

*Araştırma / Research Article***Psiko-eğitimin, acil tıp teknikerliği öğrencilerinin iletişim becerileri, benlik saygısı ve öfke ifade etme durumları üzerine etkisi****Psycho-education's impact on communication skills, self-esteem and anger expression status of emergency medical technical student**Sevinç Mersin¹, Emine Öksüz², Meral Demiralp³**ÖZET**

Amacı: Acil tıp teknikerleri hasta ya da travma yaşamış kişilerle ilk önce karşılaşan ve tıbbi yardım yapan kişilerdir. Acil hasta ve yaralı ile ilgilenecek her sağlık çalışanının iletişim konusunda yeterli donanıma sahip olmasının acil müdahale kadar önemli olduğu belirtilmektedir. Bu araştırma, duyguları tanıma ve ifade etme eğitiminin acil tıp teknikerliği öğrencilerinin iletişim becerileri, benlik saygısı ve öfke ifade etme durumlarına etkisini belirlemek amacıyla yarı deneysel olarak yapılmıştır. **Yöntem:** Araştırma 2013-2014 eğitim öğretim yılında Türkiye'de bir üniversitede ilk ve acil yardım teknikerliği bölümü 1. sınıfta okuyan 7 öğrenci ile yapılmıştır. Araştırma kapsamındaki öğrencilere haftada bir kez 2 saat olmak üzere, 12 hafta süresince, toplam 12 oturumlu duyguları fark etme ve ifade etme eğitimi verilmiştir. Psiko eğitim öncesinde ve sonrasında öğrencilere sosyodemografik özellikleri içeren Bilgi Formu ile İletişim Becerileri Envanteri (İBE), Rosenberg Benlik Saygısı Ölçeği (RBSÖ) ve Sürekli Öfke/ Öfke İfade Tarzları Ölçeği (SÖÖTÖ) uygulanmıştır. **Bulgular:** Araştırma kapsamındaki öğrencilerin İBE puan ortalamalarının hem psiko eğitim öncesi hem de psiko eğitim sonrası yüksek ancak, aralarında istatistiksel olarak fark olmadığı belirlenmiştir. Öğrencilerin psiko eğitim öncesi ve sonrası RBSÖ ve SÖÖTÖ puan ortalamaları arasında da istatistiksel olarak fark olmadığı saptanmıştır. **Sonuç:** Araştırmada duyguları fark etme ve ifade etme eğitiminin öğrencilerin iletişim becerileri, benlik saygısı ve öfke ifade etme düzeylerine etki etmediği, öğrencilerin iletişim becerileri düzeyinin hem psiko eğitim öncesi ve hem de psiko eğitim sonrası yüksek olduğu belirlenmiştir. İletişim becerilerinden özellikle empatinin varoluş tarzı olduğu, bu nedenle öğretilmeyeceği sonucuna ulaşılmıştır.

ABSTRACT

Aim: Emergency medical students are first persons that encountered and make medical aids to patients or traumatized people. It is stated that having adequate facilities about the communication of each health workers to deal with emergency patient and wounded persons is as important as immediate treatment. This research was conducted as quasi-experimental in order to determine the education of emotion recognition and expression's impact on communication skills, self-esteem and anger expression status of emergency medical technical students. **Methods:** The research was made with 7 students in first year of education in emergency department at a university in Turkey in 2013-2014 academic years. Total 12-session education of emotion recognition and expression was given to student within research for 2 hours in a week during 12 weeks. Information Form including socio-demographic characteristics, Communication Skills Inventory (CSI), Rosenberg Self-Esteem Scale (RSES) and Spielberger Trait Anger Scale (STAS) were applied to students before and after psycho-education. **Results:** It was determined that CSI mean scores of students within research were high before and after psycho-education but there is no statistically difference between them. It was determined that also there is no significantly difference between students' RSES and STAS mean scores before and after psycho-education. **Conclusion:** It was determined in the research that education of emotion recognition and expression has no impact on communication skills, self-esteem and anger expression status of students and students' communication skills levels were high before and after psycho-education. It has been concluded that especially empathy from communication skills is the mode of existence and therefore cannot be taught.

