

EXAMINE THE LIBYAN HEALTH LAW'S SUFFICIENCY IN HOLDING HEALTH PRACTITIONERS ACCOUNTABLE AND REDUCING ERRORS

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Abstract: *The current study aims to conduct a review of the adequacy of Libyan health law to hold people accountable and reduce the errors of health practitioners, and the study population was represented by "all employees of Tripoli Medical Hospital and Zintan Court of First Instance," and the sample number reached 302 health practitioners. The researcher used the descriptive analytical method, and she attempted to answer the research's main question, which is "How a health practitioner can hold people accountable?" The researcher took into account the scientific criteria in selecting the sample, and the exploratory study was conducted to ensure the validity and stability of the study tool, in which he relied on the scientific questionnaire, and the researcher used the appropriate statistical operations relying on the SPSS programme in the process of analysing the results, also relying on the discussion of the results on the scientific, academic, and field references of the researcher related to the subject of the study. The results of the current study found that the participants in the study have confirmed that custom and habit are sometimes taken into account in addressing the errors of health practitioners, and these results obtained the highest degree of acceptance among the participants, while they were followed by the participants' assertion that there are internal regulations and laws in the Ministry of Health on which to base dealing with cases of medical errors, while the results showed that there is a practise of investigating cases of health practitioners' errors regardless of their cause from the participants' point of view, and who They further affirmed that the existing Libyan health law is not sufficient to punish the practises of health workers when they err and that accountability mechanisms are not accepted and satisfied. The results on the axis of the mechanism of assisting the Libyan health law in reducing medical errors also showed the importance of educating health practitioners in scientific seminars or educational lectures about the duties, obligations, and regulations imposed by the Libyan health law and the need to work on developing laws periodically in line with the developments and problems that occur in this field to protect the patient from medical errors and the law.*

Keywords: *Fault, Libyan health law, Damage, Health Practitioners, Civil liability.*

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Background

A written medical contract is required to protect patients against medical malpractice. This form of contract is a legally binding agreement between the health practitioner and the patient outlining the terms and conditions of treatment. The contract details both parties' obligations and responsibilities, as well as the legal consequences if any party fails to satisfy its obligations. There

are numerous reasons why obtaining a medical contract is important to protect the patient, including the fact that it helps to establish clear communication between the health worker and the patient regarding treatment, that patients can make informed decisions about their care by clearly defining the terms and conditions of treatment, that it also helps ensure that health workers provide a level of care in accordance with accepted medical practises, and that it is Under the terms of the contract, the patient has the right to claim compensation for any loss or damage experienced, which helps to guarantee that patients are adequately compensated for any harm caused by malpractice and can help discourage future similar behaviour by health professionals. The medical contract represents the basis on which the civil responsibility of health practitioners is based, as the laws regulating medical contracts have singled out in their clauses what confirms the fixed rule, which is that the contract is the law of the contractors, which contributes to the preservation of human life, which is one of the five rights guaranteed by Sharia as guaranteed by laws in all constitutions and human regulations.

Based on this importance, and given that Libyan society requires adequate laws to protect patients from incorrect health practises by health practitioners, the current study sought to investigate the relationship between health practises by Libyan health workers and the laws regulating their work, as well as the individual receiving their services, by revealing the adequacy of Libyan health law to hold health practitioners accountable and reduce their mistakes. The following themes can be addressed in the current study:

Error: "any lapse of a preceding legal obligation" or "a breach by a person of the obligations of prudence required by law and afterwards failing to prevent damage when it was in his capacity and responsibility to do so." Medical error: "a deviation in the conduct of a professional physician who is careful, persistent, and qualified if compared to the conduct of another physician in the same circumstances, or a failure in the conduct of a physician that does not occur from an attentive doctor found in the external circumstances surrounding the physician in charge." Health practitioner: "Someone who holds a licence to practise medicine, whether from the same or another country." A health practitioner is a trained doctor who helps people who need it with treatment, prevention, or surgery. Damage is "a breach of a right or interest of value to the injured person," as defined by some as "the unjustified derogation of a person's natural or financial rights from a legitimate permissibility," and in the medical field, damage has been defined as "a condition resulting from a medical act that harms the person's body and may entail a lack of the person's money, emotions, and morale." Libyan Health Law: It is a series of laws and legislation that control the Libyan state's health sector, including health practises and their repercussions.

