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REPRESENTATION OF SOME CHARACTERISTICS OF THE TRAINER INVOLVED IN ACTIVITIES WITH MINOR CLIENTS WHO HAVE A MEDICAL DIAGNOSIS

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Abstract

Aim. In Romania, data show that more than 30% of the adult population is obese. Obesity is associated with an increased risk of cardiovascular disease, type 2 diabetes, certain cancers and other conditions. This complex process involves constant communication with medical professionals in order to establish a clear context in the presentation of objectives: It starts by telling students what they will learn or achieve during the activity. This helps them understand the purpose and importance of the activity. The trainer must understand and act in close connection with the context and particularities of the class of students of each individual. Thus, the World Health Organization defined health as "a complete physical, mental and social well-being and simply the absence of disease or infirmity". According to the international classification of impairments, disabilities and handicap, impairment is concerned with physical aspects of health, disability has to do with the loss of functional capacity resulting from impaired organ and handicap is a measure of the social and cultural consequences of an impairment of disability (World Health Organization, 2011).

Methods. In order to find out what is their perception of their own opinions and perceptions about the importance of the following features in the work with the client, the student. We wanted to find out how the complex activity with diagnosed clients with various conditions that includes them in a special category, but which are included in the classes that form the mass education. We aimed to identify the perceptions and threats present in the teaching process. The subjects participating in this study were clients of the university, following the bachelor's cycle, at the time of inclusion in the working group for this study they had completed their studies. The study was conducted with the participation of 52 clients of the Ovidius University of Constanta, to whom we addressed a questionnaire that provided answers to the activities of the trainer with a client or student who has a medical diagnosis (example: Diabetes, ADHD, Down syndrome, Mental retardation, Motor disorder.

Results. An important dimension pursued in this study is the results for the importance of intelligence in working with a client or student with a medical diagnosis are the following: Very little important - 71.1%, An overwhelming majority of 71.1% of respondents consider that intelligence is very little important - in this context. This suggests that, in their opinion, other traits or skills are much more relevant than intelligence in interacting with clients or pupils with special needs. It is possible that empathy, patience, or adaptive skills are seen as more important than cognitive intelligence. Not important - 15.4% - About 15.4% of respondents consider intelligence - not important. A small percentage, 5.8%, consider that intelligence is - most importantly, aspect. This minority could see intelligence as a crucial factor in adapting and reacting effectively to complex or unpredictable situations that can arise in working with these people.

Conclusions. Approximately half of respondents consider the seriousness to be very unimportant, which indicates a preference for more flexible or informal approaches in interactions with clients or pupils with medical diagnoses. However, a significant 30.8% see it as unimportant, while 13.5% and 7.7% see it as important or the most important aspect, suggesting that seriousness is still appreciated to some extent, especially in maintaining a respectful and consistent framework. We consider it imperative to clarify this notion and thus eliminate inappropriate associations contributing to the conceptual link between seriousness and professionalism.

Keywords: Knowledge of specificities, adaptability.

Introduction

The profession of trainer also involves work with students diagnosed with various medical conditions, which requires a special approach. A great number of these children live in developing countries where they often suffer neglect, stigma and discrimination (Barbette, Guillemin & Chua, 2001). National strategies and thus individualized education plans are essential to set realistic and personalized goals, in direct correlation with the medical and learning peculiarities of the client. Thus, the World Health Organization defined health as "a complete physical, mental and social well-being and simply the absence of disease or infirmity". According to the international classification of impairments, disabilities and handicap, impairment is concerned with physical aspects of health, disability has to do with the loss of functional capacity resulting from impaired organ and handicap is a measure of the social and cultural consequences of an impairment of disability (World Health Organization, 2011). Sedentarianism brings many challenges to all trainers and tells them too often to accept that they fail to achieve the objectives proposed in the pedagogical approach. We know that regular physical activity is essential for maintaining health, however, around 25% of European adults do not meet recommended

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levels of physical activity (at least 150 minutes of moderate activity or 75 minutes of strenuous activity per week). In cases where there is no clear diagnosis, we encounter an increasing percentage of those who are affected by obesity and overweight. This is a major public health issue. In Europe, about 53% of adults are overweight or obese. In Romania, data show that more than 30% of the adult population is obese. Obesity is associated with an increased risk of cardiovascular disease, type 2 diabetes, certain cancers and other conditions.

