on SPSS (version 21).
Outcomes of the study will offer as frequencies, mean, percentage, and the relevant statistical test.
Statistical significance will well-thought-out at p-value <0.05.

STUDY TIMELINE
This study took 4 months (September 2019, to December 2019).

ETHICAL CONSIDERATION
This research study met the national and international standards of research ethics as well as human subjects. The permission was taken from the research ethics committee of the Lahore school of nursing of the University of Lahore and also approved by the principal of primary school institution in the community. All the students of primary school showed full interest to join the interventional meeting after filling the consent form.

RESULTS
This section presents the outcomes of the study.

PROFILE OF THE RESPONDENTS
Section 1
Demographic
Respondents were taken from government high school students.
Table #1 demographic characteristics

	Category	Respondents	
		Number	Percent
Age (years)	14	38	30.4
	15	37	29.6
	16	38	30.4
	17	12	9.6
Class	9th	80	64.0
	10th	45	36.0
Gender	Male	125	100

age
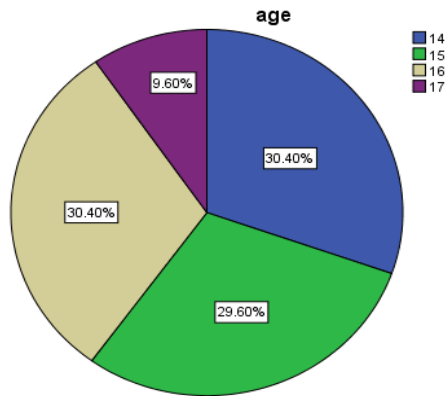
The above mentioned table shows that the participants of age 14 years are 38%, 15 are 37%, 16 years are 13% and 17 years are 12% respectively

Figure No 2
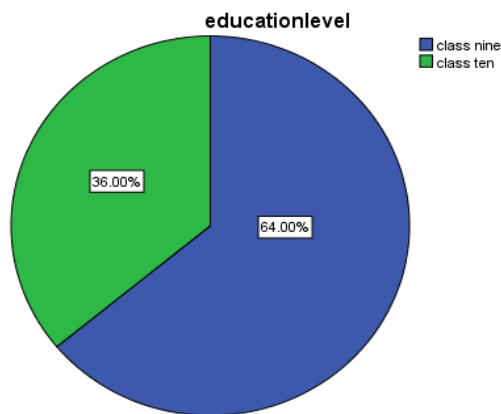
educationlevel

The figure no 2 show that the percentage of educational level of participants, class nine and class tenth were 80% and 45% respectively.

Figure No 3

gender
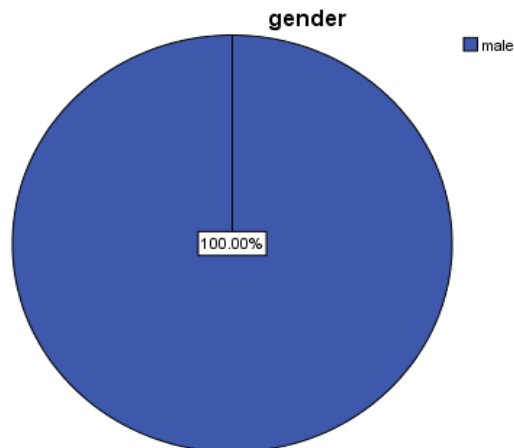
According to figure no 3, all the students participated in the study were male 100%. The frequency of male is higher in this study.
.

Section 2:

Section 2 represents the knowledge and practice about personal hygiene.

Knowledge on personal hygiene among secondary school grade nine and ten students

S.NO	Statements	Agree	Disagree	Don't know
1	Neatness helps in keeping us healthy	100%	0%	0%
2	Showering everyday keeps us clean	100%	0%	0%
3	Washing hand with soap is a healthy behavior	100%	0%	0%
4	Biting nail is an unhealthy behavior	100%	0%	0%
5	Maintaining proper hand hygiene prevents infection	100%	0%	0%
6	Brushing teeth regularly prevents teeth problems	100%	0%	0%
7	Regular dental checkup is important	100%	0%	0%
8	Sweets and soft drinks could affects teeth	100%	0%	0%
9	Microbes causes food poisoning	100%	0%	0%
10	Consuming raw meat affects health	63.2%	0%	38.8
11	Consuming raw vegetable affects health	56.8	0%	43.2
12	Flies could contaminate food	64.0	0%	36.0
13	Leftover food should be reheated before consuming	100%	0%	0%

S.NO	Statement	Always	Sometime	Never
	Practices of personal hygiene among high school grade nine and ten students			
1	I wash my hands before having meal	80%	20%	0%
2	I wash my hands after using toilet	100%	0%	0%
3	I wash my hands after playing	85.6%	14.4%	0%
4	I use soap for washing hands	58.4%	41.6%	0%
5	I brush my teeth after waking up	36.0%	64.0%	0%
6	I brush my teeth before going to bed	22.4%	77.6%	0%
7	I brush my teeth after having sweets	43.2%	56.8%	0%
8	I wash fruits vegetables before eating	100%	0%	0%
9	I wash my hand with soap after handling raw meat	43.2%	56.8%	0%
10	I taste food by finger while cooking	39.2%	47.2%	13.6%
11	I eat half cooked eggs	60.8%	39.2%	0%
12	I drink raw milk	56.0%	43.2%	8%

DISCUSSION

This study was conducted to assess the personal hygiene knowledge and practices among government high school students of grade nine and tenth in rural community. A total of 125 among government high school were involved in this study. There was the participants of age 14 years are 38%, 15 are 37%, and 16 years are 13% and 17 years are 12% respectively. All the respondent were male.

Personal hygiene means personal care including Hair hygiene, Nasal hygiene, Eye hygiene, Oral hygiene, Hand hygiene, Body Skin hygiene, Personal cloths hygiene etc. The maintenance of personal cloths hygiene is affected by many reasons like personal, social, health, psychological and simply as a way of life (Kumar and Akoijam 2017). Proper knowledge and practices of personal hygiene plays critical role in avoiding communicable diseases and benefit the primary school children to enjoy healthy and productive school life (Ghanim, Dash et al. 2016). Lack of knowledge about personal hygiene and poor hygienic practices increases the burden of communicable diseases. Maintaining a good personal hygiene among children helps to improve the quality of life (Hazazi, Chandramohan et al. 2018).

The findings of the current study revealed that majority of students participated in the study answered correctly about the definition of personal hygiene and all question that related to personal hygiene , 100% respondent were strongly agree about the good personal hygiene keep health the participants has great knowledge about cleanliness which was supported by the study conducted by (Temitayo 2016) which revealed that 97.8 % of the respondents have answered

correctly regarding the meaning of personal hygiene. Also it was supported by the study of (Kumar and Akoijam 2017) in which 100% of the respondents agreed that personal hygiene includes cleaning of the body and clothes.

Showering (bathing) was the most important aspect or component of personal hygiene that keep healthy. The finding of the study show that 100% respondent were strongly agree that showering keep us healthy This table show that all the participants has great knowledge about cleanliness In Pakistan bathing is an important hygienic practice that prevents body odor and irritation of the skin by removing sweat, sebum, and dead skin cells. The risk of lice as well as infections, fungi, scabies, and allergic diseases may emerge on an unwashed body due to dirty skin, clothes, and surroundings.

The findings were similar to the study conducted by (Ghanim, Dash et al. 2016) who's found that showering was the most important aspect of personal hygiene and all the participant were agree that showering keep healthy.

The current study result show that that all the participant (n-125) 100% were agree and have good knowledge about regularly brushing teeth prevent teeth problem and (n-125) 100% were agree about by maintaining the proper hand washing practices prevent the students from different types of infection. Study outcome were parallel to the study conducted by (Temitayo 2016) in which result showed that majority of the respondents (98.2%) had good knowledge of personal hygiene and result also showed that majority of the respondents had good hygienic practices including taking bath (99.6%), brushing teeth (98.2%) and washing hands (99%). High school students have good personal hygiene knowledge and good personal hygiene practices.

The finding of the study shows that participant 100% agree about unhealthy behavior toward nail biting and respondents reported they cut their nails weekly. This result was supported by another (Rajbhandari, Dhaubanjar et al. 2018) although slightly lower where 74.2% of the students were found trimming their nail once a week. Also in this study 65.9% of the respondents reported washing their hairs dly The practice of the respondents about washing of hands is 89.1%.

The percentage of the respondents who practiced seeing their doctors and their dentists regularly in the absence of illness were 47.4% and 46.4% respectively. The findings of this study was supported by a study by (Hazazi, Chandramohan et al. 2018) who reported that only few of the adolescents go for dental checkup at least once a year.

The result of current study shows that shows that out of total 125 participants 58.4% (n=73) participants respond always that they use soap for washing hands. While 41.6% (n=52) participants respond sometime using soap for hand washing. The practices of washing hands with soap is not proper among the participants. Study outcome were parallel to the study conducted by (Srivastava and Mehta 2018) a study shows that 57.4% student wash their hand after toileting with Soap and water, while 63.2% did hand washing practice after cleaning with soap and water and 31.6% of student washed their hands before eating food with Soap and water. Proper Hand hygiene practices increased with the increase in education.

LIMITATIONS

The study was certain limitations that need to be acknowledged in the interpretation of the result.

This was a cross-sectional study, therefore interpretations correlated to causality of relationship could not be drawn, and however, case control and cohort studies should be conducted to establish causal relationship.

As the information was gathered from just a single setting, it has restricted generalizability.

Convenient sampling was applied in data collection process whereas the probability sampling method can enhance the induction of different strata of the participants.

The study was limited to assess knowledge and practice regarding personal hygiene among school students in rural community of Lahore.

CONCLUSION

The outcome of this study reveals that majority of the government high school students considered in this study have good level of personal hygiene knowledge and a good number of them have high level of personal hygiene practices. From the present study conducted among high school students in Lahore it can be concluded that the percentage of hygiene practices and knowledge among high school students was satisfactory.

REFERENCES

1. Ahmadu, B. U., et al. (2019). "State of personal hygiene among primary school children: Acommunity based cohort study." *Sudanese journal of paediatrics 13(1):* 38.
2. Al-Rifaai, J. M., et al. (2018). "Personal hygiene among college students in Kuwait: A Health promotion perspective." *Journal of education and health promotion 7.*
3. Bastos, T. (2016). Personal hygiene, knowledge, attitude and practice of secondary school students in Ikeja.
4. Byrd-Bredbenner, C., et al. (2017). "Food safety self-reported behaviors and cognitions of young adults: results of a national study." *Journal of food protection 70(8):* 1917-1926.

5. Chaudhari, A., et al. (2015). "A study on Personal Hygiene of school going and non-school going children in Ahmedabad district, Gujarat." *Ntl J of Community Med 6(3):* 437-441.
6. Dajaan, D. S., et al. (2018). "Hand washing knowledge and practices among public primary schools in the Kintampo Municipality of Ghana." *International Journal of Community Medicine and Public Health 5(6):* 2205-2216.
7. Ghanim, M., et al. (2016). "Knowledge and practice of personal hygiene among primary school students in Sharjah-UAE." *Journal of Health Science 6(5):* 67-73.
8. Ghose, J. K., et al. (2018). "Knowledge and practicing behavior related to personal hygiene among the secondary school students of Mymensingh Sadar Upazilla, Bangladesh." *Microbes and Health 1(1):* 34-37.
9. Hazazi, A., et al. (2018). "Knowledge Attitude and Practices Regarding Personal Hygiene among the Male Primary School Children in Abha, Kingdom of Saudi Arabia: A Cross-Sectional Study." *HELIX 8(2):* 3215-3223.
10. Joshi, J. and S. Agarwal (2016). "Susceptibility of school students to health related hazards due to lack of hygiene." *The Pharma Innovation 5*(10, Part B): 128.
11. Khatoon, R., et al. (2017). "Impact of school health education program on personal hygiene among school children of Lucknow district." *Journal of family medicine and primary care 6(1):* 97.
12. Kumar, K. S. and B. S. Akoijam (2017). "Knowledge of personal hygiene and waterborne diseases and practice of personal hygiene among students of Central Agricultural University, Manipur,India." *International Journal Of Community Medicine And Public Health* 2(4): 592-595.
13. Kunde, P. (2017). "AdsulBalkrishna. Can Personal hygiene determines Health: Study amongst school children in a tribal area of Thane district." *National J Res Comm Med 3(2):* 127- 132.
14. Mangal, N., et al. (2019). "A cross sectional study on personal hygiene among rural school students in southern Rajasthan." *International Journal Of Community Medicine And Public Health 6(6):* 2646-2653.
15. Mhaske, M. S., et al. (2017). "Morbidity pattern and personal hygiene in children among private primary school in urban area: are the trends changing?" *Journal of family medicine and primary care 2(3):* 266.
16. Chaudhari, A., et al. (2015). "A study on Personal Hygiene of school going and non-school going children in Ahmedabad district, Gujarat." *Ntl J of Community Med 6(3):* 437-441.
17. Dajaan, D. S., et al. (2018). "Hand washing knowledge and practices among public primary schools in the Kintampo Municipality of Ghana." *International Journal of Community Medicine and Public Health 5(6):* 2205-2216.
18. Ghanim, M., et al. (2016). "Knowledge and practice of personal hygiene among primary school students in Sharjah-UAE." *Journal of Health Science 6(5):* 67-73.
19. Ghose, J. K., et al. (2018). "Knowledge and practicing behavior related to personal hygiene among the secondary school students of Mymensingh Sadar Upazilla, Bangladesh." *Microbes and Health 1(1):* 34-37.
20. Hazazi, A., et al. (2018). "Knowledge Attitude and Practices Regarding Personal Hygiene among the Male Primary School Children in Abha, Kingdom of Saudi Arabia: A Cross-Sectional Study." *HELIX 8(2):* 3215-3223.
21. Joshi, J. and S. Agarwal (2016). "Susceptibility of school students to health related hazards due to lack of hygiene." *The Pharma Innovation 5*(10, Part B): 128.
22. Khatoon, R., et al. (2017). "Impact of school health education program on personal hygiene among school children of Lucknow district." *Journal of family medicine and primary care 6(1):* 97.
23. Kumar, K. S. and B. S. Akoijam (2017). "Knowledge of personal hygiene and waterborne diseases and practice of personal hygiene among students of Central Agricultural University, Manipur,India." *International Journal Of Community Medicine And Public Health* 2(4): 592-595.
24. Kunde, P. (2017). "AdsulBalkrishna. Can Personal hygiene determines Health: Study amongst school children in a tribal area of Thane district." *National J Res Comm Med 3(2):* 127- 132.
25. Mangal, N., et al. (2019). "A cross sectional study on personal hygiene among rural school students in southern Rajasthan." *International Journal Of Community Medicine And Public Health 6(6):* 2646-2653.
26. Mhaske, M. S., et al. (2017). "Morbidity pattern and personal hygiene in children among private primary school in urban area: are the trends changing?" *Journal of family medicine and primary care 2(3):* 266.
27. Pruss-Ustun, A. and W. H. Organization (2018). "Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health."
28. Chaudhari, A., et al. (2015). "A study on Personal Hygiene of school going and non-school going children in Ahmedabad district, Gujarat." *Ntl J of Community Med 6(3):* 437-441.
29. Dajaan, D. S., et al. (2018). "Hand washing knowledge and practices among public primary schools in the Kintampo Municipality of Ghana." *International Journal of Community Medicine and Public Health 5(6):* 2205-2216.
30. Ghanim, M., et al. (2016). "Knowledge and practice of personal hygiene among primary school students in Sharjah-UAE." *Journal of Health Science 6(5):* 67-73.