On the other hand, there have been several previous studies on the current topic, including:

1. **Mustafa Hamid Muhammad's (2016)**, "The Doctor's Civil Liability in Medical Errors: A Comparative Analysis Between Libyan Civil Law and Islamic Sharia," a master's thesis in Sharia and Law, Maulana Malik Ibrahim Islamic University of Malang.

The study sought to ascertain the legal nature of the doctor's civil liability in medical errors, as well as the sayings of the four schools of thought and their attitudes towards medical errors, as well as whether the nature of the doctor's commitment to patients is an obligation to achieve a result or an allowance for care, and whether it is a nodal or tort liability. The researcher came to several conclusions, including the fact that the doctor's responsibility is considered a contractual responsibility whenever there is a contractual link between the two parties, and otherwise it is considered a tort responsibility, and the nature of the doctor's commitment towards patients is considered a commitment rather than care in origin, except in some exceptional cases where he is committed to achieving a result, such as cosmetic operations, blood transfusions, and so on. The study determined that positive law accords with Islamic law in the idea of medical error or describing it within the limits of the doctor's civil liability. The doctor is determined to be reaching a result and is amending and adding certain things to that goal.

2. **A research titled "Crimes Related to Public Health, a Master's Thesis in Criminal Law, Faculty of Law - Larbi Tepsu University, Tebessa, Algeria" by Bouqsa Abla, (2016).**



The researcher wanted to clarify crimes linked to public health through this study, therefore the researcher began by highlighting the importance of safeguarding public health and that it is a right for every person in the country, as well as establishing the notion of crimes related to public health. Precaution, non-compliance with laws, regulations, and criminal texts, and the researcher concluded her study by recommending that researchers and commentators in the field of legal studies study everything related to legislation established to preserve human health and his body, as well as issues of medical errors that occur from workers in health practises and the impact of medical workers on the patient and damage to him. And the determination of that responsibility and awareness of the commitment to ethics that ensure the preservation of that profession, as well as the support of active associations in encouraging that awareness destination for the application of consumer and environmental protection laws, as well as the effectiveness of laws governing health work in the country.

3. **Kholoud Hisham Abdel-**(2017) Ghani's report, "Medical Error- A Study in the UAE Medical Liability Law for the Year 2016, Emirates.

Where the researcher attempted to explain the medical error using Emirati laws such as UAE civil law, in order to study the legal basis of civil responsibility of the doctor in those laws interested in organising medical work and the patient's entitlement to compensation based on medical damage that may have been affected by medical errors and estimate this compensation. Noting that the estimation of compensation and its entitlement is for each case in light of the judiciary's discretionary authority, the researcher concluded that the civil responsibility of the doctor in light of Emirati law is a default responsibility, even if there is a contractual relationship between the patient and the doctor or the hospital, and the researcher demonstrates that the doctor's commitment is In some cases, a commitment to take care, as it may be in others, an obligation to achieve a result, which is estimated by the judiciary using people with experience in that field, as this study shows that Emirati law takes the objective criterion for measuring and determining medical error, and that the midfielder is the criterion of measuring the error. The medical under comparable conditions, as this study revealed, is an essential prerequisite for the practise of medical professionals inside the UAE, according to Emirati rules. The doctor may not practise medicine until he has signed civil liability insurance with a licenced insurance provider.

4. **Jassim, Saleh Saleh Abdul Rahman Al-**thesis, Muhammadi's Master's "The Development of Civic Responsibility in the Medical Profession," was completed in 2019.

