Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas

Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

MOTIVATIONAL TECHNOLOGIES IN MODERN PREVENTIVE MEDICINE: A MULTIDISCIPLINARY APPROACH

Urazalieva I. R.
Kamilova M. O.
Tashkent State Medical University

Abstract

This multidisciplinary methodological study synthesizes key psychological and pedagogical frameworks to enhance preventive care. Traditional medical education often prioritizes clinical expertise, leaving the physician's role as a "motivator" and "social role model" insufficiently addressed. This gap frequently leads to low patient compliance and difficulties in implementing long-term lifestyle modifications. The study integrates James Prochaska's **Transtheoretical Model (TTM)** for stage-matched interventions, Albert Bandura's **Self-Efficacy Theory** to bolster patient confidence, and Daniel Goleman's **Emotional Intelligence (EQ)** framework for empathetic rapport. Additionally, modern strategic instruments such as **Gamification**, Richard Thaler's **Nudge Theory**, and **Motivational Interviewing (MI)** are analyzed as mechanisms for behavior modification. The integration of these multidisciplinary technologies allows healthcare professionals to transition from traditional clinical instructors to proactive **"Health Ambassadors"**. By utilizing personal role modeling and "choice architecture," clinicians can trigger subconscious and voluntary patient engagement. The application of gamification elements (points, badges, leaderboards) and "nudge" interventions significantly improves adherence to healthy lifestyle (HLS) practices. The synergistic application of behavioral change models and emotional intelligence serves as a fundamental

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas

Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

determinant for long-term health sustainability. Consequently, integrating these motivational technologies into medical curricula and primary healthcare settings is essential for improving public health indicators and reducing the burden of chronic diseases.

Keywords: Preventive Medicine, Motivational Interviewing, Self-Efficacy, Nudge Theory, Health Ambassador, Transtheoretical Model, Gamification.

Introduction

In the context of modernizing healthcare systems, the patient-physician relationship is evolving beyond a simple information exchange toward a level of emotional and motivational partnership. Currently, medical education focuses predominantly on clinical expertise, while the physician's roles as a "motivator" and "social role model" remain insufficiently addressed from a methodological standpoint. A lack of adherence to Healthy Lifestyle (HLS) principles by the physician significantly undermines the psychological efficacy of their clinical recommendations. In the contemporary medical paradigm, therapeutic success is determined not only by pharmacological and technological interventions but also by the quality of motivational cooperation between the patient and the healthcare provider. Low patient adherence (compliance) remains one of the most critical challenges in global healthcare practice. As a solution, the personal example of the healthcare professional and their behavioral influence are emerging as integral components of "therapeutic instruction". Nevertheless, clinicians frequently encounter difficulties in motivating patients toward lifestyle modifications. A primary cause is the lack of emphasis on developing the healthcare worker's personal motivation and emotional intelligence within the current training system. If a provider is not a proactive subject of HLS themselves, their advice lacks the necessary "social authority" for the patient. Consequently, there is an

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

urgent necessity to integrate Albert Bandura's self-efficacy principles and Daniel Goleman's emotional intelligence framework into medical education.

The cessation of harmful habits, such as tobacco use, sedentary behavior, or unhealthy dietary patterns is not a discrete, instantaneous event but rather a continuous process comprising specific developmental stages. The core conceptual objective of the Trans-theoretical Model (TTM) is to identify these stages of change to select the most appropriate intervention strategies. James Prochaska, a preeminent figure in modern psychology and a world-renowned expert in behavioral change, developed this framework after synthesizing over 300 psycho-therapeutic orientations[2]. His research uncovered a "trans-theoretical" (cross-theoretical) principle governing the incremental nature of human behavioral modification.

Prochaska argued that a fundamental error in clinical practice is exerting pressure on a patient who is not yet psychologically prepared for change. He advocated for a patient-centered approach, urging clinicians to "meet the patient where they are" meaning a physician must first diagnose and understand the patient's current psychological stage before offering specific medical advice. Within this framework, the process of evaluating an individual's readiness to integrate change into their daily life is categorized into five primary stages:

1. Precontemplation: in this initial stage, the individual is largely unaware of the detrimental nature of their habits and resists acknowledging the situation as a problematic issue. This represents the most challenging phase for healthcare providers. Here, the physician's personal example is paramount; observing a provider's positive lifestyle may instill a sense of "cognitive dissonance" or doubt in the patient, prompting the question, "Why am I not like this?" which serves as a catalyst for moving to the next stage.