31. Chaudhari, A., et al. (2015). "A study on Personal Hygiene of school going and non-school going children in Ahmedabad district, Gujarat." *Ntl J of Community Med 6(3):* 437-441.
32. Dajaan, D. S., et al. (2018). "Hand washing knowledge and practices among public primary schools in the Kintampo Municipality of Ghana." *International Journal of Community Medicine and Public Health 5(6):* 2205-2216.
33. Ghanim, M., et al. (2016). "Knowledge and practice of personal hygiene among primary school students in Sharjah-UAE." *Journal of Health Science 6(5):* 67-73.
34. Ghose, J. K., et al. (2018). "Knowledge and practicing behavior related to personal hygiene among the secondary school students of Mymensingh Sadar Upazilla, Bangladesh." *Microbes and Health 1(1):* 34-37.
35. Hazazi, A., et al. (2018). "Knowledge Attitude and Practices Regarding Personal Hygiene among the Male Primary School Children in Abha, Kingdom of Saudi Arabia: A Cross-Sectional Study." *HELIX 8(2):* 3215-3223.
36. Joshi, J. and S. Agarwal (2016). "Susceptibility of school students to health related hazards due to lack of hygiene." *The Pharma Innovation 5*(10, Part B): 128.
37. Khatoon, R., et al. (2017). "Impact of school health education program on personal hygiene among school children of Lucknow district." *Journal of family medicine and primary care 6(1):* 97.
38. Kumar, K. S. and B. S. Akoijam (2017). "Knowledge of personal hygiene and waterborne diseases and practice of personal hygiene among students of Central Agricultural University, Manipur,India." *International Journal Of Community Medicine And Public Health* 2(4): 592-595.
39. Kunde, P. (2017). "AdsulBalkrishna. Can Personal hygiene determines Health: Study amongst school children in a tribal area of Thane district." *National J Res Comm Med 3(2):* 127- 132.
40. Mangal, N., et al. (2019). "A cross sectional study on personal hygiene among rural school students in southern Rajasthan." *International Journal Of Community Medicine And Public Health 6(6):* 2646-2653.
41. Mhaske, M. S., et al. (2017). "Morbidity pattern and personal hygiene in children among private primary school in urban area: are the trends changing?" *Journal of family medicine and primary care 2(3):* 266.
42. Pruss-Ustun, A. and W. H. Organization (2018). "Safer water, better health: costs, benefits and sustainability of interventions to protect and promote health."
43. Rajbhandari, A. K., et al. (2018). "Knowledge and practice of personal hygiene among secondary school students of grade nine and ten." *Journal of Patan Academy of Health Sciences 5(2):* 107-113.
44. Ratnaprabha, G., et al. (2018). "Practices regarding personal hygiene among government high school students of a rural area in Central Karnataka." *International Journal of Medical Science and Public Health 7(6):* 457-462.
45. Sarkar, M. (2018). "Personal hygiene among primary school children living in a slum of Kolkata, India." *Journal of preventive medicine and hygiene 54(3):* 153.
46. Seenivasan, P., et al. (2016). "A cross sectional study on the health hygiene status of school children in north Chennai." *Stanley Medical Journal 3(2):* 08-14.
47. Sharma, N., et al. (2018). "A cross sectional study of knowledge, attitude and practices of menstrual hygiene among medical students in north India." *The Journal of Phytopharmacology 2(5*): 28-37.
48. Sultana, M., et al. (2016). "Hand hygiene knowledge and practice among university students: evidence from Private Universities of Bangladesh." *Risk management and healthcare policy 9:* 13.
49. Temitayo, I. O. (2016). "Knowledge and practices of personal hygiene among senior secondary school students of ambassadors college, Ile-Ife, Nigeria." *Texila International Journal of Public Health 4(4)*.
50. Thakadu, O. T., et al. (2018). "Sanitation and hygiene practices among primary school learners in Ngamiland district, Botswana." *Physics and Chemistry of the Earth, Parts A/B/C 105:* 224-230.
51. Vakani, F., et al. (2015). "Oral hygiene KAP assessment and DMFT scoring among children aged 11-12 years in an urban school of Karachi." *Journal of the College of Physicians and Surgeons Pakistan 21(4):* 223.
52. Willmott, M., et al. (2016). "Effectiveness of hand hygiene interventions in reducing illness absence among children in educational settings: a systematic review and meta-analysis."*Archives of disease in childhood 101(1*): 42-50.

PERCEPTION OF STUDENTS ON FACTORS IN MOTIVATION TO LEARN.

[1]M Jalil Khan, [2]Muhammad Husain, [3]Muhammad Afzal, [4]Syed Amir Gilani,

[1]Lahore School of Nursing, the University of Lahore, Lahore, Pakistan

[2]Assistant Professor, Lahore School of Nursing, the University of Lahore, Lahore, Pakistan

[3]HOD, Lahore School of Nursing, the University of Lahore, Lahore, Pakistan

[4]Dean, Faculty of Allied Health Science, the University of Lahore, Lahore Pakistan

E-mail: [1]M.jalilkhan7878@gmail.com; [2]Muhammad.Hussain@lsn.uol.edu.pk; [3]Muhammad.afzal@lsn.uol.edu.pk; [4]profgillani@gmail.com

ABSTRACT

Background: The process of getting new ideas, knowledge and changing the existing knowledge, and behavior is called learning. OR A change in human capacity which retain for a period of time is called learning. It bring changes in every student which can be short time or long time changes. Academic learning is directly linked to motivation. Learning and motivation is associated to student's perceptions. Motivation is a concept which defines a student's direction, persistence, and purpose. The motivation of students is a crucial factor for their performance and achievement of high quality academic grades. Motivation of student has an effect on all features of student life from participation to academic performance to extra-curricular activities.
Methods: A Cross sectional descriptive study was conducted among the students of Lahore school of nursing total (n= 134) in Lahore, Pakistan from September 2019 to December 2019. Data collected through questionnaire. Convenient sampling technique was used.
Results: Study included 134 students of Lahore school of nursing in which 40.3% (n=54) participants belongs to age group of 18-22 years, 34.3% (n=46) participants belongs to age group of 20-22 years, 16.4% (n=22) participants belongs to age group of 22-24 years, 4.5% (n=6) participants belongs to age group of 24-26 years and 4.5% (n=6) participants belongs to age group of more than 26 years. There were two main motivational factors in this study, one is student related and one is teacher related. The mean of student related motivational factor was 2.56 and teacher related motivational factors was 2.77.
Conclusions: This study concluded that the University of Lahore, Lahore school of nursing. Motivation play important role in every student carrier. Motivation enhances student desire to learn and achieve their goals. This study concluded that student had good perception about motivational factor of learning. This study also provide support to student to enhance their motivational level.
Keywords: Learning, Motivational factors, Student Motivation, Student perception.

INTRODUCTION

The process of getting new ideas, knowledge and changing the existing knowledge, and behavior is called learning. OR A change in human capacity which retain for a period of time is called learning. It bring changes in every student which can be short time or long time changes. The duration defend upon student to student and their gaining, retaining strength. The duration of time also defend upon behavior of student whether a student change behavior according to new learning or not positive behavior help to adopt new ideas and knowledge (Cano, Martin, Ginns, & Berbén, 2018).
Academic learning is directly linked to motivation. Learning and motivation is associated to student's perceptions and want to be interested in the learning process. But thinking about their level of involvement in the learning process is also relevant. Students may be motivated to complete a task, but the motivating factors behind these students differ depending on the situation and skill (Dahlin, Chuang, & Roulet, 2018). Motivation is a concept which defines a student's direction, persistence, and purpose. The motivation of students is a crucial factor for their performance and the achievement of academic grades of high quality. Motivation of student has an effect on all features of student life from participation to academic performance to extra-curricular activities. The student's motivation and inspiration depends on their desire to engage in lessons. Lack of motivation is often attributed to poor student achievement (Nweke, 2019).
Every student had different ways of learning. To facilitate learning it is important that these factors should be identified due to their importance Student academic achievement highly depend on the nature of task to be fulfilled by a student. Some task are difficult in completing which cause frustration in student mind and effect motivation of student resulting

incomplete achievement. The supportive learning environment of teacher change the student teacher relation into collaborative learning which promotes professional socialization and empowerment (Wilson, 2018).

There are another factors which affect learning and academic achievement of students which includes the reward and appreciation, Teacher method and behavior. Reward is most important factor which enhances student attention toward study and motivate student to work. Rewards are known to be one of the most important factors used to inspire the students. Reward boosted students to get more interest in learning. When students are rewarded they usually take pleasure especially in learning and achievement of education. If teacher communicate with students within the classroom about reward then student develop a willingness to work hard and score good grade. They believes that both teacher and parents would be pleased with their good performance (Battle & Tyson, 2018).

It is known that teachers have a significant impact on the education and lifelong performance of their student. Teacher should have sufficient knowledge and information on topics they teach. Use of technology, traditional and creative methods of teaching and learning processes. They should maintain discipline and plan in a well-organized manner all classroom events and functions. Teachers with high quality teaching practice have a real positive effect on student achievement and other skills (Feng & Ha, 2016).

The primary aim of teaching at any educational level is to bring a basic change in the student. Student's success are liked with teaching quality and teaching methods of teachers. To facilitate the process learning and information teacher must apply effective methods of teaching which best suited to specific goals and result at the stage. Teacher need to be familiar with various teaching strategies that understand the degree to which the concepts to be explained become clear. Majority of student's poor academic performance is profoundly related to the use of inadequate teaching methods by educators to influence learning. It is necessary for all teachers to apply such a methods which are student centered and relevant to student mental level (Öztürk, 2016).

The behavior of a teacher is a summary of the measurable result of the success of student in various institutions activities. Behavior can be positive or negative and can be effective or ineffective. Positive and effective behavior of a teacher produce required result of student learning. The way the teacher behaves and spend time with students on educational material has an effect on student achievement. A good behavior of teacher will enable a teacher to be committed to his job and will be able to take an effective initiative of teaching to his students. It will produce a positive impacts on student performance (Rienties & Toetenel, 2016).

Being Self-sufficient is a state which enable student to earn their own comfortable place in learning environment. When student make a positive and effective judgment of his or her own academic performance then Self-efficacy increases and has a positive effect on learning. Self-efficacy determine clear carrier goals. Self-efficacy enable student to choose challenging task and makes greater effort to successfully complete these task (Shakurnia, Alijani, Khajeali, & NiakanKalhori, 2015).quality standard living they are illiterate and do not have attention to self-hygiene (Suvarna & Hegde, 2016).

AIMS OF THE STUDY
The aim of this study is to assess Lahore school of Nursing student perception of motivational factors in learning.

SIGNIFICANCE OF THE STUDY
It is very clear that in the education of students, motivation is very important. If a university student has a high level of motivation for education, they can learn very well. There are some factors in this study which can enhance motivation of all students. This study will increase motivation level of Lahore school of Nursing student. It is clear that a student with high motivation had an effective level of self-actualization. It will enable Lahore school of Nursing student to know the instructor related motivating factors in learning.

LITERATURE REVIEW
A study conducted in which most student were girls (71.2%). The male and female student mean average were 2.88 (SD1⁄40.220) and 2.61 (SD1⁄40.204). There are high mean point of female than male (P<0.05). Similarly the academic learning ratio is higher in female 58% and male had a ratio of 45%. Students from a supportive environment have higher academic learning and achievement. A positive home environment is a careful, supportive, loving and stable environment. While students who do not come from such a setting may be frustrated, discouraged and stressful at university (Broadbent & Poon, 2015). Study conducted in Lahore school of nursing also explore nursing student learning (Mukhtar, Hussain, Perveen, Afzal, & Gilani, 2018). This study consist of 545 participants in which 389 (71.4 percent) were male and 159 were females student. Data collection instrument consist of achievement of required goal of academic learning of different years including 1st, 2nd, 3rd and fourth years students. It proves that 76 (13.9%) were excellent performer 409 (75%) were good performer and 60 (11.1%) were poor performer. A research results which is related to student learning in universities can be explained in the introduction to distribution of economic courses that out of 97 students who studied 9.28 percent had less categories, 34.02 percent had a moderate category, 31.96 percent had a lower category and 27.7 percent had a higher category of learning motivation (Lonn, Aguilar, & Teasley, 2015). Another study conducted in Indonesia about motivation to learn in students of universities which explained that out of 97 students who studied medical 8.25 percent had fewer categories, 43.30 percent had a moderate category, 29.90

percent had a superior category while 18.30 percent had a superior category (Lin-Siegler, Dweck, & Cohen, 2016). Learning motivation can be viewed either as a general condition or as a condition relevant to the situation. In both general and situation specific it is a permanent tendency which enhances learning. Specific situation motivation is a kind of motivation in which students engages purposely in activities by adopting his or her goal and plan to understand the concepts of skill development. Students with a strong motivation to learn these things tend to do them regularly (Illeris, 2018).

As if they have a motivated learning scheme that activated each time they enter a situation of learning. Student who have little motivation to learn in general motivation can display in specific situation because the instructor has shown them the importance and value of motivation. Students who are inspired to learn need not find fun or exciting tasks in the classroom, but find them interesting and worthwhile. Take it seriously by trying to benefit from the expected enhancement and empowerment (Wlodkowski & Ginsberg, 2017). The primary aim of teaching at any educational level is to bring about a fundamental change in the learner. Many students poor academic performance is profoundly related to the use of inadequate teaching methods by educator to affect learning. The teacher's teaching methods should be best suited to the subject in order to bring positive improvement to the students. Methods of teaching work effectively mainly when they meet the needs of the learner as each learner interprets and answer questions in a unique way (Simonson, Zvacek, & Smaldino, 2019). Description of the behavior of a teacher who is responsible for teaching is an intimate relationship between a more mature and a less mature personality. The personality and behavior of the teacher is an important factor which has a great impact on the achievement of the student. Proper behavior of a teacher helps students to understand their area of problem in the learning process. A study conducted in Kenya in which 53% female student and 33% male student agreed that proper behavior of teacher bring positive changes in student achievements (Nouri, 2015).

Poverty is considered one of the major problem in the course of motivation and academic achievement. If their per capita income is low they problems. They do not have the necessary income for improving their learning and they become unable to improve their grades (Olszewski-Kubilius & Corwith, 2018).

Some of the study also determine that there is clear link between the involment of parents and academic success. There are many ways in which parent may demonstrate that they are interested in the education of their children. Parents can help children with specific skills taught at school, attend school meetings or activities till their kids about their school day help with school projects and encourage their kids to prepare for exam and quizzes. A student with more parental involment perform homework more regularly then others. Parent positive attitude toward their children school can bring a positive change in the motivation toward learning and perception of their children (Castro et al., 2015).

METHODS
SETTING
This Study was conducted in the University of Lahore, Lahore School of Nursing.

RESEARCH DESIGN
A cross-sectional study design was used to assess perception of students on factors in motivation to learn. Another study conducted in Lahore school of nursing also use cross sectional study design (Khalil, Majeed, Bio, & Gilani, 2017).

POPULATION
The target population of the study was the student of BSCN (Bachelor of Science in nursing) and Post RN (Post-Registered Nurse) of Lahore School of Nursing.