This study aimed to analyse the laws and regulations that govern the conditions for practising the medical profession in the State of Qatar in order to determine its nature, whether it is within the scope of negligence or the scope of contractual responsibility, and what the nature of the doctor's commitment in the field of treatment medicine in general and plastic surgery in particular, as well as a statement. What is a medical error, the type of error that is required for medical responsibility, and the scope of the error when practising a doctor in a private or public hospital, and the study focused on medical errors in the field of plastic surgery - luxury surgery - which is necessary plastic surgery, and improvement or optional surgery, and the origin of the cosmetic surgeon is in The commitment of the surgeon is always a responsibility to attain a certain objective, whether in improvement or elective procedures. The research produced a series of conclusions and suggestions, the most essential of which was that the Qatari legislator creates liability for medical errors in accordance with standard civil law principles. And he did not pick out texts about doctors' liability for errors that arise as a result of their practise of the profession, and we must urge the Qatari legislature to enact new laws. He organises the medical profession in response to the changes that have occurred in the profession, provided that a specific door is set aside to control civil responsibility and the duties that the doctor should be with the doctor's obligations. Medical, the Qatari legislator also recommended that the insurance system be mandatory for the benefit of the doctor, the medical staff, and the hospital to cover the risks resulting from the practise of medical work in all its branches, as well as to spread awareness in society about the rights of patients, the responsibility of doctors, and the obligations that fall on

them, as it became clear to us that it is a result of society's lack of awareness. The lack of medical liability lawsuits in Qatari courts.

5. **The Dahar Al-Daham Day** (2019), a jurisprudence, a PhD thesis in jurisprudence, and the origins of the University of Islamic Studies in Amman, Jordan.

Through his research, the researcher aimed to introduce medical work in Islamic law and its legitimacy, the rules that control him and the conditions of work in the medical field in Islamic law, and the responsibility on health practitioners in Islamic law, and to introduce the guarantee and its legitimacy, and to explain responsibility for medical errors attached to the patient or His relatives, whether my body 'or material, and the researcher, through his studies, aimed to explain responsibility for the medical errors attached to the patient or His relatives, whether my body 'or material, and The guarantee is the public interest and the severity of the people for medical work, and for fear of people's reluctance to learn medicine and possibly it, and the researcher recommended the necessity of understanding health practitioners, their duties, and the patient's understanding of these duties.

These studies have strengthened the researcher's conviction of the importance of conducting research on the legal sufficiency of health practitioners in order to reduce errors and practises that are directly harmful to humans, and the researcher's policies have also contributed to relevant studies in building axes of current study tools.


1. Method

The descriptive survey methodology and analytical method were used in the study, and the researcher picked the questionnaire as a data collecting instrument since it is appropriate for the nature of the study and is the most extensively used in such research. The sample consisted of 302 health practitioners, and the validity and reliability analysis revealed that the Cronbach alpha coefficient for the total items of the study was 0.900, as the number of statistically tested items was 55, including the demographic data of the study, as Table 3 shows that the Cronbach alpha coefficient for the items ranged from 0.895 to 0.895 0.900, indicating that the degree of confidence in the data is very high.


2. Results

Table (1) Results of participants' opinions on the adequacy of the Libyan health law to hold health practitioners accountable and reduce errors of health practitioners.

Figure	Statement	Strongly agree	I agree	neutral	Disagree	Strongly disagree	Arithmetic mean	Standard deviation	Order
1	There is an effective health law at the national level to deal with the mistakes of health practitioners	119	102	39	26	16	3.8	1.04	8
2	There is accountability of health practitioners for medical errors based on accurate and proven	121	111	56	7	7	4.0	0.84	6



	information								
3	Accountability mechanisms are accepted and satisfied by health practitioners	136	100	57	6	3	3.5	0.86	10
4	There are internal regulations and laws at the Ministry of Health on which to base dealing with cases of medical errors	154	100	37	6	5	4.4	0.80	2
5	Technological means exist to speed up legal procedures when medical errors occur	136	100	40	18	8	3.9	0.96	7
6	Custom and custom are sometimes taken into account in addressing the mistakes of health practitioners.	107	132	45	11	7	4.5	0.89	1
7	There is no failure to hold accountable those who are proven to be medically miserable	147	100	40	8	7	4.2	0.86	4
8	Committees of inquiry treat all medical categories equally	130	100	50	13	9	4.1	0.95	5
9	Accountability mechanisms in place	124	104	58	8	8	3.7	0.89	2




	reduce the occurrence of medical errors								
10	Cases of health practitioner errors are investigated regardless of their cause	104	150	37	5	6	4.3	0.80	3
11	Patient complaints related to health practitioner errors have been taken seriously	100	136	40	8	18	3.8	1.04	8
12	The existing Libyan health law fits and rewards punishment	132	107	45	7	11	3.6	0.89	9