This complex process involves constant communication with medical professionals in order to establish a clear context in the presentation of objectives: It starts by telling students what they will learn or achieve during the activity. This helps them understand the purpose and importance of the activity. The trainer must understand and act in close connection with the context and particularities of the class of students of each individual. The danger control system consists of objective representations of the health, while the emotion control system consists of the representation of the subjective feeling state and the cognitions specific to it. Illness representations include people's perceptions about the identity, cause, timeline, cure/controllability and consequences of their conditions and have been associated with a wide range of health behaviors (Petrie, Weinman, 1997; Hagger, Orbell 2003). An important condition is to connect with previous knowledge, respecting the Interdisciplinary approach together with doctors, psychologists, social workers and other specialists in order to better understand the medical conditions of pupils and to adapt school activities accordingly. As a trainer we need to be important for Encouraging active participation, working with open questions that encourage students to think and participate actively. The involvement of the family in Regular Communication is crucial, there must be continuous communication with parents or carers to ensure that all needs of the student are adequately addressed. However, findings from the fear appeals literature indicate that fear arousal may be less important in motivating self-protective behavior than perceptions of action (treatment) effectiveness and self-efficacy (Ruiter, Abraham, Kok, 2001). Mental health problems such as depression and anxiety are becoming more common. In Europe, 1 out of 6 people have a mental illness at some point. In Romania, access to mental health services is limited, and stigma associated with mental health problems remains an important barrier. Emotional and psychological support provided continuously and professionally by specialists contributes to the Creation of a supportive environment. Students can receive psychological counseling to help them cope with stress or anxiety related to their medical condition and integration into the school community. It is essential to create a school environment where students feel understood and accepted. This includes support for colleagues and school staff, thus eliminating the client's sense of fear. Many disabilities with a clear medical basis are recognized by the child's physician or parents soon after birth or during the preschool years. In contrast, the majority of students with disabilities are initially referred for evaluation by their classroom teacher or parents, because of severe and chronic achievement or behavioral problems (Carroll & Florin, 2003).

Purposely promoting fear may have negative effects resulting in defensive avoidance behavior directed towards reducing anxiety rather than minimizing the health risk. Practitioner support is essential, given the high degree of self-management required from patients and the potential barriers (time, social pressure, competing demands and thoughts) to diabetes self-care (Glasgow, 1994). Physical activity is of great importance for people diagnosed with diabetes, making an important contribution to improving the condition or even healing. Teachers and school staff must be prepared to manage medical emergencies, with clearly established contingency plans and quick access to medical care, for crisis prevention and management. An earlier study found that the diagnosis of diabetes was distressing for 60% of patients, 60% would have preferred differences in communication, 24% wanted more information and 23% wanted more psychological support and reassurance (Beeney, Bakry, Dunn 1996). Statistics on adult health and lifestyle cover a wide range of issues, including nutrition, physical activity, the prevalence of chronic diseases, tobacco and alcohol consumption, and mental health. Here are some relevant statistics and recent trends at global and European level, including in Romania.

These statistics underline the importance of promoting a healthy lifestyle including a balanced diet, regular physical activity, avoiding smoking and excessive alcohol consumption as well as attention to mental health. The implementation of effective public health policies and access to health services are essential for improving public health. Students with disabilities are less likely than students without disabilities to start school and have lower rates of staying and being promoted in school. These students should have equal access to quality education, because this is real way to human capital formation and their participation in social and economic life. While students with disabilities have historically been educated in separate special schools, inclusive mainstream schools provide a cost-effective way toward. Inclusive education is better able to reach the majority and avoids isolating students with disabilities from their families and communities (Ogot, McKenzie & Dube, 2008).