SAMPLING
Convenient sampling technique was used in this study.

RESEARCH INSTRUMENT
A well-structured and adopted questioner from the study was used for collecting the data from the participant. After taking informed consent, data were collected from students of Lahore school of nursing.

DATA GATHERING PROCEDURE
A formal written letter of permission to conduct the research. Also ethical approval was obtained from author to use his questionnaire and the questionnaire was distributed to the Lahore school of nursing student.

ANALYZE DATA
Data analysis is done on SPSS (version 21).
Outcomes of the study will offer as frequencies, mean, percentage, and the relevant statistical test.
Statistical significance will well-thought-out at p-value <0.05.

STUDY TIMELINE
This study took 4 months (September 2019, to December 2019).

ETHICAL CONSIDERATION

The rules and regulations laid down by the University of Lahore's ethical committee will be followed while conducting research and respecting the rights of research participants.

• All participants will receive attached written informed consent.
• All data collection and details shall be kept confidential.
• Throughout the study, participants will remain anonymous.
• The subjects will be told that the study technique does not pose any drawbacks or risks.
• They will also be informed that during the study process they will be free to withdraw at any time.
• The data is kept under the key and locked while the keys are kept in hand. It will be kept under password in laptop.

RESULTS

This section presents the outcomes of the study.

PROFILE OF THE RESPONDENTS

Section 1
Demographic
Respondents were taken from Lahore school of nursing, The University of Lahore.

Table #1 Demographic characteristics
Age of the participant

	Frequency	Percent	Valid Percent	Cumulative Percent
18_20	54	40.3	40.3	40.3
20_22	46	34.3	34.3	74.6
22_24	22	16.4	16.4	91.0
24_26	6	4.5	4.5	95.5
More than 26	6	4.5	4.5	
Total	134	100.0	100.0	100.0
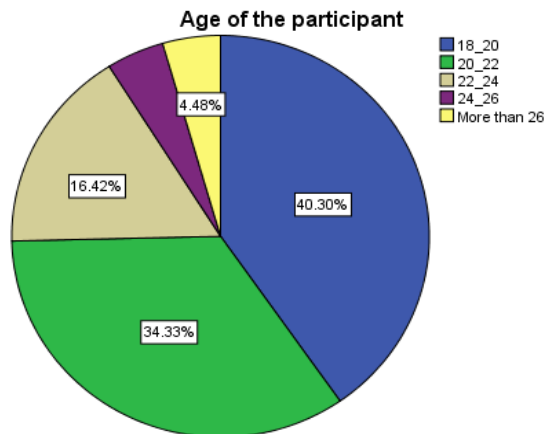
The above table and figure 1 show that 40.3% (n=54) participants belongs to age group of 18-22 years, 34.3% (n=46) participants belongs to age group of 20-22 years, 16.4% (n=22) participants belongs to age group of 22-24 years, 4.5% (n=6) participants belongs to age group of 24-26 years and 4.5 (n=6) participants belongs to age group of more than 26 years.

Figure No 2

Gender of the participant
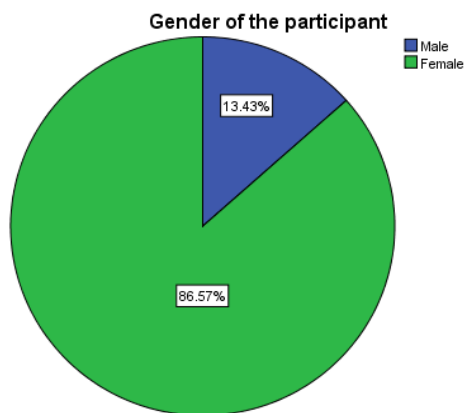
Figure no 2 show that 13.4% (n=18) participants are male and 86.6% (n=116) participants are female.

Figure No 3

Current year of participants study
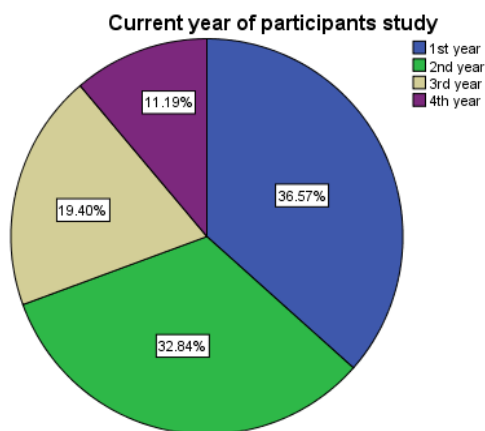
The figure no 3 show that 36.6% (n=49) participants are 1st year students, 32.8% (n=44) participants are 2nd year students, 19.4% (n=26) participants are 3rd year students and 4.5% (n=6) participants are 4rth year students

Section 2:
Section 2 represents the student and teacher related motivational questions.

Table 3:
Student related questions and their arithmetic Means, on lickert scale (strongly agree to strongly disagree)

S No	Student related questions	Mean
1	Having every kind of family supports to your learning	2.14
2	Believing that classes are very important and useful for your future.	2.16
3	Having interest to the content of learning subject.	1.99
4	Believing that you are valuable for your teachers and friends.	2.20
5	Being highly creative.	1.99
6	Being very intelligent.	2.40
7	Systematically studying and having some learning targets.	1.95
8	Knowing that hard working is very important to pass a class.	2.16

9	Having temporarily physical health problems (being sleepy, having a headache).	3.35
10	Having temporarily psychological problems such as lack of moral, and stress	2.99
11	Having a high expectancy to be successful.	2.10
12	Having some opportunities to determine yourself what you are going to learn.	1.92
13	Having negative prejudges for the class.	3.50
14	Having a competition situation in learning.	2.00
15	Feeling yourself unsafe	3.96
16	Feeling yourself sufficient about learning and ability level.	1.80
17	Having high anxiety level.	2.31
18	Having negative attitudes and prejudgments against instructor of the class.	3.60
19	Negativity of your social environment (both in school and out of school).	2.66
20	Having close family members who have important problems.	1.91
21	Absolute necessity for note taking during the class time.	2.60
22	Being not satisfied the basic needs such as nutrition.	3.43
23	Having orientation difficulties to school and environment.	2.66
24	Having close friends whose learning motivation levels are very high.	2.05
25	Being in love with someone.	3.21
26	Having lack of communication skill.	3.31
27	Having negative relationships with the opposite sex.	3.57
28	Having deficit in economic conditions.	3.28
29	Taking private teaching supports.	2.16
30	Performing enough sportive activities.	2.25
31	Being interesting to instructor in an emotional way.	3.57
32	Being a need of getting attention.	2.03
33	Having some harmful habits.	2.15
34	Being jealous.	2.69

In table 3 Question no 1 show that 40.3% (n=54) participants strongly agree to having every kind of family supports to your learning, 30.6% (n=41) participants agree to having every kind of family supports to your learning, 11.2% (n=15) participants do not know about having every kind of family supports to your learning, 10.4% (n=14) participants disagree to having every kind of family supports to your learning and 7.5% (n=10) participants strongly disagree to having every kind of family supports to your learning.

In table 3 Question no 2 show that 32.8% (n=44) participants strongly agree to believing that classes are very important and useful for our future, 41.0% (n=55) participants agree to believing that classes are very important and useful for our future, 9.7% (n=13) participants do not know about believing that classes are very important and useful for our future, 10.4% (n=14) participants disagree to believing that classes are very important and useful for our future and 6.0% (n=8) participants strongly disagree to believing that classes are very important and useful for our future.

In table 3 Questions no 3 show that 33.6% (n=45) participants strongly agree to having interest to the content of learning subject, 47.0% (n=63) participants agree to having interest to the content of learning subject, 11.2% (n=15) participants do not know about having interest to the content of learning subject, 3.7% (n=5) participants disagree to having interest to the content of learning subject and 4.5% (n=6) participants strongly disagree to having interest to the content of learning subject.

In table 3 Question no 4 show that 36.6% (n=49) participants strongly agree to believing that you are valuable for your teachers and friends, 30.6% (n=41) participants agree to believing that you are valuable for your teachers and friends, 16.4% (n=22) participants do not know about believing that you are valuable for your teachers and friends, 9.0% (n=12) participants disagree to believing that you are valuable for your teachers and friends and 7.5% (n=10) participants strongly disagree to believing that you are valuable for your teachers and friends.

In table 3 Question no 5 show that 39.6% (n=53) participants strongly agree to being highly creative, 40.3% (n=54) participants agree to being highly creative, 8.2% (n=11) participants do not know about being highly creative, 5.2% (n=7) participants disagree to being highly creative, and 6.7% (n=9) participants strongly disagree to being highly creative.

In table 3 Question no 6 show that 27.6% (n=37) participants strongly agree to being very intelligent, 29.9% (n=40) participants agree to being very intelligent, 26.1% (n=35) participants do not know about being very intelligent, 8.2% (n=11) participants disagree to being very intelligent and 8.2% (n=11) participants strongly disagree to being very intelligent.

In table 3 Question no 7 show that 43.3% (n=58) participants strongly agree to systematically studying and having some learning targets, 35.1% (n=47) participants agree to systematically studying and having some learning targets, 7.5% (n=10) participants do not know about systematically studying and having some learning targets, 11.9% (n=16)

participants disagree to systematically studying and having some learning targets and 2.2% (n=3) participants strongly disagree to systematically studying and having some learning targets.

Table 4:
Teacher related questions and their arithmetic Means, on lickert scale (strongly agree to strongly disagree)

35	Having a very eagerly personality to learn.	2.10
36	Being antisocial.	3.86
37	Having sufficient communication skill.	2.29
38	Not having some principles.	3.56
39	Making fun of students, behaving roughly and given punishment to students.	2.93
40	Lack of providing discipline in class.	3.69
41	Providing cooperation with classmates and supporting group studies.	1.96
42	Being a good model for high motivation in class and loving his job.	2.03
43	Trying to make students feel that the instructor really cares about them.	2.12
44	Being fair and not discriminating students.	2.33
45	Providing a warm learning atmosphere in class, and being tolerantly and joyfully.	2.46
46	Using student centered teaching methods and making students to participate in the class.	2.58
47	Informing students about teaching targets and the importance of the subject being thought.	2.03
48	Dominating the teaching subject, having sufficient knowledge on his profession.	2.10
49	Providing positive feedbacks to students in learning progress.	2.22
50	Forcing students' potentials in classes.	3.81
51	Given encourage to students for being successful.	2.17
52	Guiding students privately, and to have them make appropriate individual studies.	2.48
53	Making speeches to students to improve their general learning desire.	2.01
54	Reflecting his political idea in classes.	2.37
55	Assigning very high grades and never failing a student.	2.36
56	Not using reinforcement sufficiently.	3.74
57	Framing the teaching subject with daily life.	1.94
58	Having insufficient teaching ability.	3.74
59	Lack of providing appropriate study materials to his students.	3.92
60	Given low grades.	1.93
61	Having very serious health problems.	3.43
62	Having consistent personality.	1.80
63	Using class time inefficiently.	4.08
64	Being sophisticated.	2.08
65	Not being clean and well groomed.	2.00
66	Not being creative.	2.61
67	Reflecting his economical deficits to his students.	3.24
68	Primarily considering economical gain in teaching.	2.40
69	Behaving unethically against students.	3.90
70	Having low empathy skill.	3.58
71	Not being altruistic to his students.	3.51
72	Reflecting his private life problems to the class.	3.55

In table 4 Question no 36 show that 3.7% (n=5) participants strongly agree to being antisocial, 7.5% (n=10) participants agree to being antisocial, 14.2% (n=19) participants do not know about being antisocial, 48.5% (n=65) participants disagree to being antisocial and 26.1% (n=35) participants strongly disagree to being antisocial.
In table 4 Question no 37 show that 30.6% (n=41) participants strongly agree to having sufficient communication skill, 33.6% (n=45) participants agree to having sufficient communication skill, 18.7% (n=25) participants do not know about having sufficient communication skill, 10.4% (n=14) participants disagree to having sufficient communication skill and 6.7% (n=9) participants strongly disagree to having sufficient communication skill.
In table 4 Question no 38 show that 8.2% (n=11) participants strongly agree to not having some principles, 9.7% (n=13) participants agree to not having some principles, 21.6% (n=29) participants do not know about not having some principles, 38.8% (n=52) participants disagree to not having some principles and 21.6% (n=29) participants strongly disagree to not having some principles.

In table 4 Question no 39 show that 14.9% (n=20) participants strongly agree to making fun of students, behaving roughly and given punishment to students, 15.7% (n=21) participants agree to making fun of students, behaving roughly and given punishment to students, 41.8% (n=56) participants do not know about not making fun of students, behaving roughly and given punishment to students, 17.2% (n=23) participants disagree to not making fun of students, behaving roughly and given punishment to students and 10.4% (n=14) participants strongly disagree to making fun of students, behaving roughly and given punishment to students.

In table 4 Question no 40 show that 7.5% (n=10) participants strongly agree to lack of providing discipline in class, 9.0% (n=12) participants agree to lack of providing discipline in class, 9.0% (n=12) participants do not know about lack of providing discipline in class, 56.7% (n=76) participants disagree to lack of providing discipline in class and 17.9% (n=24) participants strongly disagree to lack of providing discipline in class.

In table 4 Question no 41 show that 39.6% (n=53) participants strongly agree to providing cooperation with classmates and supporting group studies, 43.3% (n=58) participants agree to providing cooperation with classmates and supporting group studies, 5.2% (n=7) participants do not know about providing cooperation with classmates and supporting group studies, 6.0% (n=8) participants disagree to providing cooperation with classmates and supporting group studies and 6.0% (n=8) participants strongly disagree to providing cooperation with classmates and supporting group studies.

In table 4 Question no 36 show that 3.7% (n=5) participants strongly agree to being antisocial, 7.5% (n=10) participants agree to being antisocial, 14.2% (n=19) participants do not know about being antisocial, 48.5% (n=65) participants disagree to being antisocial and 26.1% (n=35) participants strongly disagree to being antisocial.

In table 4 Question no 37 show that 30.6% (n=41) participants strongly agree to having sufficient communication skill, 33.6% (n=45) participants agree to having sufficient communication skill, 18.7% (n=25) participants do not know about having sufficient communication skill, 10.4% (n=14) participants disagree to having sufficient communication skill and 6.7% (n=9) participants strongly disagree to having sufficient communication skill.

In table 4 Question no 38 show that 8.2% (n=11) participants strongly agree to not having some principles, 9.7% (n=13) participants agree to not having some principles, 21.6% (n=29) participants do not know about not having some principles, 38.8% (n=52) participants disagree to not having some principles and 21.6% (n=29) participants strongly disagree to not having some principles.

DISCUSSION

This is a cross sectional study. This study is conducted in The University of Lahore, Lahore school of Nursing. Data were collected through questionnaire from the student of Lahore school of nursing. In this Study (n=54) participants belongs to age group of 18-22 years, (n=46) participants belongs to age group of 20-22 years, (n=22) participants belongs to age group of 22-24 years, (n=6) participants belongs to age group of 24-26 years and (n=6) participants belongs to age group of more than 26 years.

Similarly (n=18) participants are male and (n=116) participants are female in this study. Study participants are separated from themselves through current study year (n=49) participants are 1st year students, (n=44) participants are 2nd year students, (n=26) participants are 3rd year students and (n=6) participants are 4rth year students. Furthermore (n=123) participants are single and (n=11) participants are married.