The previous results on "the adequacy of the Libyan health law" from the point of view of the participants in the study sample show that the paragraph that obtained the highest ranking is the paragraph that states (sometimes taken into account by custom and habit in addressing the errors of health practitioners), as it obtained an arithmetic mean of 4.5 (standard deviation = 0.89), while the second paragraph in the ranking states (there are internal regulations and laws of the Ministry of Health on which to base in dealing with cases of medical errors), Where it got an arithmetic mean of 4.4 (standard deviation = 0.80), and the third paragraph in the ranking states (cases of health practitioner errors are investigated regardless of their cause), where it got an arithmetic mean of 4.3 (standard deviation = 0.80), and the fourth paragraph in the ranking states (there is no failure to hold accountable those who are proven to be medically wrong), where the paragraph got an arithmetic mean of 4.2 (standard deviation = 0.86), and the fifth paragraph states (The investigation committees deal equally among all medical categories), where they obtained an arithmetic mean of 4.1 (standard deviation = 0.95), and the sixth paragraph in the ranking states (there is accountability of health practitioners for medical errors based on accurate and proven information), where they obtained an arithmetic mean of 4.0 (standard deviation = 0.84), and the seventh paragraph in the ranking states (there are technological means to speed up legal procedures when medical errors occur), where the paragraph obtained an arithmetic average of 3.9 (standard deviation = 0.96), while the eighth paragraph got an arithmetic mean of 3.8 (standard deviation = 1.04), where the two paragraphs that state (patient complaints related to health practitioners' errors have been dealt with seriously) and the paragraph that states (there is an effective health law at the national level to deal with the errors of health practitioners), while the ninth paragraph in the ranking was the paragraph that states (the existing Libyan health law is appropriate and rewards the penalty), where the paragraph got An arithmetic mean of 3.6 (standard deviation = 0.89), while the tenth and last paragraph in the order was the paragraph that states (accountability mechanisms receive acceptance and satisfaction by health practitioners), where the paragraph obtained an arithmetic mean of 3.5 (standard deviation = 0.86).

Table (2): Results of Participants' Views on the Mechanism of Assisting the Libyan Health Law in Reducing Medical Errors

Figure	Statement	Strongly agree	I agree	neutral	Disagree	Strongly disagree	Arithmetic mean	Standard deviation	Order
1	Add paragraphs outlining how to deal with medical errors in the legal framework for national primary health care	119	102	39	26	16	3.8	1.04	8
2	Ensure that hospital staff whistleblowers are not penalized for reporting medical error	121	111	56	7	7	4.0	0.84	6
3	Adding a course taught by students in law colleges related to the medical profession and its controls in Islamic law and law	136	100	57	6	3	3.5	0.86	10
4	Work on developing laws periodically in line with developments and problems that occur in this field to protect the patient from medical errors	154	100	37	6	5	4.4	0.80	2
5	Adding some articles, including exceptional cases in which the health practitioner's commitment to achieve a result	136	100	40	18	8	3.9	0.96	7
6	Health practitioners should be made aware through scientific seminars or educational lectures about the duties, obligations and regulations imposed by the Libyan Health Law	107	132	45	11	7	4.5	0.89	1
7	The Libyan project should establish explanatory notes	147	100	40	8	7	4.2	0.86	4



	explaining the provisions of Law No. 17 of 1986 on Medical Liability in Libya								
8	Inclusion of the subject of medical responsibility as a separate subject taught to students within the Faculty of Medicine in order to enable them to know their legal and legal obligations	130	100	50	13	9	4.1	0.95	5
9	In addition to some materials, including exceptional cases in which the health practitioner's commitment to achieve a result	124	104	58	8	8	3.7	0.89	2
10	Establish a court specialized in medical cases to ensure the impartiality and to avoid delays in the adjudication of such cases	104	150	37	5	6	4.3	0.80	3
11	Ensuring the freedom to prove the mistakes of health practitioners by all means, such as methods of proof, which are represented in acknowledgment, testimony, writing, evidence, oath, and the use of medical expertise in proving the responsibility of the health practitioner	100	136	40	8	18	3.8	1.04	8