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

2. Contemplation: the patient acknowledges the existence of a problem and begins considering behavioral modification but has not yet committed to a definitive decision. This stage is often characterized by ambivalence a state of indecision or the lack of a clear path forward. At this juncture, MI techniques and the physician's personal role modeling exert a significant influence on the patient's subsequent progression.

3. Preparation: the individual has committed to taking action in the near future, typically within the next month. During this phase, the healthcare provider's role is to assist in formulating a concrete action plan and to inspire the patient through successful case studies, thereby reinforcing the patient's belief in achieving effective outcomes.

4. Action: this is the most active phase, where the individual has initiated observable modifications in their behavior, such as implementing dietary changes or commencing physical exercise. The provider's role involves analyzing these actions, suggesting optimal adjustments, and offering consistent support to prevent physical or psychological burnout.

5. Maintenance: this stage is reached when the behavioral changes have been sustained for more than six months. To prevent relapse into previous habits, the healthcare professional must transition from a traditional advisor to a "mentor" who acknowledges the patient's achievements and reinforces their new identity.
The Transtheoretical Model (TTM) of behavioral change represents a contemporary and versatile framework increasingly integrated into various therapeutic domains. In clinical practice, patient interactions structured according to this model demonstrate significant efficacy in fostering long-term lifestyle modifications. By aligning communication strategies with the patient's specific

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

stage of change, healthcare professionals can move beyond generic advice toward a more nuanced, stage-matched intervention that optimizes health outcomes.

An individual's personal conviction in their ability to succeed in specific situations plays a pivotal role in behavioral outcomes. The concept of "Self-efficacy" was formally introduced into the scientific literature in 1977 by Albert Bandura, a prominent American psychologist and professor at Stanford University. Bandura posited that the level of an individual's self-belief whether high or low fundamentally determines their subsequent actions, the effort expended, and their resilience in the face of obstacles. Albert Bandura identified four primary sources that shape an individual's belief in their own capabilities:

1. Mastery Experiences: this is considered the most potent and influential source, as it directly reinforces an individual's confidence through their own previous successes. In a clinical context, it is vital for physicians and nurses to help patients recognize and reflect on their own small victories and successful health milestones.

2. Vicarious Experiences (Social Modeling): Individuals often develop self-efficacy by observing a "model" someone similar to themselves successfully performing a task. The logic, "If they can do it, so can I," becomes more powerful the more the observer identifies with the model. In this regard, the healthcare professional's role as a personal example of a healthy lifestyle is of paramount importance.

3. Verbal Persuasion (Social Support): Encouragement and positive affirmations from others, such as "You can succeed at this," can significantly bolster self-belief. However, the efficacy of this source is directly proportional to the perceived authority, expertise, and trustworthiness of the individual providing the

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

persuasion. For primary care specialists, engaging the patient's entire family unit in this supportive process has been shown to yield positive outcomes.

4. Physiological and Emotional States: this source involves the analysis of an individual's physical and emotional reactions. In evaluating their own capabilities, individuals rely on somatic signals within the body, such as stress, anxiety, fatigue, or physical pain. If a patient perceives the challenges associated with transitioning to a healthy lifestyle, for instance, hunger during a dietary regimen or exhaustion following physical exercise as signs of "failure", their level of self-efficacy significantly diminishes. In such scenarios, it is imperative for the healthcare professional to teach the patient how to correctly interpret these physiological states. For example, explaining that post-activity fatigue is not a symptom of weakness but rather an indicator of the body's developmental progress reinforces the patient's belief in their own strength[10].

The sources of self-efficacy proposed by A. Bandura are not merely abstract theoretical constructs; rather, they serve as strategic instruments within the fields of medicine and public health to accelerate patient recovery and promote Healthy Lifestyle (HLS) practices. The internalization of one's own success, the presence of healthcare professionals as role models, and a robust family support system empower individuals to assume agency over their own health. The synergistic application of these four sources not only fosters the patient's confidence in overcoming illness but also functions as a fundamental determinant in ensuring long-term, positive behavioral sustainability.

Historically, human efficiency and the attainment of success have been measured predominantly through the Intelligence Quotient (IQ), representing a standardized level of academic and cognitive ability. In the medical field, a high IQ remains a critical foundation for the acquisition and mastery of complex theoretical knowledge. However, clinical practice increasingly demonstrates that cognitive intelligence alone is insufficient for professional success or the

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

establishment of effective patient-provider communication. Addressing this critical gap, the world-renowned psychologist Daniel Goleman introduced the concept of Emotional Intelligence (EQ), emphasizing its vital role in interpersonal dynamics and professional mastery[7].