The questionnaire consist of two parts, first part contain student related motivational questions and the other part contain teacher related motivational questions. Mean of all questions were done. The participants (Male, Female) responds differently to all question. There are several questions in which female responds (strongly agree, Agree) highly then male. Student related questions includes different questions. The mean of this question having every kind of family supports to your learning female participants was 2.14. Maximum of the participants respond highly to have family support. Similar study has been conducted by (Chohan & Khan, 2015) which explore that parental support factors contribute significantly to the creation of positive self-esteem which is statistically related to the students ' academic

achievement. Another study conducted in India indicated that family support encourage student and build high motivation of student.

Having orientation difficulties to school and environment. The mean of this question is 2.66. Maximum of study participants both male and female disagree to this question. They clear that orientation is very important and we had a good orientation at the start of carrier. Similarly another study has been conducted in River state University of science and technology explore that student orientation is only way to help out student to start their carrier in a good way. Furthermore they concluded that our study result show that a lot of student faced difficulties in orientation to school environment. (Lotkowski, Robbins, & Noeth, 2015).

Lack of providing discipline in class. The mean of this question is 3.69. Most of the participants of this study disagree to lack of discipline in class. They think that discipline is the key to maintain the class learning environment. A study conducted in Mauritis High school suggest that discipline minting is the most important aspect of any class. Mauritis school study concluded that mobile phone bring indiscipline in their participants class environment (Jinot, 2018).

Providing positive feedbacks to students in learning progress. The mean of this question is 2.22. A lot of participants agree to have a positive feedback from their teachers in learning process. Similar study has been conducted in University of East Anglia which suggest that positive feedback of teacher help students to achieve their goals in learning process. This study concluded that in our study most of the participants agree to have enough support and feedback from their teachers.

There are many questions in which the females participants responds highly than male. Having interest to the content of learning subject. The mean of this question is 1.99. In this question the females (n= 58) agree to have interest in the content of learning subjects while (n=18) males agree to have interest in learning subjects.

LIMITATIONS

As the information was gathered from just a single setting, it has restricted generalizability.

Convenient sampling was applied in data collection process whereas the probability sampling method can enhance the induction of different strata of the participants.

The study was limited to assess perception of Lahore School of nursing students on factors motivation to learn.

CONCLUSION

This study concluded that the University of Lahore, Lahore school of nursing. Motivation play important role in every student carrier. Motivation enhances student desire to learn and achieve their goals. This study concluded that student had good perception about motivational factor of learning. This study also provide support to student to enhance their motivational level.

REFERENCES

1. Afzal, M., Ali, T. S., & Gilani, S. A. (2019). Perception of Nursing Students Regarding Blended Learning Implementation at University of Lahore, Pakistan.
2. Ahea, M. (2016). The Value and Effectiveness of Feedback in Improving Students' Learning and Professionalizing Teaching in Higher Education. Journal of Education and Practice, 7(16), 38-41.
3. Albert, M. A., & Dahling, J. J. (2016). Learning goal orientation and locus of control interact to predict academic self-concept and academic performance in college students. Personality and Individual Differences, 97, 245-248.
4. Battle, L. H., & Tyson, T. (2018). Academic Strategies that Facilitate Learning in Millennial Nursing Students. i-Manager's Journal on Nursing, 8(1), 1.
5. Bedewy, D., & Gabriel, A. (2015). Examining perceptions of academic stress and its sources among university students: The Perception of Academic Stress Scale. Health psychology open, 2(2), 2055102915596714.
6. Borman, W. C. (2017). Implications of Personality Theory and Research for the Rating of. Performance measurement and theory, 25, 127.
7. Broadbent, J., & Poon, W. L. (2015). Self-regulated learning strategies & academic achievement in online higher education learning environments: A systematic review. The Internet and Higher Education, 27, 1-13.
8. Cano, F., Martin, A. J., Ginns, P., & Berbén, A. (2018). Students' self-worth protection and approaches to learning in higher education: predictors and   consequences. Higher Education, 76(1), 163-181.
9. Castro, M., Expósito-Casas, E., López-Martín, E., Lizasoain,   L., Navarro-Asencio, E., & Gaviria, J. L. (2015). Parental involvement on student academic   achievement: A meta-analysis. Educational research review, 14, 33-46.
10. Chang, W.-C., & Ku, Y.-M. (2015). The effects of note-taking skills instruction on elementary students' reading. The Journal of Educational Research, 108(4), 278-291.

11. Chohan, B. I., & Khan, R. M. (2015). Impact of parental support on the academic performance and self concept of the student. Journal of Research and Reflections in Education, 4(1), 14-26.
12. Dahlin, K. B., Chuang, Y.-T., & Roulet, T. J. (2018). Opportunity, motivation, and ability to learn from failuresand errors: Review, synthesis, and ways to move forward. Academy of Management Annals, 12(1), 252-277.
13. Das, L., & Vanarse, S. (2015). Evaluating the Applicability of Maslow's Theory of Motivation to Education. PARIDNYA-The MIBM Research Journal, 3(1), 1-10.
14. DeFauw, C., Levering, K., Msipa, R. T., & Abraham, S. (2018). Families' Support and Influence on College Students' Educational Performance. Journal of Education and Development, 2(1), 11.
15. Durik, A. M., Shechter, O. G., Noh, M., Rozek, C. S., & Harackiewicz, J. M. (2015). What if I can't? Success expectancies moderate the effects of utility value information on situational interest and performance. Motivation and Emotion, 39(1), 104-118.
16. Egalite, A. J., Kisida, B., & Winters, M. A. (2015). Representation in the classroom: The effect of own-race teachers on student achievement. Economics of Education Review, 45, 44-52.
17. Feng, L., & Ha, J.-L. (2016). Effects of Teachers' Information Literacy on Lifelong Learning and School Effectiveness. Eurasia Journal of Mathematics, Science & Technology Education, 12(6).
18. Green, J. P., Dalal, R. S., Swigart, K. L., Bleiberg, M. A., Wallace, D. M., & Hargrove, A. K. (2018). Personality Consistency and Situational Influences on Behavior. Journal of Management, 0149206318781950.
19. Guarinoni, M., Belin, A., Oulès, L., Graveling, R., Crawford, J., Lietzmann, J., & Kaminskas, K. (2015). Occupational health concerns: stress-related and psychological problems associated with work. Bryssel: European Parliament's Committee on Employment and Social Affairs. Saatavissa, 14, 2018.
20. Illeris, K. (2018). A comprehensive understanding of human learning Contemporary theories of learning (pp. 1-14): Routledge.
21. Jinot, B. L. (2018). The causes of a lack of discipline among secondary school learners in Mauritius. Mediterranean Journal of Social Sciences, 9(1), 35-46.
22. Khalil, A., Majeed, M. A. I., Bio, A. W., & Gilani, S. A. (2017). Assessment of nursing student perception towards, nursing profession in Sir Ganga Ram Hospital and Ittefaq Hospital Trust Lahore, Pakistan.
23. Klingner, J. K., Vaughn, S., & Boardman, A. (2015). Teaching reading comprehension to students with learning difficulties, 2/E: Guilford Publications.
24. Levecque, K., Anseel, F., De Beuckelaer, A., Van der Heyden, J., & Gisle, L. (2017). Work organization and mental health problems in PhD students. Research Policy, 46(4), 868-879.
25. Lin-Siegler, X., Dweck, C. S., & Cohen, G. L. (2016). Instructional interventions that motivate classroom learning. Journal of Educational Psychology, 108(3), 295.
26. Lonn, S., Aguilar, S. J., & Teasley, S. D. (2015). Investigating student motivation in the context of a learning analytics intervention during a summer bridge program. Computers in Human Behavior, 47, 90-97.
27. Lotkowski, V. A., Robbins, S. B., & Noeth, R. J. (2015). The Role of Academic and Non-Academic Factors in Improving College Retention. ACT Policy Report. American College Testing ACT Inc.
28. Mellon, C. A. (2015). Library anxiety: A grounded theory and its development. College & Research Libraries, 76(3), 276-282.
29. Mukhtar, J., Hussain, M., Perveen, K., Afzal, M., & Gilani, S. A. (2018). Students' Perception and Readiness towards Inter-Professional Learning. International Journal of Social Sciences and Management, 5(3), 192-200.
30. Nouri, A. (2015). The Relationship between Iranian EFL Teachers' Behavior and Academic Achievement of High School Students. Journal of Language Teaching and Research, 6(3), 574-580.
31. Nweke, U. (2019). Academic Motivational Teaching Practices: Perceptions of Southwestern Nigerian Secondary School Teachers. Creighton University.
32. Olszewski-Kubilius, P., & Corwith, S. (2018). Poverty, academic achievement, and giftedness: A literature review. Gifted Child Quarterly, 62(1), 37-55.
33. Öztürk, N. (2016). Preservice science teachers' SSI teaching self-efficacy beliefs and their relations to knowledge, risk and benefit perceptions, and personal epistemological beliefs. MIDDLE EAST TECHNICAL UNIVERSITY.
34. Patton, L. D., Renn, K. A., Guido, F. M., & Quaye, S. J. (2016). Student development in college: Theory, research, and practice: John Wiley & Sons.
35. Rienties, B., & Toetenel, L. (2016). The impact of learning design on student behaviour, satisfaction and performance: A cross-institutional comparison across 151 modules. Computers in Human Behavior, 60, 333-341.
36. Shakurnia, A., Alijani, H., Khajeali, N., & NiakanKalhori, S. R. (2015). Nursing students motivations and satisfaction, Do the motivation and satisfaction of nursing students change during their study years? Nursing, 13.
37. Simonson, M., Zvacek, S. M., & Smaldino, S. (2019). Teaching and Learning at a Distance: Foundations of Distance Education 7th Edition: IAP.

38. M. G. (2016). A research for identifying study anxiety sources among university students. International Education Studies, 3(2), 189-196.
39. Wilson, J. D. (2018). Student learning in higher education: Routledge.
40. Wlodkowski, R. J., & Ginsberg, M. B. (2017). Enhancing adult motivation to learn: A comprehensive guide for teaching all adults: John Wiley & Sons.
41. Yasmin, S., Hussain, M., Parveen, K., & Gilani, S. A. (2018). Coping Strategies of Nursing Student against Academic and Clinical Stress at Public Sector Lahore. International Journal of Social Sciences and Management, 5(3), 209-218.

© THE BALTIC SCIENTIFIC JOURNALS

PIRETC

PROCEEDING OF THE INTERNATIONAL RESEARCH EDUCATION & TRAINING CENTER

MOTIVATING FACTORS FOR NURSING STUDENTS' SUCCESS

[1]Iram Hassan, [2]Muhammad Husain, [3]Muhammad Afzal, [4]Syed Amir Gilani,

[1]Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[2]Assistant Professor, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[3]HOD, Lahore School of Nursing, The University of Lahore, Lahore, Pakistan

[4]Dean, Faculty of Allied Health Science, The University of Lahore, Lahore Pakistan

Email:[1]Iramhassan45@gmail.com; [2]Muhammad.Hussain@lsn.uol.edu.pk; [3]Muhammad.afzal@lsn.uol.edu.pk
[4]profgillani@gmail.com

ABSTRACT
Background: Motivation is described as a process that influences one's choice and continuity in particular behaviors. Student motivation is described as an act or act of encouragement. State of motivation, a stimulus, or influence, motivation drives something like a need or desire that a person or a student has to act on and the effort to accomplish the outcome. When students encounter a large number of these stimulating experiences and variables on a regular basis, stimuli are enhanced. That is students should ideally be the very source of stimulus in their learning experience in each classroom Students' motivation to learn is generally categorized as either internal or external.
Methods: A descriptive cross sectional study design was used for this study (Factors motivating for nursing student)
Results: Study included 133 students of Lahore school of nursing in which 74.4% (n=99) participants belong to 18-22 age group, 25.6% (n=34) participants belong to 22-26 age group.
Conclusions: The research study concluded motivating factors for nursing students' success. The main determination of this study was to provide the motivating factors for nursing students 'success in Lahore school of nursing the University of Lahore. The collected data were analyzed by SPSS version 21. The results showed that the students of Lahore school of nursing have positive awareness regarding motivating factors for success.
Keywords: Motivation, Student, Success.

INTRODUCTION

Motivation is described as a process that influences one's choice and continuity in particular behaviors. Student motivation is described as an act or act of encouragement. State of motivation, a stimulus, or influence, motivation drives something like a need or desire that a person or a student has to act on and the effort to accomplish the outcome. When students encounter a large number of these stimulating experiences and variables on a regular basis, stimuli are enhanced. That is students should ideally be the very source of stimulus in their learning experience in each classroom Students' motivation to learn is generally categorized as either internal or external (Broussard & Garrison, 2015).

External stimulation refers to the degree to which students feel they are engaging in a task for purposes such as grades, incentives, success, assessment by others, and rivalry that includes performance behavior that is not derived from the action's intrinsic satisfaction. But for external rewards, such as compliments and grades, both unrelated to learning strategies (Bernardino et al., 2018).

Externally motivated students are affected by external prizes and concentrate on completing their curriculum. Internally motivated students, on the other hand, take an interest in the subject area and the motivation focuses on personal goals and contributes to a deeper approach to learning. Entry-value tasks are important for students because they are fun, interactive and offer exciting activities to keep students motivated. (Dobronyi, Oreopoulos, & Petronijevic, 2019).

The success of college students in academic achievement primarily depends on their personal motivation. Clear language is important to remember that student motivation is typically of great interest to colleges and universities as it relates to retention of students, completion of the course, grade point average and readiness for future employment. Retaining students has become a problem of growing concern for higher education institutions (Dincer & Doganay, 2015). The retention of nursing students is correlated with the educational institution as well as the students ' individual characteristics and the learning system. Academic performance is also an important factor for academic retention and success (Fajar, Hussain, Sarwar, Afzal, & Gilani, 2019).

Nursing students face unique challenges at the beginning of their rigorous nursing training, which may affect their decision to retain, fail, abandon, or abandon the nursing program. Organizations often evaluate student achievement through a variety of metrics that identify academic achievement, student engagement and retention (Black, 2016).

Attention learning factors are the cognitive choice process that focuses on one aspect of the environment while neglecting the other. The importance of students ' attention in the classroom environment plays an important role in improving their attitudes to academic performance. Teachers need to bring interest to the students in order to get the attention of the students, which leads to constant focus. It is important to note, however, that it must first be obtained through the stimulus domain before the students receive attention. (Guay & Bureau, 2018).

Educational technology has dramatically improved teaching and learning, especially in the field of visual aids. Over decades, images usually included drawings, photos, videotapes, slides, videos, diagrams, and animations were used to complement text-based information. In general, these types of visuals have resulted in increased recall of text information (Grove, Burns, & Gray, 2015).

Enthusiasm is regarded as a special model that provides information to students. When he or she succeeds in communicating excitement about the subject to students, a teacher is perceived as enthusiastic. Relevance refers to something suitable for the subject at hand. Relevance also implies, rather than something ancient, something new. It is the subject's value rather than the student's relationship with the subject. (Rani, Hussain, Afzal, & Gillani, 2019).

AIMS OF THE STUDY
The aim of this study was to assess Lahore school of Nursing student perception of motivational factors in learning.