INTRODUCTION

Communication skills in occupations on the foundation of human relations are important due to do right the mutual information exchange and take action in accordance with the results. This situation, in fact, constitutes a guide to health care workers to fulfill the job descriptions and to take action.

Communication skills bring many concepts such as self-knowledge and awareness, self-esteem, emotional expression, empathy and being entrepreneur (1,2). In a healthy and effective communication, these concepts must be seen as components that increase the quality of communication (3).

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Self-esteem is the person's feeling himself precious, diligent and successful without thinking himself inferior or superior. Individuals who are self-aware and can easily express themselves are also aware of their self-esteem (1,3).

Anger is one of our feelings that we live and when it is not appropriately expressed, it causes problems (4). Others are alienated from tempered person; this situation causes negation of self-esteem concept, interpersonal and domestic communication conflicts and feeling of guilt (5,6). How the anger is expressed is very important due to the relation of self-worth. For these reasons, the quality of communication components is effective to be realized healthy communication and common purposes (7).

Psycho-education is defined as programs that targeting the process of planned intended development and change therefore using related education, methods and techniques on patients, patient's family or healthy individuals (8). This program can also be used for the same purposes for health care workers except patient or consultant (9-11).

Emergency medical technician in Turkey is an professional group that was created for provide professional emergency care outside the hospital to wounded people as a result of disasters such as accident, fire and health deteriorated people because of heart attack, stroke, respiratory failure (12). Emergency medical technicians are the first persons that encountered and make medical aids to patient or traumatized people. Communication skills are important for requiring rapid and accurate interfere in patient or traumatized person and to be given clear information to patient relatives in first aid and emergency environment. When health care workers' errors and skill deficits are added to emergency situation that creates tension and obscurity on patient or wounded person, formation of chaos will be inevitable (13,14).

Although there are numerous descriptive studies (15,18) related professional knowledge and sufficiency of emergency medical technicians in literature, it has only reached one descriptive study that determines emotional recognition and communication skills of these professional group (14). Besides, while there are studies about empathy or communication skills related to almost all of health workers, yet very new for our country, this situation was required us to search on emergency medical technicians that must be in one to one communication with people. This research

was conducted as quasi-experimental to determine education of emotion recognition and expression's impact on communication skills, self-esteem and anger expression status of emergency medical technician students.

METHODS

The research population was constituted 1st class students (n=34) of health services vocational school first and emergency aid technician department at a university in Turkey in 2013-2014 academic year; the sample was constituted 7 students that volunteered to participate in the group work.

First and emergency aid technician education is given at universities of health services vocational school in a 2-year programs in Turkey. Basic emergency health services such as making intravenous attempt, doing endotracheal intubation, cardio-pulmonary resuscitation and defibrillation, stabilization of bone fracture, dislocation and sprains, wound closure and making simple bleeding control are expected from emergency medical technicians at basic level of education (12). In accordance with these goals, emergency health services, resuscitation, anatomy and physiology courses are located at the first year curriculum of emergency medical technician at surveyed university. In the second year, emergency health services, trauma, pharmacology, communication lessons and professional practice are located. Communication lesson is in second year and a total of 28 hours.

Data Collection

The Information Form prepared by researchers, Communication Skills Inventory (CSI), Rosenberg Self-Esteem Scale (RSES), and Spielberger Trait Anger Scale (STAS) were used to collect data in this study. There are questions in information form to determine socio-demographic characteristics of students such as age, gender, family income, high school graduation time of parents.

Communication Skills Inventory (CSI), is a 5-point Likert-type inventory that is developed to evaluate the communication level of students by Ersanlı and Balcı (19). The scale is composed of a total of 45 lectures, the highest score that can be achieved is 225 and the lowest score is 45. Scale consists of three subscales including cognitive, affective and behavioral. Each sub-scale can be evaluated individually; general communication skills level of the students can be determined by

looking at the total. The highest score that can be achieved from each sub-scale is 75 and the lowest score is 15. It can be said that in which sub-scale's score is higher, it is better in that sub- dimension in terms of communication skills. For full scale, higher scores mean that student's communication level is high. Ersanlı and Balcı determined that the scale's internal consistency coefficient was 0.72 (19).

In this study, internal consistency coefficient of the scale was determined as 0.86 (Cronbach's $\alpha = 0.86$).