EQ is defined as the capacity to recognize, manage, and regulate one's own emotions while establishing profound empathy with others. While IQ provides the clinician with the analytical tools necessary for disease diagnosis, EQ is indispensable for comprehending patient anxieties and providing the requisite psychological support. Empirical research suggests that approximately 80% of a professional's success in healthcare is attributable to emotional intelligence, with only 20% being correlated with traditional IQ levels. Rather than being mutually exclusive, IQ and EQ are complementary: while IQ qualifies an individual as a specialist in their field, EQ transforms them into a professional leader[7].

This synergy is particularly crucial for primary care providers. An empathetic approach enables healthcare workers to design optimal strategies for preventive care, fostering positive behavioral changes such as smoking cessation or adherence to medication regimens. Furthermore, high emotional intelligence equips practitioners with the patience and resilience necessary to navigate the complexities of long-term therapeutic processes.

The rapid advancement of digitization is currently catalyzing trans-formative changes within both the educational and medical sectors. Conventional approaches to enhancing efficiency in healthcare and education are increasingly being superseded by innovative methodologies, among which gamification stands out as a primary driver of engagement. Coined by Nick Pelling in 2002, the term "gamification" refers to the strategic integration of game-design elements into non-game contexts to foster long-term commitment and behavioral consistency[6, 8].

In the pedagogical sphere, gamification serves as a cutting-edge instrument for managing learner motivation. Its fundamental objective in medical education is

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

to transition the learning process from a passive state into an active and immersive experience. By employing these techniques, educators not only render the acquisition of knowledge more engaging but also achieve a higher degree of transparency and objectivity in student assessments.

One of the most persistent challenges in contemporary preventive medicine is the lack of long-term adherence to healthy lifestyle recommendations among patients. To sustain patient motivation over extended periods, gamification strategies are increasingly being implemented in developed healthcare systems. Gamification is not merely the act of "playing games"; rather, it is a sophisticated method of artificially activating the sources of self-efficacy as outlined by Albert Bandura.

In clinical applications, gamification typically focuses on three core structural elements:

1. **Points:** these provide quantitative data, allowing patients to monitor every positive behavioral change or identify specific deficiencies in real-time.
2. **Badges:** these serve as visual rewards granted upon reaching specific milestones (e.g., adhering to a 10-day dietary regimen or completing daily physical exercises), thereby instilling a sense of accomplishment in the patient. Furthermore, instant feedback provided via digital applications or by healthcare professionals reinforces the patient's confidence in their own actions.
3. **Leader-boards:** these foster healthy competition and facilitate social modeling by informing participants of others' experiences. This transparency allows physicians and nursing staff to monitor the collective progress of the entire group, enhancing the oversight of the intervention[6, 9].

The integration of gamification within primary healthcare systems yields significant clinical outcomes, particularly in the management of chronic conditions such as diabetes and arterial hypertension. In this framework, the role of the physician or nurse transcends that of a mere instructor, evolving instead into a "mentor" or guide within the patient's behavioral journey. Within this

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

process, the healthcare professional's level of EQ is vital; it enables the practitioner to detect phases of patient fatigue or waning motivation and to proactively offer tailored motivational mechanisms.

Nudge theory, one of the most contemporary and effective frameworks across various scientific disciplines, was popularized in 2008 by Nobel Prize-winning American economist Richard Thaler and legal scholar Cass Sunstein. The fundamental essence of this theory, often referred to as "libertarian paternalism" revolves around directing individuals toward decisions that better serve their own interests while strictly preserving their freedom of choice. This approach does not restrict an individual's autonomy; instead, it provides a subtle "nudge" to encourage the selection of the most beneficial path[1, 4].

Historically, Nudge theory has been extensively utilized to achieve significant milestones in economics and marketing. However, its application in preventive medicine to promote Healthy Lifestyle (HLS) practices represents a highly sophisticated modern approach. According to Nudge theory, the physical environment should be structured so that the most beneficial choice appears as the most convenient and attractive option for the individual. For instance, in clinical or educational cafeterias, placing fresh fruits in prominent, eye-level locations while relegating sweets and carbonated beverages to less accessible bottom shelves does not mandate a specific choice; rather, it significantly increases the probability of unconscious healthy selection[4].