Methods

The study was conducted with the participation of 52 clients of the Ovidius University of Constanta, to whom we addressed a questionnaire that provided answers to the activities of the trainer with a client or student who has a medical diagnosis (example: Diabetes, ADHD, Down syndrome, Mental retardation, Motor disorder. So that we can find out what their perception of their own opinions and perceptions about the importance of the following features in the work with the client, the student. We wanted to find out how the complex activity with diagnosed clients with various conditions that includes them in a special category, but which are included in the classes that form the mass education. We aimed to identify the perceptions and threats present in the teaching process. The subjects participating in this study were clients



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of the university, following the bachelor's cycle, at the time of inclusion in the working group for this study they had completed their studies. Subjects were trained in completing the questionnaire. The responses were analyzed in the percentage weight that we calculated. The subject values were analyzed mathematically. The answers generated a number of questions, but also confirmations.

Results

The first question of this study was: You are in contact with a client or student with a medical diagnosis (example: Diabetes, ADHD, Down syndrome, Mental retardation, Motor disorder, etc). What is important to the following features in the work with the customer, the student? Multiple response variants have been configured, each with different options expressed in gradual increments. The first choice of answer was: Openness - This is a question of the importance of openness in the work with a client or student with a medical diagnosis. Very small - 67.3%: Most respondents consider openness very little in the business with these customers or students. This suggests that for many, openness may not be perceived as an essential or priority feature in this context. Other features, such as empathy, patience, or a specific knowledge of ailments, may be seen as more important. Not important - 19.2%: About a fifth of respondents think openness is of little importance. This indicates that, although not entirely negligible, openness is not a determining factor in dealing with these customers or pupils. However, there is a significant minority which recognizes some value in maintaining an open attitude. Important - 9.61%: A smaller but still significant 9.61% think openness is important. This suggests that for some respondents, openness has a significant role in facilitating interaction and creating an atmosphere of trust and understanding. The most important - 3.8%: Only 3.8% of respondents consider openness the most important aspect.

This minority is likely made up of people who believe that open and transparent communication is crucial for a successful relationship with customers or students with special needs. The results for the importance of intelligence in working with a client or student with a medical diagnosis are as follows: Very little important - 71.1%, An overwhelming majority of 71.1% of respondents consider that intelligence is very little important - in this context. This suggests that, in their opinion, other traits or skills are much more relevant than intelligence in interacting with clients or pupils with special needs. It is possible that empathy, patience, or adaptive skills are seen as more important than cognitive intelligence. Not important - 15.4% - About 15.4% of respondents consider intelligence - not important. Although these respondents do not see it as a decisive factor, they do recognize a modest value in the ability to understand and manage complex situations that can arise in working with people with medical diagnoses. 7.7% of respondents considered intelligence - important. This suggests that for a small proportion of respondents, intelligence plays a significant role in ensuring successful interactions, perhaps in terms of understanding and managing the particularities of each diagnosis. A small percentage, 5.8%, consider that intelligence is - most importantly, aspect. This minority could see intelligence as a crucial factor in adapting and reacting effectively to complex or unpredictable situations that can arise in working with these people. The importance of - seriousness - (another answer option on the first question) in the work with a client or pupil with a medical diagnosis are the following: Very little important - 48.1%: Almost half of the respondents consider that seriousness is very little important in this context. This suggests that, for these respondents, seriousness is not a crucial factor in interactions with customers or pupils with special needs. They could prioritize other traits, such as empathy, flexibility or the ability to create a supportive environment. Not important - 30.8%: A significant 30.8% of respondents consider seriousness to be of little importance. This indicates that while seriousness is not seen as a major factor, it is nevertheless recognized as having a certain level of importance, perhaps in maintaining a professional or respectful framework in interactions. Important - 13.5%: 13.5% of respondents consider seriousness as important. This reflects the opinion of a minority that appreciates seriousness as a necessary element to ensure clear communication and a consistent approach in relations with customers or students. The most important - 7.7%: A smaller percentage, 7.7%, consider that seriousness is the most important aspect. These respondents could consider the seriousness essential to ensure respect, trust and a professional approach to working with people with special needs. This diversity of opinions could reflect differences in the experience of respondents or in the nature of their relationships with clients or pupils. Exploring other features analyzed in the questionnaire could provide a clearer picture of how seriousness compares with other features in this context. The results for the importance of cheerfulness in working with a client or student with a medical diagnosis are as follows: Very little important - 23%: About a quarter of respondents consider cheerfulness very little in this context. This suggests that for these respondents, cheerfulness is not essential in interacting with customers or pupils with special needs, perhaps because they prioritize other traits, such as seriousness or professional skills. Slightly significant - 9.61%: A smaller percentage, 9.61%, consider cheerfulness little important. These respondents recognize a certain role of joy, but do not consider it a major factor in their work. Important - 23%: Another 23% of respondents consider cheerfulness important. This suggests that these respondents see joy as a significant element that can contribute to positive interaction and create a pleasant and relaxing environment for customers or students. The most important -44.2%: The largest group, 44.2%, considers cheerfulness the most important aspect. This indicates a strong appreciation for a positive and optimistic attitude, considering that joy is crucial to create an atmosphere in which customers or students feel comfortable and encouraged. These results suggest that cheerfulness is seen by many as an effective way to reduce stress and facilitate communication, we consider this interpretation to be optimistic and constructive. We do not ignore the fact that this approach may be essential when working with people with special needs. Comparing this result with the