SIGNIFICANCE OF THE STUDY
It is very clear that in the education of students, motivation is very important. If a university student has a high level of motivation for education, they can learn very well. There are some factors in this study which can enhance motivation of all students. This study will increase motivation level of Lahore school of Nursing student. It is clear that a student with high motivation had an effective level of self-actualization. It will enable Lahore school of Nursing student to know the instructor related motivating factors in learning.

LITERATURE REVIEW
As reported, highly motivated students have better results in education and thus succeed in achieving their set goals. It seems that these students are always able to cope with the challenges they face. On the other hand, the encouragement of parents and teachers is indicated by their children and students, whose inspiration and positive development for academic success have a significant positive effect. Relevance it was revealed that self-esteem and academic achievement are positively related to the intellect of the students. A confident attitude, self-esteem, and confidence prepare students to develop the qualities they need to succeed in themselves. These attributes are promoted through encouragement (Taştan et al., 2018).

Lack of motivation limits the ability of students to learn, thus impacting their academic performance. This applies to classroom and clinical nursing environments. Therefore, Motivation is an important concept as a learning tool that is needed deep research in nursing education. According to Simmons and Page, consistent, positive, emotional teachers-student relationships and the necessary positive interpersonal relationships are essential for students' interest. This is because aggression affects a student's drive, need, purpose and social pressure as well as motivates a student. When students see their lack of effort as worthwhile and worthwhile, they emphasis on approaches for success. Though recurrent failure decreases motivation, and in a failing student, the risk of failure itself is triggered by conflict of motivation and "need" for stimulation. Nursing setting which includes classroom and clinical, the internal and external movement of students, as well as the teachers' movement strategy, are critical to achieving academic success (Covington, 2017).

There are several factors that can contribute to academic success, Processes as performance, attitudes, Environmental training and setting goals to name a few. Academic achievement has been significantly affected by the educational system, selection criteria, teaching methods, designing activities, and academic skills provided or used by the college. Nursing students, on the other hand, support their intellectual ability, their dedication to research and their inspiration for academic success. Nevertheless there are important issues that most researchers in the field of stimulation learn, if successful. These include increasing the quality of education, and internal and external stimuli (Wilson & Narayan, 2016).

A study conducted in Lahore school of nursing explore the impact of stress on competency of nursing student (Sahir, Afzal, Hussain, & Gillani, 2019).

Higher education institutions around the world face major challenges in order to ensure that students obtain quality results in an increasingly globalized and competitive environment. According to international standards, higher education institutions and inscriptions are at least advanced in the African region, with Africa being the continent with the oldest university in the world, with 90, 48, 23 and 41 universities in Nigeria, Sudan, South Africa and Egypt, respectively. Unlike their global equivalents unlike Europe, Asia, and America, the continent cannot offer a better quality higher education. Many countries on the continent, however, such as South Africa, have solid, robust and diverse educational systems, as attested in their Context Report on Higher Education by South Africa (HESA). (Karakis, Karamete, & Okcu, 2016).

Nonetheless, higher education is currently facing complex challenges in South Africa. According to a Regency (2015) survey, only 50 percent of students are eligible for higher education. The report adds that students from poor backgrounds face financial difficulties and are ill-prepared to tackle the higher education challenges, resulting in the absence from higher education in many cases. The throughput rate is therefore of great concern. Fifty-five percent (55%) of Black students entering higher education are never graduated (Khalaila, 2015).

Therefore, there is a shortage of qualified teachers in higher education, of whom nearly 40% of teachers hold a PhD, In order to achieve academic success, it is important to look at the challenges facing nursing education and training and the outcomes associated with higher education (Mallett & Habib, 2017).

Study conducted in Lahore school of nursing explore self-care of nursing student (Javed, Mukhtar, Majeed, Afzal, & Gilani, 2019).

One of the causes of this shortage is the emigration of nurses to wealthier countries, leaving their country with insufficient human resources for health care, which ultimately affects the quality of care. On the other hand, there is a marked reduction in the number of nurse educators. The trend is due to the aging population of retired nurse educators and inadequate training for new executives in this field. The lack of teachers has a direct impact on the quality of education in nursing institutions and has an indirect impact on the practice of nursing in general. (Nilsson & Stomberg, 2015).

METHODS
SETTING
This Study was conducted in Lahore School of Nursing, The University of Lahore,

RESEARCH DESIGN
A descriptive cross sectional study design was used for this study (Factors motivating for nursing student).

POPULATION
The population of this study research was the nursing students of Lahore school of Nursing. Nursing students of Bachelor of Science in nursing. Total population size of Bachelor of Science in nursing students is 200.

SAMPLING
Convenient sampling technique was used in this study.

RESEARCH INSTRUMENT
Adopted questioner was used for collecting the data from the population. After taking informed consent, data were collected from students of Lahore school of nursing.

DATA GATHERING PROCEDURE
An adopted questionnaire was used for data collection on Likert scale to evaluate Factors motivating for Nursing Students Success among nursing students of University Of Lahore.

ANALYZE DATA
Data analysis was done by SPSS version 21.Statistical computer software for data analysis. The study was descriptive study and all the descriptive statistics was obtained through the SPSS software.

STUDY TIMELINE
This study took 4 months (September 2019, to December 2019).

ETHICAL CONSIDERATION
The rules and regulations laid down by the University of Lahore's ethical committee will be followed while conducting research and respecting the rights of research participants.
• All participants will receive attached written informed consent.
• All data collection and details shall be kept confidential.
• Throughout the study, participants will remain anonymous.
• The subjects will be told that the study technique does not pose any drawbacks or risks.
• They will also be informed that during the study process they will be free to withdraw at any time.
• The data is kept under the key and locked while the keys are kept in hand. It will be kept under password in laptop.

RESULTS
This section presents the outcomes of the study.

Section 1:
Demographic:
Respondents were taken from Lahore school of nursing, The University of Lahore.

Table #1. Demographic characteristic

Age of the participant

	Frequency	Percent	Valid Percent	Cumulative Percent
18-22	99	74.4	74.4	74.4
22-26	34	25.6	25.6	100.0
Total	133	100.0	100.0	

Table no 1 show that 74.4% (n=99) participants belong to 18-22 age group, 25.6% (n=34) participants belong to 22-26 age group.

Figure No 2
Figure no 2 show that 8.3% (n=11) participants were male, while 91.7% (n=122) were female.
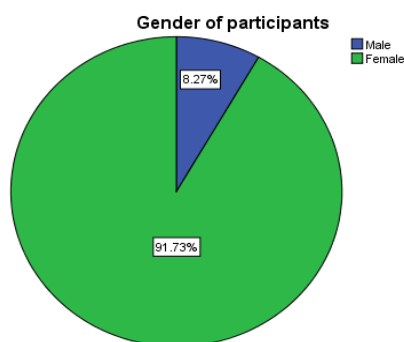
Figure No 3
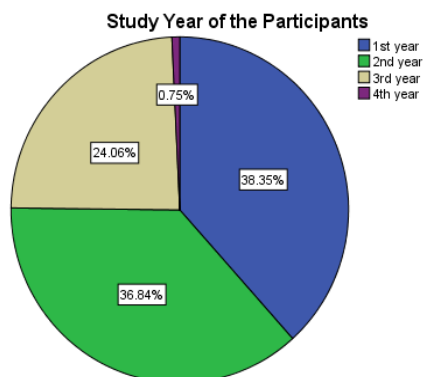
The figure no 3 show that 38.3% (n=51) of participants belong to 1st year, 36.8% (n=49) of participants belong to 2nd year, 24.1 (n=32) of participants belong to 3rd year and 0.8% (n=1) of participants belong to 4th year.

Section 2:
Section 2 represents 5 motivational factors for nursing student.

Table no 2:
Factor 1 Attention to learning:

Sr	Statement	Always	Most times	Seldom	Never
1	I understand the language used in my lectures well	(68.4%)	(31.6%)	0	0
2	There is humor in the ways the lectures are presented.	(36.1%)	(42.9%)	(15.8%)	(5.3%)
3	Visual aids (e.g. videos, PowerPoint etc.) are used in the lectures.	(65.4%)	(30.8%)	(3.8%)	0
4	The lecturers are enthusiastic in teaching	(43.6%)	(49.6%)	(6.8%)	0
5	Role-play is used during lectures	(24.1%)	(54.1%)	(14.3%)	(7.5%)

Table no 2 explore that always n= 91 (68.4%), most time n= 42 (31.6%) and total participants 133= (100%) in this statement I understand the language used in my lectures well. Always n =48 (36.1%), most time n=57 (42.9%) total participants 105, seldom, n=21(15.8%) Never, n=7(5.3%), total participants 28= (21.1%) in this statement there is humor in the ways the lectures are presented. Always n=87 (65.4%), most time n= 41 (30.8%) participants 128= (96.2%) seldom n=5(3.8%) in this statement Visual aids (e.g. videos, PowerPoint etc.) are used in the lectures. Always n= 58 (43.6%), most time n=66 (49.6%) participants 124= (93.2%) seldom n=9(6.8%) in this statement the lecturers are enthusiastic in teaching. Always n=32 (24.1%), most time n=72 (54.1%) participants 104= (78.2%), seldom n=19 (14.3%) never n=10 (7.5%) total participants 29 (21.8%) in this statement Role-play is used during lectures.

Table no 3:
Factor 2 Relevance in learning:

Sr.	Statement	Always	Most times	Seldom	Never
1.	The nursing content I learn is relevant to my life.	25.6%	57.1%	17.3%	0
2.	The nursing skills I learn will be helpful to me.	37.6%	62.4%	0	0
3.	Understanding nursing gives me a sense of accomplishment in life	14.3%	69.9%	15.8%	0
4.	Learning nursing could help me get a job in the future.	74.4%	16.5%	4.5%	4.5%
5.	The nursing program can help me to pursue higher studies	62.4%	33.1%	4.5%	0

Table no 3 explore that always n=34 (25.6%), most time n=76 (57.1%) participants 110= (82.7%) seldom n=23 (17.3%) in this statement the nursing content I learn is relevant to my life. Always n= 50 (37.6%), most time n=83 (62.4%) total participants 133= (100%) in this statement the nursing skills I learn will be helpful to me. Always n=19 (14.3%), most time 93 (69.9%) participants 112 (84.2%) seldom n=21 (15.8%) in this statement Understanding nursing gives me a sense of accomplishment in life. Always n=99 (74.4%), most time n=22 (16.5%) participants 121(90.9%), seldom n=6 (4.5%), never n=6 (4.5%) total participants 12= (9%) in this statement Learning nursing could help me get a job in the future. Always n=83 (62.4%), most time n=44 (33.1%) total participants 127 (95.5%), seldom n=6 (4.5%) in this statement the nursing program can help me to pursue higher studies.

Table no 4:
Factor 3 Confidence in learning:

Sr	Statement	Always	Most times	Seldom	Never
1	I am able to complete assignments on my own.	52.6%	47.4%	0	0
2	I am able to complete practical skills on my own.	44.4%	55.6%	0	0
3	I appreciate it when my teachers give me tasks that involve working with other students.	40.6%	59.4%	0	0
4	I like to do tasks with other students.	58.6%	33.8%	7.5%	0
5	My teachers are constantly encouraging me.	36.8%	63.2%	0	0

Table no 4 explore that always n=70 (52.6%), most time n=63 (47.4%) total participants 133= (100%) in this statement I am able to complete assignments on my own. Always n= 59 (44.4%), most time n= 74 (55.6%) total participants 133(100%) in this statement I am able to complete practical skills on my own. Always n=54 (40.6%), most time n=79 (59.4%) total participants 133= (100%) in this statement I appreciate it when my teachers give me tasks that involve working with other students. Always n= 78 (58.6%), most time n=45 (33.8%) participants 123= (92.4%), seldom n=10 (7.5%) in this statement I like to do tasks with other students. Always n=49 (36.8%), most time n= 84 (63.2%) total participants 133= (100%) in this statement my teachers are constantly encouraging me.

Table no 5:
Factor 4 Satisfaction in learning:

Sr	Statement	Always	Most times	Seldom	Never
1	I have experienced a new learning environment through nursing education	82.7%	10.5%	6.8%	0
2	I feel that this course serves my needs well	82.0%	10.5%	7.5%	0
3	I feel that I want to learn more by studying higher degree nursing	67.7%	14.3%	18.0%	0
4	I am satisfied with the learning content offered by my college	75.2%	24.8%	0	0
5	I am satisfied that the classroom environment is conducive to learning	53.4%	27.8%	18.8%	0

Table no 5 explore that always n=110 (82.7%), most time n= 14 (10.5%) participants 124= (93.2%), seldom n=9 (6.8%) in this statement I have experienced a new learning environment through nursing education. Always n= 109 (82.0%), most time n=14 (10.5%) participants 123= (92.5%), seldom n=10 (7.5%) in this statement I feel that this course serves my needs well. Always n= 90 (67.7%), most time n=19 (14.3%) participants 109= (82%), seldom n= 24 (18.0%) in this statement I feel that I want to learn more by studying higher degree nursing. Always n= 100 (75.2%), most time n= 33 (24.8%) total participants 133 (100%) in this statement I am satisfied with the learning content offered by my college. Always n= 71 (53.4%), most time n= 37 (27.8%) participants 108= (81.2%), seldom n= 25 (18.8%) in this statement I am satisfied that the classroom environment is conducive to learning.

Table no 6:
Factor 5 Motivation in learning:

Sr	Statement	Always	Most times	Seldom	Never
1	My teachers give prompt feedback on assignments	45.1%	54.9%	0	0
2	I believe I can improve my professional knowledge through nursing education	55.6%	37.6%	6.8%	0
3	I am praised by teachers on my good achievements in tests and tasks	56.4%	36.1%	7.5%	0
4	My poor performance in tasks and tests motivates me to prepare better for next time	58.6%	41.4%	0	0

Table no 6 explore that always n=60 (45.1%), most time n=73 (54.9%) total participants 133= (100%) in this statement my teachers give prompt feedback on assignments. Always n= 74 (55.6%), most time n= 50 (37.6%) participants 124= (93.2%), seldom 9 (6.8%) in this statement I believe I can improve my professional knowledge through nursing education. Always n= 75 (56.4%), most time n=48 (36.1%) participants 123= (92.5%), seldom n= 10 (7.5%) in this statement I am praised by teachers on my good achievements in tests and tasks. Always n= 78 (58.6%), most time n= 55 (41.4%) total participants 133= (100%) in this statement my poor performance in tasks and tests motivates me to prepare better for next time.