Furthermore, individuals exhibit a natural tendency to conform to the behaviors of their peers. Providing a patient with normative social data, such as "80% of individuals in your age group walk for 30 minutes daily," serves as a potent psychological nudge. This mechanism aligns with Albert Bandura's social modeling theory, instilling a sense of self-efficacy by leading the patient to conclude: "If my peers can achieve this, so can I"[3, 10].

Additionally, Nudge theory posits the principle of "loss aversion" suggesting that individuals experience the pain of loss more acutely than the joy of an equivalent

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

gain. Consequently, a physician stating, “If you do not adhere to this diet, your risk of cardiovascular disease will double” often serves as a more compelling nudge than the positive framing of weight loss alone[1].

Within the framework of modern medicine, Nudge theory functions as an effective mechanism for guiding an individual’s subconscious decisions toward a healthy lifestyle. This approach empowers healthcare professionals to leverage innate psychological instincts, such as “loss aversion” and “social conformity,” without exerting undue pressure on the patient’s autonomy.

Consequently, these subtle interventions, when synthesized with Albert Bandura’s principles of social modeling, foster not only a specific motivation for action but also a robust sense of self-efficacy in managing one’s own health. This integration demands that primary care specialists possess more than mere clinical expertise; it necessitates high levels of emotional intelligence and the sophisticated skill of designing an effective “choice architecture”.

Enhancing the efficacy of preventive medicine remains a critical contemporary challenge. In this context, the role of the healthcare professional is of paramount importance in fostering patients’ intrinsic motivation and guiding them toward health-promoting behaviors, such as physical activity, nutritional optimization, and smoking cessation. Collaborative engagement between the practitioner and the patient has demonstrated high efficacy in the cultivation of sustainable healthy habits.

One of the most vital and sophisticated modern technologies in both preventive medicine and medical education is Motivational Interviewing. The conceptual foundations of MI were originally proposed in 1983 by the American psychotherapist William Miller as a specialized method to assist patients in overcoming alcohol-related disorders. Since its inception, this approach has evolved into a fundamental clinical strategy for addressing behavioral ambivalence across diverse healthcare settings.

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas

Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

In recent years, developed nations have increasingly adopted MI as a foundational communication framework for clinicians addressing behavioral health challenges. MI techniques are widely recognized for their efficacy in facilitating lifestyle modifications, including nutritional optimization, weight management, sleep hygiene, tobacco cessation, reduction of alcohol consumption, and improving medication adherence.

Integrating MI into the medical curriculum equips future healthcare professionals with essential motivational support skills, enhancing their communicative competence in patient interactions. This training is vital not only for clinical practice but also for public health strategies focused on disease prevention and health promotion. By synthesizing psychological and pedagogical technologies, MI enables the transformation of healthcare workers into proactive "health ambassadors".

The MI framework fundamentally consists of four key processes[5]:

1. **Engaging:** this is the foundational and most critical phase of MI, built upon a bedrock of trust and positive rapport. If a therapeutic "bridge" is not established between the healthcare provider and the patient during this stage, subsequent interventions are likely to be ineffective. In this process, the healthcare professional's personal example serves as a vital catalyst for establishing credibility and trust.

2. **Focusing:** during this stage, the physician and patient collaboratively identify and prioritize specific health concerns from a broader spectrum of issues. Here, the physician functions not as a "dictator", but as a "guide". It is methodologically essential to diagnose the patient's current stage within J. Prochaska's trans-theoretical model at this juncture. Selecting the correct focus is the key to facilitating the patient's incremental progression through the stages of change.

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas

Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

3. **Evoking (Evoking Motivation):** this phase focuses on eliciting and strengthening the patient's intrinsic motivation. Rather than "coercing" the patient into a healthy lifestyle, it is the art of awakening a latent desire for wellness. In this context, the physician's personal example functions not merely as a visual image but as a potent "nudge" in line with R. Thaler's theory. Patients perceive the physician as a personification of both the necessity and the feasibility of a healthy lifestyle. Guided questioning by the provider "gently nudges" the individual toward autonomous, health-conscious decisions without the use of fear-based tactics. Consequently, the synergy between the healthcare worker's personal role modeling and motivational communication transforms external pressure into internal enthusiasm the most effective stimulus for behavioral change.