Turkish validity and reliability study of *Rosenberg Self-Esteem Scale (RSES)*, developed by Rosenberg in 1965, was made by Çuhadaroğlu in 1986 (20). It was structured from multiple choice questions and consists of 63 questions. Scale has 12 sub-scales and the first sub-scale (self-esteem subscale) that consists of ten items in these sub-scales is measured self-esteem, the highest score that can be achieved is 40 and the lowest score is 10. Highest scores are showed highest self-esteem. Çuhadaroğlu determined that the internal consistency of scale was 0.71 (20).

In order to measure the self-esteem for the purposes of research, self-esteem sub-scale was used. In this study, self-esteem sub-scale internal consistency coefficient was determined as 0.83 (Cronbach's $\alpha = 0.83$).

Spielberger Trait Anger Scale (STAS), was developed by Spielberger and et al. (1983) to determine the emotion of anger an anger expression styles (4). Turkish adaptation of the scale was made by Özer (21). Scale is a 34-item, a 4-point Likert-type scale and has 4 sub-scales. First 10 items of the scale are measured trait anger, and last 24 items are measured anger expression styles. Trait anger is expressed how the person generally feels and how much anger s/he lives. The lowest score that can be achieved from trait anger sub-scale is 10 and the highest score is 40 and highest scores show that anger level is high. Anger expression style sub-scales are anger control, anger expression and anger introversion, the lowest score that can be achieved from these sub-scales is 8 and the highest score is 32. The highest scores at anger introversion sub-scale show that anger is suppressed; the highest scores at anger expression sub-scale show that anger is easily expressed and the highest scores at anger control scale show that anger can be controlled. Özer determined that internal consistency coefficient for trait anger sub-scale was 0.79, for anger introversion sub-scale was 0.62, for anger expression sub-scale was 0.78 and anger control sub scale was 0.84 (21).

In this research, internal consistency coefficient of the

scale was found as 0.78 (Cronbach's $\alpha = 0.78$).

University ethics committee approval was obtained to do the research. The purpose of the research and the characteristics of group work were explained to students participating in the study, it was explained that the participation is based on volunteering. It was told that the identities of participants and the information they gave will not be given to others. 12-session psycho-education was made with 11 students volunteering to participate in the study during 12 weeks in 2 hours once a week. 4 students that not participate at least two sessions without any reason were excluded; thus, 7 students completed the psycho-education program. Researchers applied information form, RSES, CSI and STAS with the method of face-to-face interviews before and after psycho-education. It was approximately taken 20-25 minutes to fill the forms.

Psycho-education Program (Emotion Recognition and Expression Program)

It is intended to achieve the goals and objectives of the followings in emotion recognition and expression program (22):

1st. Session: Meeting and providing information

Students in the group introduce themselves, the purpose of the research and the rules that should be followed were shared.

2nd. Session: Expressing Emotions

Target: Improve the vocabulary to express the emotions.

Target behaviors: They describe the vocabulary that identifies the emotions. They discuss in which situation they can use the new words. They describe the emotions.

3rd. Session: Recognition of feeling, thoughts and behavior

Target: Have knowledge about the relationship between thought and behavior.

Target behaviors: They distinguish between thought and feelings. They have information about the relationship between feelings and thoughts. They have information about the relationships between feelings, thoughts and physical reaction. They have information about the relationship between feelings, thoughts and behavior.

4th. Session: Recognition and Expression of now and here feelings

Target: Improve the skill of recognition and expression of now and here feelings.

Target behaviors: They describe what they feel now and here. They describe their feelings with verbal and non-verbal behaviors. They evaluate their densities correctly while verbally describing feelings.

5th. Session: Describing the feelings with body language

Target: Improve the skill of describing the feelings with body language.

Target behaviors: They describe the feelings using their bodies. They realize the difference of expressing the feelings using body. They have information about the body language. They recognize the feelings from body language.

6th. Session: Express the feelings with I language

Target: Improve the skill of expressing the feelings with I language.

Target behaviors: They realize the responsibility of their feelings. They have information about I language. They express their feelings using I language.

7th. Session: Emotionally involve himself

Target: Improve the skill of emotionally involving himself.

Target language: They can introduce themselves. They have information about emotionally involving themselves. They realize their own feelings. They emotionally involve themselves.