The results of the descriptive analysis, as shown in the previous table, showed that the axis of the mechanism of assistance to the Libyan health law in reducing medical errors has indicated that the paragraphs that received the highest value in the axis are the paragraph that states (health practitioners must be educated in scientific seminars or educational lectures about the duties,

obligations and regulations imposed by the Libyan health law), where the paragraph obtained an arithmetic mean of 4.5 (standard deviation = 0.86), while the second paragraph obtained an arithmetic mean 4.4 (standard deviation = 0.80), where the paragraph states (work to develop laws periodically in line with the developments and problems that occur in this field to protect the patient from medical errors), while the third paragraph in the order provides for (the establishment of a court specialized in medical cases to ensure the first and to avoid delay in adjudicating those cases), where the paragraph got an arithmetic mean of 4.3 (standard deviation = 0.80), and the paragraph that states (the Libyan project must establish memoranda An explanatory explanation of the provisions of Law No. 17 of 1986 on medical liability in Libya), I got the fourth place, where the paragraph got an arithmetic mean of 4.2 (standard deviation = 0.86), while the fifth paragraph in the order got an arithmetic mean of 4.1 (standard deviation = 0.95), and the paragraph that states (the inclusion of the medical responsibility subject as an independent subject taught to students within the Faculty of Medicine in order to enable them to know their legal and legal obligations), where the paragraph got an arithmetic average 4.1 (standard deviation = 0.95), and the paragraph that states (ensuring that hospital staff whistleblowers are not punished as a result of reporting a medical error), where the paragraph got an arithmetic mean of 4.0 (standard deviation = 0.84), while the paragraph that ranked seventh states (adding some articles, including exceptional cases in which the health practitioner's commitment to achieve a result), where it got an arithmetic mean of 3.9 (standard deviation = 0.96), and the paragraph that states (adding Paragraphs that determine how to deal with medical errors in the legal framework of national primary health care), as well as the paragraph that states (ensuring the freedom to prove the errors of health practitioners by all means, such as methods of proof, which are represented in acknowledgment, testimony, writing, evidence, oath, and the use of medical expertise in proving the responsibility of the health practitioner), where the paragraph got an arithmetic mean of 3.8 (standard deviation = 1.04), and finally the last paragraph in the order is the paragraph that states (adding a subject taught by students in Law faculties relate to the medical profession and its controls in Islamic law and law), where the paragraph obtained an arithmetic mean of 3.5 (standard deviation = 0.86).

3. Conclusions

The researcher's findings revealed that the participants agreed that custom and habit are sometimes taken into account in addressing the errors of health practitioners, and these findings received the highest level of acceptance among the participants, while they were followed by the participants' assertion that there are internal regulations and laws in the Ministry of Health on which to base dealing with cases of medical errors, and the findings were followed by the participants' assertion that there are internal regulations and laws in the Ministry of Health on which to base dealing with cases of medical errors, while the findings They also emphasised that the existing Libyan health law is insufficient to punish the practises of health workers when they make mistakes, and that accountability mechanisms do not receive acceptance and satisfaction, and that the results on the axis of the mechanism of assisting the Libyan health law in reducing medical errors demonstrated the importance of educating health practitioners about the duties, obligations, and regulations in scientific seminars or educational lectures. The patient is one of medical blunders, and they also demonstrated that there is a flaw that necessitates the addition of a topic taught by law students connected to the medical profession and its restrictions in Islamic law and law, based on the researcher's findings, he recommends implementing patient safety programmes that focus on identifying and preventing medical errors. These programmes should include training for health practitioners on best practises in patient safety and should encourage reporting of medical errors and imminent events, as well as the implementation of effective communication protocols between health care facilities. The researcher also suggests strengthening laws and regulations to increase healthcare professionals' accountability and ensure that patients are adequately compensated for harm caused by medical malpractice. This could include increasing penalties for noncompliance and improving enforcement mechanisms, as well as increasing

transparency and accountability on their performance in patient safety and quality of care, which could include public reporting on quality.

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