DISCUSSION

In my study male students were responded 8.3%, and other female students were responded 91.7% as compared to other study (According to Glossop), male students were responded 18% and other female students were responded 82%. Applied Kruskal-Wallis Test, First year students N=51 mean rank score (66.36), 2nd year students mean rank (66.56), 3rd year students mean rank (70.94), 4th year students N=1 (46.00) and total participants N=133 in this statement I understand the language used in my lectures well. 1st year students N= 51 (87.49), 2nd year students N= 49 (52.62), 3rd year students N=32 (56.05), 4th year students N=1 (77.00) and total participants 133 in this statement There is humor in the ways the lectures are presented. Humor has a positive psychological benefit, as it creates attentiveness, interest, positive rapport and retention of the material. first year students mean rank (70.35), second year students (67.14), third year students mean rank (62.16), mean rank (44.00) of fourth year students in this statement Visual aids (e.g. videos, PowerPoint etc.) are used in the lectures. First year students mean rank (71.34), Second year students mean rank (63.43), third year students mean rank (64.78) and fourth year students mean rank (91.50) in this statement Role-play is used during lectures. Applied kruskal-Wallis test, First year students mean rank (66.89), second year students mean rank (61.95), third year students mean rank (73.19) and fourth year students mean rank (122.00) in this statement The nursing content I learn is relevant to my life. Mean rank of first year students was (62.01), mean rank of second year students was (68.93), and Mean rank of third year students was (71.22) and fourth year students mean rank was (92.00) in this statement The nursing skills I learn will be helpful to me. First year students mean rank was (50.67), mean rank of second year students was (74.18), third year students mean rank was (80.28) and fourth years students mean rank was (123.00) in this statement Understanding nursing gives me a sense of accomplishment in life. First year students mean rank was (64.90), second year students mean rank was (69.65), third year students mean rank (66.81) and fourth year students mean rank was (50.00) in this statement Learning nursing could help me get a job in the future. First year students mean rank (61.17) Second year students mean rank was (66.86), third year students mean rank (75.31) and fourth year students mean rank was (105.50) in this statement the nursing program can help me to pursue higher studies.

First year students mean rank was (66.79), second year students mean rank (69.43), third year students mean rank was (64.59) and fourth year students mean rank was (35.50) in this statement I am able to complete assignments on my own. First year students mean rank was (62.60), second year students mean rank (65.29), third year students mean rank was (75.72) and mean rank of fourth year students was (96.50) in this statement I am able to complete practical skills on my own. Mean rank of first year students was (73.14), mean rank of second year students was (61.43), third year students mean rank was (64.91), Mean rank of fourth year students was (94.00) in this statement

Understanding nursing gives me a sense of accomplishment in life. Mean rank of first year students was (64.16), mean rank of second year students was (67.54), mean rank of third year students was (68.78) and mean rank of fourth year students was (128.50) in this statement I like to do tasks with other students. Mean rank of first year students was (67.60), mean rank of second year students was (69.79), mean rank of third year students was (76.95) and mean rank of fourth year students was (91.50) in this statement My teachers are constantly encouraging me.

First year students mean rank was (70.99), second year students mean rank was (64.03), mean rank of third year students was (65.55) and fourth year students mean rank was (55.50) in this statement I have experienced a new learning environment through nursing education. First year students mean rank was (66.09), second year students mean rank was (62.01), third year students mean rank was (74.17) and fourth year students mean rank was (128.50) in this statement I feel that this course serves my needs well. First year students mean rank was (65.97), second year students mean rank was (70.35), the mean rank of third year students was (64.19) and fourth year mean rank was (45.50) in this statement I feel that I want to learn more by studying higher degree nursing. First year students mean rank was (72.67), second year students mean rank was (57.29), third year students mean rank was (71.28) and fourth year students mean rank was (117.00) in this statement I am satisfied with the learning content offered by my college. First year students mean rank was (65.51), second year students mean rank was (60.90), third year students mean rank was (70.03) and fourth year students mean rank was (121.00) in this statement I am satisfied that the classroom environment is conducive to learning.

First year students mean rank was (61.79), second year students mean rank was (69.86), third year students mean rank was (69.98) and fourth year students mean rank was (97.00) in this statement my teachers give prompt feedback on assignments. First year students mean rank was (61.12), second year students mean rank was (67.74), third year students mean rank was (74.22) and fourth year students mean rank was (99.50) in this statement I believe I can improve my professional knowledge through nursing education. First year students mean rank was (63.89), second year students mean rank was (66.13), third year students mean rank was (71.36) and fourth year students mean rank was (128.50) in this statement I am praised by teachers on my good achievements in tests and tasks. First year students mean rank was (56.45), second year students mean rank was (69.36), third year students mean rank was (78.98) and fourth year students mean rank was (106.00) in this statement My poor performance in tasks and tests motivates me to prepare better for next time.

LIMITATIONS

Since the information was gathered from a single setting, generalizability has been limited.
Convenient sampling has been applied in the process of data collection, whereas the method of probability sampling may enhance the inclusion of participants from different strata.
The study was limited to assess Motivating factors for nursing student success.

CONCLUSION

This research study concluded motivating factors for nursing students' success. The main determination of this study was to provide the motivating factors for nursing students 'success in Lahore school of nursing, The University of Lahore. The collected data were analyzed by SPSS version 21. The results showed that the students of Lahore school of nursing have positive awareness regarding motivating factors for success.

REFERENCES

1. Adalikwu, C. (2018). Evaluating Organizational Efficiency and Success through Knowledge Sharing. IJAME.
2. Bernardino, A. d. O., Coriolano-Marinus, M. W. d. L., Santos, A. H. d. S., Linhares, F. M. P., Cavalcanti, A. M. T. d. S., &
3. Lima, L. S. d. (2018). Motivation of nursing students and their influence in the teaching-learning process. Texto & Contexto
4. Enfermagem, 27(1).
5. Black, B. (2016). Professional nursing-E-book: Concepts & challenges: Elsevier Health Sciences.
6. Broussard, S. C., & Garrison, M. B. (2015). The relationship between classroom motivation and academic achievement in elementary-school-aged children. Family and Consumer Sciences Research Journal, 33(2), 106-120.
7. Covington, M. V. (2017). Motivated cognitions Learning and motivation in the classroom (pp. 139-164): Routledge.
8. Denault, A.-S., & Guay, F. (2017). Motivation towards extracurricular activities and motivation at school: A test of the generalization effect hypothesis. Journal of adolescence, 54, 94-103.
9. Dincer, S., & Doganay, A. (2015). The Impact of Pedagogical Agent on Learners' Motivation and Academic Success1. Practice and Theory in Systems of Education, 10(4), 329-348.
10. Dobronyi, C. R., Oreopoulos, P., & Petronijevic, U. (2019). Goal setting, academic reminders, and college success: A large-scale field experiment. Journal of Research on Educational Effectiveness, 12(1), 38-66.
11. Fajar, S., Hussain, M., Sarwar, H., Afzal, M., & Gilani, S. A. (2019). Factors Affecting Academic Performance of Undergraduate Nursing Students. International Journal of Social Sciences and Management, 6(1), 7-16.
12. Flott, E. A., & Linden, L. (2016). The clinical learning environment in nursing education: a concept analysis. Journal of Advanced Nursing, 72(3), 501-513.
13. Grove, S. K., Burns, N., & Gray, J. (2015). The practice of nursing research: Appraisal, synthesis, and generation of evidence: Elsevier Health Sciences.
14. Guay, F., & Bureau, J. S. (2018). Motivation at school: Differentiation between and within school subjects matters in the prediction of academic achievement. Contemporary Educational Psychology, 54, 42-54.
15. Huett, J. B. (2016). The effects of ARCS-based confidence strategies on learner confidence and performance in distance education: Citeseer.
16. Huett, J. B., Kalinowski, K. E., Moller, L., & Huett, K. C. (2015). Improving the motivation and retention of online students through the use of ARCS-based e-mails. The Amer. Jrnl. of Distance Education, 22(3), 159-176.
17. Jamshidi, N., Molazem, Z., Sharif, F., Torabizadeh, C., & Najafi Kalyani, M. (2016). The challenges of nursing students in the clinical learning environment: A qualitative study. The Scientific World Journal, 2016.
18. Javed, A., Mukhtar, S., Majeed, I., Afzal, M., & Gilani, S. A. (2019). Self-Care Habits of Undergraduate Nursing Students at University of Lahore. International Journal of Social Sciences and Management, 6(2), 47-53.
19. Karakis, H., Karamete, A., & Okcu, A. (2016). The Effects of a Computer-Assisted Teaching Material, Designed According to the ASSURE Instructional Design and the ARCS Model of Motivation, on Students' Achievement Levels in a Mathematics Lesson and Their Resulting Attitudes. European Journal of Contemporary Education, 15(1), 105-113.
20. Keller, J. M. (2015). How to integrate learner motivation planning into lesson planning: The ARCS model approach. VII Semanario, Santiago, Cuba, 1-13.
21. Khalaila, R. (2015). The relationship between academic self-concept, intrinsic motivation, test anxiety, and academic achievement among nursing students: Mediating and moderating effects. Nurse Education Today, 35(3), 432-438.
22. Little, C. M. (2017). The Impact of Literature Circles on Students' Growth in a Selected First Grade Class.

23. Mallett, K., & Habib, A. (2017). Front-Loading Curriculum Design: An Integrated Approach to the Multilingual Classroom. Paper presented at the Innovations in Teaching & Learning Conference Proceedings.
24. Nilsson, K. E., & Stomberg, M. I. W. (2015). Nursing students motivation toward their studies–a survey study. BMC nursing, 7(1), 6.
25. Rani, S., Hussain, M., Afzal, M., & Gillani, S. A. (2019). The Influence of Personal Characteristics of Preceptor on Professional Grooming of Nursing Students. Health Sciences, 8(5), 86-95.
26. Ratelle, C. F., Guay, F., Vallerand, R. J., Larose, S., & Senécal, C. (2017). Autonomous, controlled, and amotivated types of academic motivation: A person-oriented analysis. Journal of Educational Psychology, 99(4), 734.
27. Sahir, A., Afzal, M., Hussain, M., & Gillani, S. A. (2019). The Impact of Stress on Competency Among Nursing Students in Lahore, Pakistan.
28. Shakurnia, A., Alijani, H., Khajeali, N., & NiakanKalhori, S. R. (2015). Nursing students motivations and satisfaction, Do the motivation and satisfaction of nursing students change during their study years? Nursing, 13.
29. Taştan, S. B., Davoudi, S. M. M., Masalimova, A. R., Bersanov, A. S., Kurbanov, R. A., Boiarchuk, A. V., & Pavlushin, A. A. (2018). The impacts of teacher's efficacy and motivation on student's academic achievement in science education among secondary and high school students. EURASIA Journal of Mathematics Science and Technology Education, 14(6), 2353-2366.
30. Wilson, K., & Narayan, A. (2016). Relationships among individual task self-efficacy, self-regulated learning strategy use and academic performance in a computer-supported collaborative learning environment. Educational Psychology, 36(2), 236-253.
31. Wlodkowski, R. J., & Ginsberg, M. B. (2017). Enhancing adult motivation to learn: A comprehensive guide for teaching all adults: John Wiley & Sons.

© THE BALTIC SCIENTIFIC JOURNALS

PIRETC

PROCEEDING OF THE INTERNATIONAL RESEARCH EDUCATION & TRAINING CENTER

JAFAR RAMZI ISMAILZADEH'S RELIGIOUS AND PHILOSOPHICAL POEMS

Gunel Safarova

PhD student, The department of "Azerbaijan and world literature", on the specialty of "Azerbaijan Literature"

Azerbaijan State Pedagogical University.

ABSTRACT

The creativity of literary critic, scholar, translator, poet Jafar Ismailzadeh the son of Balaamin holds a special place in Azerbaijan literature. The poet's creativity is extensive and diverse. Studying the life and creative way of Jafar Ismayilzadeh (Ramzi), who had lived more than 90 years, passing through a charming life is actually like mirroring to some aspects of the socio-political and literary environment of Azerbaijan in the 1920-1990s.

Jafar Ismailzadeh, who is known in our history of literature as a scholar who explores Iranian literature, began his creative activity in 1920 at the age of 15, and wrote poems under the pseudonym "Sufi". The poet, who has been repressed and has lived in exile for 22 years and two months got the pseudonym "Ramzi", had taken part in the period press under the pseudonym "Jafar Ramzi". Jafar Ramzi has 12 books .

He collected and translated jokes of the peoples of the world and published four books: "Foreign Humor" (1964), "Behisht's Grenades" (1966), "Let's Laugh Together" (1970), "Humor of the Peoples of the World" (1982). 5 books composed of poems: "Poems" (1974), "I Consider Days" (1982), "Sounds of the Heart" (1986), "Late Dreams" (1990), "Gazelles" (2017).

Together with A. M. Babayev in 1966-1981, he prepared the "Dictionary of Arabic and Persian words in classical Azerbaijani literature." Jafar Ramzi was engaged in bibliographic activities along with scientific and artistic creativity, collected works of Baku and Absheron poets, compiled a two-volume book called "The Spoken Word is Memory", published the first volume in 1981 and the second volume in 1987. Although the work of Jafar Ramzi is mentioned in some articles, has been widely studied for the first time by me.

In the article, Jafar Ramzi's religious and philosophical poems as "I say: La ilaha illa hu!", "The Qur'an", "You pulled the hearts", "Ya Muhammad", "Ya Muhammad, or Rasulullah", "Hazret Ali", "Surprising the Human", " Ya sahibezzaman ", "To visitors the Kaaba", "Deccal Storm" , "Islamic Flag" and   "It's a word-word" were taken as research objects and examples of the poems were given. Many of these poems were written in the early 1990s and published in a variety of mediums. These poems are dedicated to the God, Hz Muhammad, Hz Ali and generously to the the saints of Islam and to the sacred shrines. The poet has stated in these poems many things that he could not say inthe totaliter Soviet regime He shared with readers his views on the invaluable services of religion in the development of mankind.

Key words: poet, poetry, religion, philosophy, tetrastich, book.

РЕЗЮМЕ

Творчество литературоведа, ученого, переводчика, поэта Джафара Исмаилзаде Балаэмин оглу занимает особое место в Азербайджанской литературе. Творчество поэта очень широко и разнообразно.

Раскров образ жизни и творчество Джафара Исмаилзаде, который проводил трудный жизненный путь, проживая боле 90 лет, в настоящем означает приподнести пояснение к некоторым условиям социальной, политической и литературной среды в 1920-х и 1990-х годах в Азербайджане.

В литературном истории, широко известный, как ученый в области изучение иранской литературы, Джафар Исмаилзаде, начал свою творческую деятельность в 1920 году, когда ему было 15 лет, и писал стихи под псевдонимом «Суфи». Подвергающийся репрессию 22 года два месяца и живущий в изгнани, поэт принял псевдоним «Рамзи». Под псевдонимом «Джафара Рамзи» принял участие в обществе массовой информации. У Джафара Рамзи имеется 12 книг.

Он собрал и перевел юморы народов мира и опубликовал 4 книги: «Иностранный юмор» "(1964), «Гранаты рая» (1966), «Давайте смеятся вместе» (1970), «Юмор Народов Мира» (1982). Имеется 5 книг стихов: «Стихи» (1974), «Считаю Дни» (1982), «Звуки из сердца» (1986), «Опаздавщие Мечты» (1990), «Газелы» (2017).

В 1966-1981 годах вместе с А.М.Бабаевым подготовили «Словарь арабских и персидских слов в классической Азербайджанской литературе». Помимо научного и литературного творчества, Джафар Рамзи, так же занимался библиографической деятельностью, собрал произведения бакинских и абшеронских поэтов и опубликовал их двухтом книге «Сказанное слово на память», который первый том был опубликован в 1981 году, а второй том в 1987 году. Хотя в некоторых статьях ссылаются на работы Джафара Рамзи, но они впервые были широко исследованы мной.