8th. Session: Make empathy and to be able to give empathic response

Target: Improve the skill of emphatic listening and giving emphatic response.

Target behaviors: They have information about empathy. They assume the role of the other's physically and mentally.

9th. Session: Accept the Feelings

Target: Accept the feelings having difficulty to acceptance and commune with these feelings.

Target behaviors: They evaluate themselves. They realize the reflections with the feelings. They face with the feelings having difficulty to acceptance.

10th. Session: My family and my feelings

Target: Realize the affection to the way of expressing the feelings

Target behaviors: They realize the relationship between the common feelings of themselves and their families. They realize the relationship of their and their families' emotion expression.

11th. Session: Past, present and future

Target: Realize the relationship past, present and future feelings.

Target behaviors: They realize the relationship between past and present emotion expressions. They realize the impact of past and future feelings to present feelings.

12th. Session: My life and my feelings

Target: Increase emotional awareness related life.

Target behaviors: They remember the feelings related their past life. They express the feelings related present life.

Data analysis

Data of the research were evaluated with SPSS 15.0 for Windows program in computer. Number, percentage, mean value and Wilcoxon test were used in the evaluation of the data.

RESULTS

Socio-demographic characteristics of students that applied recognition and expression of feelings education program is shown in Table 1. 85.7% of surveyed students (n=6) were female, 14.3% of them (n=1) were male and 85.7% of them were at medium income level. It was determined as all of the surveyed students were graduated from medical vocational high school, their mean age was 19 ± 2.13 , mean of education year of their mothers was 6 ± 3.87 , mean of education year of their fathers was 8.42 ± 4.42 , and number of siblings' average was 2.71 ± 0.95 (Table 1).

As seen in Table 2; before education mean score of CSS cognitive sub-scale was 61.14 ± 6.17 and after education it was 62.42 ± 3.95 , there is no statistically significant difference between them ($z: -0.593$, $p>0.05$). It was determined that there is no statistically difference between mean scores of before education (52.14 ± 6.91) and after education (53.28 ± 6.39) of surveyed students' CSS affective sub-scale ($z: -0.742$, $p>0.05$). There is no statistically significant difference between CSS behavioral sub-scale mean scores of students in the research before education (52.71 ± 10.43) and after education (58.28 ± 5.61) ($z: -1.693$, $p>0.05$). Participants' CSS total mean score was 166 ± 20.91 before education

Table 1. Socio-demographic characteristics of students (n=7)

	n	%	x±SD
Gender			
Female	6	85.7	Age (year) 19±2.13
Male	1	14.3	Morhers' education (year) 6±3.87
Income level			
Low	1	14.3	Fathers'education (year) 8.42±4.42
Medium	6	85.7	Siblings' number 2.71±0.95
Graduate			
Medical vocational high school	7	100	

Table 2. CSI, RSES and STAS scores of students in psychoeducation before and after

Scales scores before and after psychoeducation (n=7)	Communication Skills Inventory (CSI)				Rosenberg Self-Esteem Scale (RSES)	Spielberger Trait Anger Scale (STAS)			
	Cognitive	Affective	Behavioral	CSI total		Trait Anger	Anger Control	Anger Expression	Anger Introversi
Before psycho-education	61.14±6.17	52.14±6.91	52.71±10.43	166±20.91	23.57±4.15	23.57±5.50	24±3.95	15.14±3.23	19.14±4.09
After psycho-education	62.42±3.95	53.28±6.39	58.28±5.61	174±11.90	24.00±3.26	20.28±7.27	25±5.09	15.00±4.12	19.14±4.25
z	-0.593	-0.742	-1.693	-1.183	-0.135	-1.625	-0.10	-0.106	-0.106
p	0.553	0.458	0.090	0.237	0.892	0.104	0.916	0.915	0.916

z: Wilcoxon test

and it was 174±11.90 after education, there is no statistically significant difference between them (z: -1.183, p>0.05) (Table 2).

RSES mean score of students given psycho-education in the research was 23.57±4.15 before education, it was 24.00±3.26 after education and there is no statistically significant difference between them (z: -0.135, p>0.05) (Table 2).