4. **Planning:** in this final stage, a concrete action plan consisting of measurable and achievable steps is developed, effectively transforming abstract desires into a strategic behavioral framework . The plan must provide precise answers to the questions of *what, how, when,* and *how often,* while clearly defining the commencement date. Successfully executing even minor components of the plan significantly bolsters the patient's self-efficacy a phenomenon Albert Bandura defines as "Mastery Experience". Beyond mere goal-setting, this phase involves a proactive discussion regarding potential barriers and the identification of specific coping strategies to overcome them. By sharing relevant personal experiences or successful clinical cases, the healthcare professional demonstrates the feasibility of the plan, thereby reinforcing the patient's commitment.

Through the systematic application of Motivational Interviewing (MI) techniques, physicians and nursing staff can transition into highly skilled motivators capable of fostering sustainable, positive behavioral changes in patients. This transformation, in turn, ensures the long-term efficacy of preventive interventions and plays a pivotal role in enhancing public health indicators across

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas
Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)
ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

the population. Ultimately, the integration of these methodologies within clinical practice establishes a more resilient and health-conscious society.

In conclusion, it must be emphasized that the efficacy of modern medical interventions is contingent not only upon pharmacological advancements but also directly upon the quality of motivational cooperation between the physician and the patient. Transforming healthcare professionals into “Health Ambassadors” (Role Models), rather than merely clinical specialists, has emerged as a strategic priority in contemporary medical pedagogy.

Integrating J. Prochaska’s Transtheoretical Model and A. Bandura’s Self-Efficacy Theory into the medical curriculum empowers future clinicians to overcome patient resistance and foster an intrinsic conviction toward recovery. Furthermore, this research substantiates that the strategic implementation of motivational technologies specifically gamification, “nudge” interventions, and Motivational Interviewing represents the most effective mechanism for enhancing patient compliance through both subconscious and voluntary engagement.

In alignment with D. Goleman’s framework, a high level of emotional intelligence in physicians serves as the fundamental foundation for establishing empathetic rapport and facilitating positive behavioral modifications in patients.

To further advance modern medical pedagogy, the following recommendations are proposed:

First, to prioritize the development of “communicative competencies” by integrating the subject “Healthcare Provider Image and Motivational Psychology” into the andragogical training models of medical universities.

Second, to implement innovative practices in primary healthcare settings, specifically by establishing a “Health Ambassador:” corporate rating system (gamification) for physicians and nurses, while extensively utilizing “nudge” visual elements in patient interactions.

Eureka Open Access Journals
Open Access | Peer Reviewed | International Journals | Multidisciplinary Areas

Eureka Journal of Health Sciences & Medical Innovation (EJHSMI)

ISSN 2760-4942 (Online) Volume 2, Issue 4, April 2026

https://eurekaoa.com/index.php/5

Third, to organize systematic psychological training sessions aimed at mitigating occupational burnout among healthcare professionals and sustaining their personal motivation at a stable level.

References:

1. Iyengar S. Nudge: improving decisions about health, wealth, and happiness. By Richard H. Thaler and Cass R. Sunstein. Yale university press, 2008, isbn 978-0-30012-223-7, 304 pages. // Journal of pension economics and finance. 2010. № 1 (9). С. 156–157.
2. Johnson S. S. [и др.]. Efficacy of a transtheoretical model-based expert system for antihypertensive adherence. 2006.
3. Karavasileiadou S. [и др.]. Self-management and self-efficacy of women with gestational diabetes mellitus: a systematic review // global health action. 2022. Т. 15. № 1.
4. Kwan Y. H. [и др.]. A systematic review of nudge theories and strategies used to influence adult health behaviour and outcome in diabetes management // diabetes and metabolism. 2020. Т. 46. № 6. С. 450–460.
5. Miller W. R. The evolution of motivational interviewing // Behavioural and cognitive psychotherapy. 2023. № 6 (51). С. 616–632.
6. Shakhlo M H. Eurasian journal of medical and natural sciences methods of development of medical training system 2024. (4).
7. Goleman D. Эмотциональный интэллект 1995 (5)
8. Xakimova M.M. Ta'limda simulyatsion geymifikatsiya va uning ahamiyati//inter education & global study//.
9. Yunusov I. Y. Tibbiyot sohasidagi talabalarni o'qitishda media ta'limni shakillantirish//journal of new century innovations// https://scientific-jl.org/index.php/new volume-64_issue-2_november-2024.
10. Razieh T.N. Sadegh M.B. Bandura's social learning theory & Social cognitive learning theory literature review on.