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other analyzed features (openness, intelligence, seriousness), it can be seen that joy is one of the features most appreciated in this context, but we do not know the scientific arguments on which this choice is based within the group participating in the study. We are aware that superficiality can be a decisive factor in the career development and the effectiveness of the pedagogical approach. The results for the importance of emotional mastery in the work with a client or student with a medical diagnosis are the following: Very little important - 44.2%: Almost half of respondents consider emotional mastery to be of little importance in this context. This indicates that for many, emotional mastery is not perceived as essential in interactions with customers or pupils with special needs. They may place more emphasis on other traits, such as cheerfulness and empathy. Not important - 36.5%: A significant 36.5% of respondents consider emotional mastery to be of little importance. It suggests that while it is not a basic factor - emotional mastery - it nevertheless has moderate relevance in their work, perhaps in maintaining a stable and controlled environment. Important - 13.5%: 13.5% of respondents consider emotional mastery important. This minority recognizes that the ability to control your emotions can be essential in managing difficult situations and maintaining an atmosphere of calm and security. The most important -7.7%: Only 7.7% of respondents consider emotional mastery to be the most important aspect. These respondents might perceive emotion control as a crucial factor in staying efficient and professional in the face of challenges or stressful situations. However, there is a minority that recognizes the importance of emotional mastery, which may indicate an appreciation for the calm and stability that this trait can bring to complex or stressful work situations. Compared to other analyzed traits (joy, seriousness, intelligence), emotional mastery is assessed less, suggesting that other qualities are considered more relevant in this context.

Conclusions

Most respondents perceive openness as less essential in relation to clients or pupils with medical diagnoses, suggesting that other factors are considered more critical. However, there are a small number of respondents who value openness, which indicates a diversity of perspectives and possibly a variety of contexts in which openness may have greater importance. We believe that the trainer's understanding power is an important vector through which you can maximize the results and thus the gains of the customers. Intelligence is considered very unimportant by most respondents in the context of working with clients or pupils with medical diagnoses, which probably points out that other traits such as empathy, patience or communication skills are prioritization. However, there is a small portion that believes that intelligence is important, which indicates an appreciation for the ability to understand and manage complexity in interactions with these people. Perceptions of seriousness are more varied than in previous cases. Approximately half of respondents consider the seriousness to be very unimportant, which indicates a preference for more flexible or informal approaches in interactions with clients or pupils with medical diagnoses. However, a significant 30.8% see it as unimportant, while 13.5% and 7.7% see it as important or the most important aspect, suggesting that seriousness is still appreciated to some extent, especially in maintaining a respectful and consistent framework. We consider it imperative to clarify this notion and thus eliminate inappropriate associations contributing to the conceptual link between seriousness and professionalism. Joy is considered the most important aspect by almost half of the respondents (44.2%), which highlights the importance of a positive and optimistic atmosphere in the work with clients or students with medical diagnoses. In contrast, about a quarter of respondents found it very unimportant (23%), while the rest considered it important or unimportant. This shows a division of opinion, but with a clear preference for cheerfulness as a key factor in creating a supportive and encouraging environment. Emotional mastery is perceived as very little important by most respondents (44.2%) and little important by another significant percentage (36.5%). This suggests that many respondents do not consider controlling emotions an essential feature in interacting with clients or pupils with medical diagnoses, preferring perhaps to focus on other aspects such as cheerfulness, empathy or technical skills.

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