Mean score of STAS trait anger sub-scale of surveyed students' before education was 23.57±5.50, after education it was 20.28±7.27, mean score of anger control sub-scale before education was 24±3.95 and after education it was 25±5.09, mean score of anger expression sub-scale before education was 15.14±3.23 and after education it was 15.00±4.12, mean score of anger introversion sub-scale before education was

19.14±4.09 and after education it was 19.14±4.25. There is no statistically difference between before and after education mean scores of STAS trait anger (z: -1.625, p>0.05), anger control (z: -0.106, p>0.05), anger expression (z: -0.106, p>0.05) and anger introversion (z: -0.106, p>0.05) sub-scales of surveyed students (Table 2).

DISCUSSION

It was determined that surveyed students' CSS cognitive, affective and behavioral sub-scales and CSS total mean scores were close to the highest score that can be achieved from these scales but there is no difference between before and after education. It is a very important result for us determining no difference between the communication skills levels of students before and after education but having higher

score than average before psycho-education in the research. This situation suggested that students were prone to important concepts such as feeling expression and empathy because of their existential condition, before they started the education of emergency medical technician beyond learning communication skills in university (23). In 'What Is Empathy, and Can Empathy Be Taught?' entitled article, it was determined that empathy from communication skills is an existential style and therefore it cannot be taught. It is emphasized in this article that cognition and emotions are developed during puberty, cognitively and emotionally matured individuals have ability to live empathy (23). In the study that Hojat et al. made with 666 medical faculty students, it is emphasized that personality characteristics are effect the empathy skill and the respect of self-esteem. In this study, researchers have reported that students having the ability to positively affect the people have high level of empathy and self-esteem (24). Both studies results are support our thesis that students have communication skills because of their existential condition. Likewise, all of the students in our study group were graduated from medical vocational high school before their university education. This situation can explain their high scores before psycho-education related to their meeting with the patient experiences before university education.

Every health care workers dealing with emergency patient and wounded person to have sufficient hard ware in communication is as important as emergency response (9). In the study that Włoszczak-Szubzda et al. made to determine professional communication sufficiency of emergency medical technicians, it is stated that level of students taking specific communication skills education is better, rather than general psychology and general communication skills education (14). We can say in accordance with our results that it is more important teaching communication skills related to emergency and first aid chaotic environment in communication skills lesson that students in our study will take in second year. This result is important for us to make it necessary the content editing and revisions of future programs that will be prepared from now on.

It was determined in the research that there is no statistically difference between before and after education RSES mean scores of students that applied recognition and expression the feelings education. In the study that Kuzucu made with university students; it was determined that the psycho-education program of recognition and expression of feelings has no effect on psychological well being including such as positive

perception on oneself, realizing his own (22). This result is showed similarity with our research result. In the descriptive studies that Shrestha (25) and Papazisis et al. (26) made with nursing students, they found that students' self-esteems were high. In literature, it is stated that self-esteem is affected from many variables such as age, gender and familial factors (3). Therefore, it can be thought that having medium-income and lower parents' education level of students in our research will affect their self-esteem. Besides, although students' self-esteem levels did not change after recognition and expression the feelings education, in family and my feelings session students shared their feelings related how they perceive their families and themselves.

It was found in our research that there is no statistically significant difference between psycho-education applied students' STAS sub-scale mean scores before and after education. In the study of Gençoğlu and Yılmaz with young adults; it was found that 10-week emotional awareness education has no effect on anger control (27). These results show similarities with research findings. It is said in the studies that anger expression and anger control are related with many factors such as age, gender, marital status, familial characteristics and self-esteem (5,28). It is thought that education program that used in the research needs to be reconsidered in terms of feeling of anger, cognitive and behavioral resources.

CONCLUSION

This study was made as a quasi-experimental to determine the effect of the education of recognition and expression of feelings to communication skills, self-esteem and anger expression situations of emergency medical technical students. Reaching no difference at students' communication skills, self-esteem and anger expression situations after given psycho-education, it was reached us the conclusion that empathy from communication skills is tend more. Achieving similar or different results in studies on this topic will nodoubtly make an important contribution on the subject.

Being small of the size of the sample is also formed our study's limitations. Based on the results that we have achieved, we suggest that it is important to increase the number of sample in studies that will be made from now on.

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