В статье выбраны исследовательским объектом религиозные и философские стихи и приведены примеры из стихов Джафара Рамзи, как например: «Говорю ла илаха илла хи», «Корань», «Вы завоевали сердца», «Я

Мухаммед», «Я Мухаммед, я Расулулаллах», «Пророк Али», «Приводивщий к удивлению человека», «Эй Сахибаззаман», «Посетители Каабы», «Буря Дадджала» и «Флаг Ислама», «Слова есть слово». Эти стихи посвяшены Аллаху, Пророку, Мухаммеду, Пр. Али и в общем святыням ислама и святилищам.
 Поэт в этих стихотворениях извещал те мысли, которые он не мог сказать в тоталитарном советском режиме и поделился со своими читателеми про своих взглядов на роль религии в развитии человечества.
Ключевые слова: поэт, стихотворение, религиозное, философское, куплет, книга.

Jafar Ismailzadeh, known as a scholar researching Iranian literature in our literary history started his creative activity in 1920 when he was 15 years old, and wrote poems under the pseudonym "Sufi". The poet, lived in exile subjecting to repression for 22 years and two months took the pseudonym "Ramzi", and participated in the press world under the pseudonym "Jafar Ramzi".
A part of J. Ramzi's lyrics are his religious and philosophical poems. Most of these poems have been written in the early 1990s and have published in various press agencies. These poems are works dedicated to God, the Prophet Muhammad, Hazrat Ali, in general, Islam saints and the sacred shrines. By the way, it is worth noting that the poet had announced in these poems many matters that he could not say in the totalitarian Soviet regime, and had shared with readers his views on the invaluable services of religion in the development of mankind.
The poet's poem "I Say: La ilaha illa hu!" is devoted to the issue of the God's unity, his owning great splendour, his creation the vast universe, and his ability to do anything. We read in the poem written on February 14, 1995:

Arifə hər zaman nümayandır,
Aşiqə, eşqə ruhdur, candır,
İbtida intəhasız ümmandır,
Uludur, mərhəmətlərə kandır,
Görürəm dindir, imandır bu,
Deyirəm: "La İlahə illa hu" .[3]

In this poem, J. Ramzi, who says revelations from God are being completed with the Quran announces his thoughts on the last heavenly book Holy Quran in the poem "The Quran".

Cəbrayılla Məhəmmədə yetişən,
Tanrıdan töhfə-ərməğandı Quran.
Ötsə də tarixin qərinələri,
Daima, daima cavandı Quran [9]

(In this poem the poet says that "The Quran is a gift from God, reaching to Jabrayil and Muhammad, the Quran is always young although the periods of history has passed".)
According to the poet, who describes the word of the holy God, the value of the Quran, which is delivering the fragrance of paradise to the people of the irfan (the people of the irfan known only as the scientific class, are called "arif", and known as the social groups, are called "sufi".)being the source of life , opening the way to happiness for the astrays in depth of darkness, giving hand to the luckless person being in trouble, and and being interpreter , introducing to the oppressor his (her) place, doesn't fit to any size and any description. According to the poet:

İslamın əslini, həqiqətini,
Yerlərə, göylərə saçandı Quran.
Rəmzi ümidinin xəzinəsidir,
Haqq sevən şəxsə mehribandır Quran. [9]

(The Qur'an is the scatter of the original and the truth of İslam to the heavens and the earth, is treasure of Ramzi's hope and is kind to the person who loves the God.)
The poems "You attract hearts", "O Muhammad", "O Muhammad, o Rasulullah" were dedicated to our Prophet Rasuli-Akram. The poet, who described The Prophet Muhammad with the countenances like the guide of mankind, glorious exclamation, the invincible genius that opens ways to salvation and the last Prophet, writes:

Ürəklər cəzb edibsən şöhrətinlə,
Həqqə ahənrübasın, ya Məhəmməd!
..Əziyyətlər çəkibdir cümlə ömrün,
Cəfadan macərəsan, ya Məhəmməd!
Deməklə, yazmaq ilə vəsfə gəlməz,
Ulu həqqə fədasan, ya Məhəmməd!
..Kəmalın vəsfinə acizdi Rəmzi,

Kəmalə intəhasan, ya Məhəmməd! . [7]

(O Mohammed, you have drawn hearts with your fame, you have been suffering all your life, you sacrificed yourself to God , that it does not fit any description with writing, Ramzi is helpless in describing your perfection.)
Poet, who glorified the Prophet Muhammad as the prophet- envoy of the God in the poem "O Muhammad, O Rasulullah" writes in the two-part gassida "O Muhammad", written on August 23, 1994, that has the same radif as the poem "You attract hearts", by characterizing the Prophet Muhammad's birth as the good news to humanity, as a light carrying the Arab world to light from the darkness that it has fallen and calling him the ocean of property of virtue.
(The radif is a word or phrase that is repeated after the rhyme at the end of each episode in literature)

Kim olmuş sinəsi, fikri, xəyalə,
Sənin tək bitməz ümman, ya Məhəmməd!
..Səmalar aləmi meracın ilə
Qazandı şöhrət, ad-san, ya Məhəmməd!
..Fəzilət mülkünün dəryasısan sən,
Məhəbbət mülkünə kan, ya Məhəmməd! .[6]
(Muhammad, whose chest, thought, and imagination was the endless ocean as yours?! The world of skies has earned fame with your ascension day. You are the ocean of property of virtue.)
One of the Islam saints , whom Ramzi has glorified with great love, is Hazrat Ali. In the poem "Hazrat Ali", he glorifies Hazrat Ali, whom the Prophet Muhammad called "the City of Science" so:

İslamın şəninə, şərafətinə,
Parlaq ulduz, şəfəqli dandır Əli.
Saf məhəbbətlə məqsəd izləyənə,
Niyyətə çatmaqda imandır Əli.
...Dövrün vəhşətilə dəhşətinə,
Zülfüqarilə son qoyandır Əli! [2]

(Ali is a bright and brilliant star for the fame of Islam, is a faith for people having aim to attain their purposes with pure love and is a person puting an end to the wildness and horror of the era.)
J. Ramzi's most valuable poem to Hazrat Ali is undoubtedly the   musaddas "Amazing the man" that consists of six tetrastiches. (Musaddas is a classical poetic form of 6 tetrastichs each. XIX century gained popularity in Urdu and Turkish literature.) In the poem, that the end of each tetrastich is completed with the verse "La fata illa Ali, la safa illa Zulfikar" (There is no stronger hero, brave than Ali, and sharper sword than Zulfugar) and many magnificent qualities of Ali are praised and appreciated with high poetry, We see Hazrat Ali as a man willing to sacrifice his life heartily for the Prophet Muhammad, a hero capable of protecting many disasters of the polytheists, using various fraud and bloody wars to destroy Islam skillfully. The poet, who makes the marks to Ali's birth between the walls of the Kaaba, his growing up as a hero faithful to the Prophet and his overthrowing the most famous fighters such as Marhab and Abduvat in the fight of   Khaybar and Khandag in the first three tetrastiches, writes in the next tetrastiches:

Olmamışdır kimsə səntək ən yaxın Peyğəmbərə,
İsbat olmuş bu həqiqət bir deyil, min bir kərə,
Dəfələrlə hərbdə rəhbərlik etdin ləşkərə,
Düşmən olmuş qüdrətindən hər zaman şərmsar,
La fəta illa Əli, la seyfə illa Zülfüqar. [1]

(No one was as close to the Prophet as you were, this truth had been proved, not once, but a thousand time, you had led the army in war many times , ashamed man had been the enemy to your might every time. There is no stronger hero, brave than Ali, and sharper sword than Zulfugar.)
One of J. Ramzi's religious-philosophical poems that closely resonates with the events of the years of his life is the poem "O Sahibezzaman". The poet who was in hopes to the last imam- disappeared Mahdi - Sahibezzaman in the 90s of the XX century, in the period not known truely how will be end such undesirable events as the challenges Azerbaijan faced, chaos that sweeps the country, the confusion and etc, asks him for help. The author who says not evaluating to mercy and humanity, falling out of respect the humanity and happiness, rosing of the cries of the oppressed (More than one million refugees and internally displaced persons envisaged here - G.S.) and informs that he needs great help to save the nation from these plagues, writes hopefully:

Rəmzi ümidin ilə yaşar zarü biqərar,
İstər xəzan çəkilə, şənlənə bahar.
Tərk eyləsin bizi bu sonsuz intizar,

Mən də olam muradım üçün haqqa cannisar,
Qoyma bəndivan,
Ya Sahibəzzaman! [8]

(O Sahibezzaman, Ramzi lives with your hope restlessly, he wants the autumn be pulled, the spring rejoice, let this endless anxiety leave us and I sacrifice myself for the sake of fulfilling my purpose. Do not let me wait.)

J.Ramzi has several other works on religious topics that, we can show an example such poems as "To those going to visit the Ka'ba", "The storm of Dajjal " and "Islamic Flag".

J.Ramzi wishing a successful way to visit Mecca in the first poem by saying "Tell the plagues of the country to the great Yazdan, Let Azerbaijan see salvation, the best way",if in the poem "The storm of Dajjal " he blames the Muslim world for following Dajjal- the Devil and calls them to learn from the lessons of history, in the last poem he comes to the conclusion that the salvation of the Muslim peoples is in the combination under one flag.

We can include J.Ramzi's work "It's a word-word" he published near the end of his life to the list of his philosophical poems. The poet who gives great value to the word writes:

Kafü nun məcrası sözdür-söz,
Xilqətin ibtidası sözdür-söz.
"İqrə bism" ilə başlanıb Quran,
Cibrilin ilk nidası sözdür-söz! [5]

(The way of kaf u nun (kaf u nun- to describe the command "kün" (ol!), written in the letters of kaf and nun, it is usually mentioned in old texts (mostly sufism and / or batıni)) is word, and the beginning of creation is word. The Quran begins with the word "iqra" ("iqra" means "read", the first divine word that the angel Gabriel addressed to the Prophet Muhammad), Jibril's first exclamation is word.)

The poet has stated in these poems many desires that he cannot say in totalitarian rejim, shared his views on the possibilities of religion with readers.

REFERENCES

1. Jafar Ramzi. Amazing the man. "Shahriyar" newspaper , June 20, 1996
2. Jafar Ramzi. Hazrat Ali. "İslam" newspaper, January 21, 1994
3. Jafar Ramzi. I Say: La ilaha illa hu! "Shahriyar" newspaper , March 16, 1995
4. Jafar Ramzi. Islamic Flag. "Shahriyar" newspaper , May 8, 1996
5. Jafar Ramzi. It's word- a word. "Shahriyar" newspaper, September 5, 1996
6. Jafar Ramzi. O Muhammad, o Rasulullah. "Shahriyar" newspaper , August 25, 1994
7. Jafar Ramzi. O Muhammad . "Shahriyar" newspaper, May 23, 1996
8. Jafar Ramzi. O Sahibezzeman. "Shahriyar" newspaper , May 18, 1995
9. Jafar Ramzi. The Quran. "İslam" newspaper , February 20, 1992
10. Jafar Ramzi. The storm of Dajjal. "İslam" newspaper, January 21, 1994
11. Jafar Ramzi. To those going to visit the Ka'ba . "Shahriyar" newspaper , April 20, 1995
12. Jafar Ramzi.You attract hearts. "Shahriyar" newspaper , July 25, 1993

Bahrain

Osama Al Mahdi
University of Bahrain, Bahrain Teachers College. Assistant Professor. PhD, Elementary Education and Teaching

_____
Bangladesh

Muhammad Mahboob Ali
Daffodil International University. Department of Business Administration . Professor.

_____
Belarus

Helena Kallaur
Polessky State University. MD. Associate Professor
Tanua Teterinets
Belarusian State University of Agricultural Technology. Doctor of Economical Sciences. Associate Professor.
Vladimir Yanchuk
Belarus State University. Professor. Academy of Postgraduate Education. PhD in Social Psychology.

_____
Bosna & Hercegovina

Igor Jurčić
Head of marketing Business group for VSE/SME. Telecommunication Business and Management.
Ratko Pavlovich
University of East Sarajevo. Faculty of Physical Education and Sport. Full Professor. PhD in Sport Sciences.

_____
Brazil

Paulo Cesar Chagas Rodrigues
Federal Institute of Education, Science and Technology of Sao Paulo. Professor. PhD in Mechanical Engineering.

_____
Bulgaria

Desislava Stoilova
South-West University " Neofit Rilski". Vice Dean of Faculty of Economics. Associate Professor. PhD in Finance.
Eva Tsvetanova
Tsenov Academy of Economics, Svishtov, Bulgaria Department of Strategic Planning. Head assistant professor. PhD in Economy.
Jean-François Rougė
University of technology Sofia.Professor researcher. PhD in Management.
Jean-François Rougė
University of Technology, Sofia. PhD in Business law
Milena Kirova
Sofia University "St. Kliment Ohridski". Professor. PhD in Philology.

_____
Croatia

Dragan Čišić
University of Rijeka. Faculty of Maritime Studies. Full professor. PhD in Logistics, e-business.

_____
Egypt

Abdelbadeh Salem
Professor at Faculty of Computer and Information Science, Ain Shams University.

_____
France

Michael Schaefer
L'Ässociation 1901 SEPIKE International, Président at SEPIKE International. PhD of Economical Sciences

_____
Georgia

Anzor G. Abralava
Georgian Technical University. Doctor of Economical Sciences. Full Professor
Dali Sologashvili
State University named Akaki Tsereteli. Doctor of Economical Sciences. Full Professor
Dali Osepashvili
Professor of Journalism and Mass Communication TSU (Tbilisi State University), Head MA Program "Media and New Technology"

Tamila Arnania-Kepuladze
Akaki Tsereteli State University. Department of Economics. PhD in Economic.
Tengiz Museliani
Georgian Technical University. Academic Doctor of Technical Sciences. Associate Professor
Timuri Babunashvili
Georgian Business Academy of Science. Doctor of Economical Sciences. Full Professor.
Vladimer Papava
Tbilisi State Medical University. Assistant-Professor. PhD. MD.
Zaira Gudushauri
Georgian-Azerbaijan University named G.Aliyev. Assosiate Professor. PhD. ES.

_____

Germany

Hans-Juergen Zahorka
Assessor jur., Senior Lecturer (EU and International Law, Institutions and Economy), Chief Editor of "European Union Foreign Affairs Journal", LIBERTAS - European Institute, Rangendingen
Alexander Dilger
University of Münster. Professor of Business Economics. PhD in Economy.

_____

Greece

Margarita Kefalaki
Communication Institute of Greece. PhD in Cultural Communication. President of Institute.

_____

Hungary

Nicasia Picciano
Central European University. Department of International Relations and European Studies.

_____

India

Federica Farneti
University of Bologna. Department of Sociology and Business Low. Associate Professor. OhD in Economic & Management.
Prasanta Kumar Mitra
Sikkim Manipal Institute of Medical Sciences. Deptartment of Medical Biotechnology. PhD in Biochemistry.
Samant Shant Priya
Lal Bahadur Shastri Institute of Management, New Delhi, Associate Professor in Philosophy PhD in Marketing.
Sonal Purohit
Jain University, Center for Management Studies, Assistant Professor, PhD in Business Administration, Life Insurance, Privatization.
Varadaraj Aravamudhan
Measi Instittue of Management. Associate Professor. PhD in Management.

_____

Iraq

Rana Khudhair Abbas Ahmed
Iraq, Baghdad, Alrafidain University College. Lecturer, Global Executive Administrator, Academic coordinator. PhD in Scholar (CS).

_____

Iran

Azadeh Asgari
Asian Economic and Social Society (AESS). Teaching English as a Second Language. PhD

_____

Italy

Simona Epasto
University of Macerata. Department of Political Science, Communication and International Relations. Tenured Assistant Professor in Economic and Political Geography. PhD in Economic and Political Geography
Donatella M. Viola
London School of Economics and Political Science, London, Assistant Professor in Politics and International Relations at the University of Calabria, Italy. PhD in International Relations.

_____

Jordan

Ahmad Aljaber
President at Gulf University. German Jordan University, Founder / Chairman of the Board. Ph.D in Computer Science
Ahmad Zamil
Middle East University (MEU). Business Administration Dept. Associate Professor. PhD Marketing

Ikhlas Ibrahim Altarawneh
Al-Huessien BinTalal University. Business Department. Full Professor in Human Resource Management.
Asmahan Majed Altaher
Arab Academy for Banking and Financial Sciences. Associate Professor. PhD in Management Information System.
Sadeq AlHamouz
Middle East University (MEU). Head Computer Information Systems. PHD. Computer Science.
Safwan Al Salaimeh
Aqaba University. Sofrware Engineering Department. Information Technology Faculty. Professor. PhD.

_____

Kazakhstan

Alessandra Clementi
Nazarbayev University School of Medicine. MD, GP. Assistant Professor of Medical Practice and Family Medicine
Altinay Pozilova
Sirdarya University. Associated professor. PhD in Pedagogy Science.
Anar Mirazagalieva
Astana Internationl University. Vice-President. PhD in Biology.
Anna Troeglazova
East Kazakhstan State University named Sarsen Amanjolov. PhD
Gulmira Zhurabekova
Marat Ospanov West-Kazakhstan State Medical Academy. Department of Human Anatomy. Associate Professor
Guzel Ishkinina
Ust-Kamenogorsk, Russian Economy University G. Plekhanov, Associate Professor, PhD in Economic science.
Marina Bobireva
West Kazakhstan State Medical University named Marat Ospanov. PhD
Niyazbek Kalimov
Kostanay Agricultural Institution. PhD
Nuriya Kharissova
State University of Karaganda. Associate Professor of Biological Science
Nikolay Kurguzov
State University of Pavlodar named S. Toraygirova. PhD. Professor.
Oleg Komarov
Pavlodar State Pedagogical Institute. Professor of Department of Economics, Law and Philosophy. PhD in Sociology,
Zhanargul Smailova
Head of the Department of Biochemistry and Chemical Disciplines named after MD, professor S.O. Tapbergenova NAC Medical University of city Semey.

_____

Libya

Salaheddin Sharif
University of Benghazi, International Conference on Sports Medicine and Fitness, Libyan Football Federation- Benghazi PhD in Medicine (MD)

_____

Latvia

Tatiana Tambovceva
Latvian Council of Science. Riga Technical University. Assoiate Professor at Riga Technical University

_____

Lithuania

Agne Simelyte
Vilnius Gediminas Technical University, Associate professor. Phd in Social Sciences (Management)
Ieva Meidute – Kavaliauskiene
Vilnius Gediminas Technical University. Vice-dean for Scientific Research
Vilma (Kovertaite) Musankoviene
e-Learning Technology Centre. Kaunas University of Technology. PHD
Laura Uturyte
Vilnius Gediminas Technical University (VGTU). Head of Project Manager at PI Gintarine Akademy. PhD in Economy.
Loreta (Gedminaitė) Ulvydiene
Professor of Intercultural Communication and Studies of Translation. Vilnius University. PHD
Zhaneta Simanavichienė
Professor, head of Laboratory Business Innovation University of Mykolas Romeris. Honorary consul of Estonia

_____

Malaysia

Anwarul Islam
The Millennium University. Department of Business Administration. Associate Professor.

Kamal Uddin
Millennium University, Department of Business Administration. Associate Professor. PhD in Business Administration.
_____

Morocco

Mohammed Amine Balambo
Ibn Tufail University, Aix-Marseille University. Free lance. Consultant and Trainer. PhD in Philosophy. Management Sciences, Specialty Strategy and Logistics.
_____

Nigeria

Bhola Khan
Yobe State University, Damaturu. Senior Lecturer and Head, Dept. of Economics. PhD in Economics.
_____

Norway

Svitlana Holovchuk
PhD in general pedagogics and history of pedagogics.
_____

Pakistan

Nawaz Ahmad
The Aga Khan University. Chief Examiner. PhD in Management.
_____

Poland

Grzegorz Michalski
Wroclaw University of Economics. Faculty of Engineering and Economics. PhD in economics. Assistant professor.
Kazimierz Waluch
Pawel Wlodkowic University College in Płock, Assistant Professor at the Faculty of Management. PhD in Economy.
Robert Pawel Suslo
Wroclaw Medical University, Public Health Department, Health Sciences Faculty, Adjunct Professor of Gerontology Unit. PhD MD.
Tadeusz Trocikowski
European Institute for Eastern Studies. PhD in Management Sciences.
_____

Qatar

Mohammed Elgammal
Qatar University. Assistant Professor in Finance. PhD in Finance
_____

Romania

Camelia Florela Voinea
University of Bucharest, Faculty of Political Science, Department of Political Science, International Relations and Security Studies. PhD in Political Sciences.
Minodora Dobreanu
University of Medicine, Pharmacy, Sciences and Technology of Târgu Mureș. Faculty of Medicine. Professor. PhD in Medicine.
Odette (Buzea) Arhip
Ecological University Bucuresti. Professor at Ecological University. PhD.
_____

Russia

Alexander A. Sazanov
Leningrad State University named A.S. Pushkin. Doctor of Biological Sciences. Professor
Alexander N. Shendalev
State Educational Institution of Higher Education. Omsk State Transport University. Associate Professor
Andrey Latkov
Stolypin Volga Region Institute of Administration, Ranepa. Sc.D. (Economics), Ph.D. (Politics), professor,
Andrei Popov
Director "ProfConsult Group". Nizhniy Novqorod Region. PhD
Anton Mosalyov
Russian State University of Tourism and Service. Associate Professor
Carol Scott Leonard
Presidential Academy of the National Economy and Public Administration. Vice Rector. PhD, Russian History
Catrin Kolesnikova
Samara Architectural and Constructional University. PhD
Ekaterina Kozina
Siberia State Transportation University. PhD

Jelena Purenovic
University of Kragujevac . Faculty of Technical Sciences Cacak . Assistant Professor . PhD in NM systems.
_____

Sultanate of Oman

Nithya Ramachandran
Ibra College of Technology. Accounting and Finance Faculty, Department of Business Studies. PhD
Rustom Mamlook
Dhofar University, Department of Electrical and Computer Engineering College of Engineering. PhD in Engineering / Computer Engineering. Professor.
_____

Sweden

Goran Basic
Lund University. Department of Sociology. PhD in Sociology. Postdoctoral Researcher in Sociology.
_____

Turkey

Mehmet Inan
Turkish Physical Education Teachers Association. Vice president. PhD in Health Sciences, Physical Education and Sport Sciences
Muzaffer Sancı
University of Health Sciences. Tepecik Research and Teaching Hospital. Clinics of Gynecology and Obtetrics Department of Gynecologic Oncologic Surgery. Assocciated Proffesor.
Vugar Djafarov
Medical school at the University of Ondokuzmayıs Turkey. PhD. Turkey.
Yigit Kazancioglu
Izmir University of Economics. Associate Professor, PhDin Business Administration.
_____

UK

Alan Sheldrake
Imperial Collage. London University. Electrical Power Engineering Consultant. PhD
Christopher Vasillopulos
Professor of Political Science at Eastern Connecticut State University. PhD in Political Science and Government.
Frances Tsakonas
International Institute for Education Advancement. Ceo & Founder. PhD in Philosophy.
Georgios Piperopoulos
Northumbria University. Visiting Professor, Faculty of Business and Law Newcastle Business School. PhD Sociology and Psychology.
Mahmoud Khalifa
Lecturer at Suez Canal University. Visiting Fellow, School of Social and Political Sciences, University of Lincoln UK. PhD in Social and Political Sciences
Mohammed Elgammal
Qatar University. Assistant Professor. PhD in Finance.
Stephan Thomas Roberts
BP Global Project Organisation. EI&T Construction Engineer. Azerbaijan Developments. SD 2 Onshore Terminal. Electrical engineer.
_____

Ukraine

Alina Revtie-Uvarova
National Scientific Center. Institute of Soil Structure and Agrochemistry named Sokolovski. Senior Researcher of the Laboratory, performing part-time duties of the head of this laboratory.
Alla Oleksyuk-Nexhames
Lviv University of Medicine. Neurologyst at pedagog, pryvaty refleksoterapy. MD PD.
Anna Kozlovska
Ukrainian Academy of Banking of the National Bank of Ukraine. Associate Professor. PhD in Ecomomic.
Bogdan Storokha
Poltava State Pedagogical University. PhD
Dmytro Horilyk
Head of the Council, at Pharmaceutical Education & Research Center. PhD in Medicine.
Galina Kuzmenko
Central Ukrainian National Technical University, Department of Audit and Taxation, Associate Professor.PhD in Economiy.
Galina Lopushniak
Kyiv National Economic University named after Vadym Hetman. PhD. Doctor of Economic Sciences, Professor.
Hanna Huliaieva
Institute of Microbiology and Virology, NASU, department of phytopatogenic bacteria. The senior research fellow, PhD in Biology.
Hanna Komarnytska
Ivan Franko National University of Lviv , Head of the Department of Economics and Management, Faculty of Finance and Business Management, Ph.D. in Economics, Associate Professor.

Tatiana Scriabina
V.I. Vernadsky Crimean Federal University, Yevpatoriya Institute of Social Sciences (filial branch). PhD of Pedagogy. Associate Professor
_____

United Arab Emirates

Ashok Dubey
Emirates Institute for Banking & Financial Studies, Senior faculty. Chairperson of Academic Research Committee of EIBFS.
PhD in Economics
Maryam Johari Shirazi
Faculty of Management and HRM. PhD in HRM. OIMC group CEO.
_____

USA

Ahmet S. Yayla
Adjunct Professor, George Mason University, the Department of Criminology, Law and Society & Deputy Director, International Center for the Study of Violent Extremism (ICSVE), PhD in Criminal Justice and Information Science
Carol Scott Leonard
Presidential Academy of the National Economy and Pubic Administration. National Research University – Higher School of Economics. Russian Federation
Christine Sixta Rinehart
Academic Affairs at University of South Carolina Palmetto College. Assistant Professor of Political Science. Ph.D. Political Science
Cynthia Buckley
Professor of Sociology at University of Illinois. Urbana-Champaign. Sociological Research
Medani P. Bhandari
Akamai University. Associate professor. Ph.D. in Sociology.
Mikhail Z. Vaynshteyn
Lecturing in informal associations and the publication of scientific articles on the Internet. Participation in research seminars in the "SLU University" and "Washington University", Saint Louis
Nicolai Panikov
Lecturer at Tufts University. Harvard School of Public Health. PhD/DSci, Microbiology
Rose Berkun
State University of New York at Buffalo. Assistant Professor of Anesthesiology, PhD. MD
Tahir Kibriya
Director technical / senior engineering manager. Black & Veatch Corporation, Overland Park. PhD Civil Engineering.
Yahya Kamalipour
Dept. of Journalism and Mass Communication North Carolina A&T State University Greensboro, North Ca. Professor and Chair Department of Journalism and Mass Communication North Carolina A&T State University. PhD
Wael Al-Husami
Lahey Hospital & Medical Center, Nardone Medical Associate, Alkhaldi Hospital, Medical Doctor, International Health, MD, FACC, FACP
_____

Uruguay

Gerardo Prieto Blanco
Universidad de la República. Economist, Associate Professor . Montevideo.
_____

Uzbekistan

Guzel Kutlieva
Institute of Microbiology. Senior Researcher. PhD in BS.
Khurshida Narbaeva
Institute of Microbiology, Academy of Sciences Republic of Uzbekistan, Doctor of biological sciences.
Shaklo Miralimova
Academy of Science. Institute of Microbiology. Doctor of Biology Sciences. PhD in BS.
Shukhrat Yovkochev
Tashkent State Institute of Oriental Stadies. Full professor. PhD in political sciences.

LTD International Research, Education & Training Center (United Kingdom, London) and NCO International Research, Education & Training Center (Estonia, Tallinn) are publishing scientific papers of scientists on Website and in Referred Journals with subjects which are mentioned below:

© SOUTHERN CAUCASUS SCIENTIFIC JOURNALS

AGRICULTURAL, ENVIRONMENTAL & NATURAL SCIENCES

SOCIAL, PEDAGOGY SCIENCES & HUMANITIES

MEDICINE, VETERINARY MEDICINE, PHARMACY AND BIOLOGY SCIENCES

TECHNICAL AND APPLIED SCIENCES

REGIONAL DEVELOPMENT AND INFRASTRUCTURE

ECONOMIC, MANAGEMENT & MARKETING SCIENCES

LEGAL AND POLITICAL SCIENCE

CONFERENCE NEWSLETTER
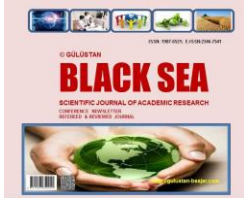
MULTIDISCIPLINARY JOURNAL
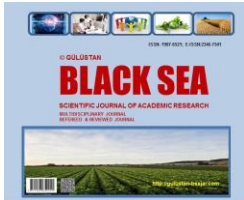
MULTIDISCIPLINARY JOURNAL
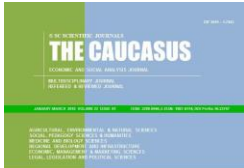
CONFERENCE NEWSLETTER
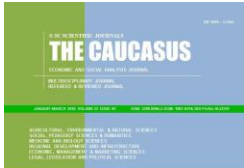
NGO International Research, Education & Training Center is publishing scientific papers of scientists on Website and in Referred Journal with subjects which is mentioned below:

© THE BALTIC SCIENTIFIC JOURNALS

SOCIAL, PEDAGOGY SCIENCES & HUMANITIES

Historical Sciences and Humanities
Psychology and Sociology Sciences
Philosophy and Philology Sciences
History of Science and Technology
Social Science
Pedagogy Science
Politology
Geography
Linguistics

MEDICAL SCIENCE

Clinical Medicine
Prophylactic Medicine
Theoretical Medicine
Stomatology & Dentistry

ECONOMIC, MANAGEMENT & MARKETING SCIENCES

Economics and Management of Enterprises
Economy and Management of a National Economy
Mathematical Methods, Models and Information Technologies in Economics
Accounting, Analysis and Auditing
Money, Finance and Credit
Demography, Labor Conomics
Management and Marketing
Economic Science

LEGAL, LEGISLATION AND POLITICAL SCIENCES

Theory and History of State and Law
International Law
Branches of Law
Judicial System and Philosophy of Law
Theory and History of Political Science
Political Institutions and Processes
Political Culture and Ideology
Political Problems of International Systems and Global Development

PIRETC

MULTIDISCIPLINARY JOURNAL
REFEREED & REVIEWED JOURNAL

PSYCHOLOGY, SOCIOLOGY, ANTHROPOLOGY, AND PHILOSOPHY SCIENCES

ECONOMIC, MANAGEMENT & MARKETING SCIENCES

AGRICULTURAL, ENVIRONMENTAL & NATURAL SCIENCES

LEGAL, LEGISLATION AND POLITICAL SCIENCES

http://sc-media.org/piretc/