

## Sağlık Akademisyenlerinin Eğitim İnançları ile Öğrenen Özerkliğini Destekleme Davranışları Arasındaki İlişkinin İncelenmesi\*

### The Educational Beliefs of Academicians Taught in Health Departments and Their Behaviors to Support Learning Authority

Sibel Karakoç<sup>1</sup>, Emin Tamer Yenen<sup>2</sup>

<sup>1</sup>Sorumlu Yazar, Öğr. Gör. Dr., Niğde Ömer Halisdemir Üniversitesi, sibel\_krk@hotmail.com, (<https://orcid.org/0000-0002-0497-764X>)

<sup>2</sup>Doç. Dr., Nevşehir Hacı Bektaş-ı Veli Üniversitesi, tamer-yenen@hotmail.com, (<https://orcid.org/0000-0003-2359-3518>)

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#### ABSTRACT

In this study, it was aimed to examine the relationship between the educational beliefs of health academics and their behaviors to support learner autonomy. Relational screening model was used. The study was completed with 186 health academics in the 2021-2022 Academic Year. Data; The data were collected with the 'personal information form' created by the researcher, 'Educational Beliefs Scale (EDS)' and 'Learning Autonomy Support Scale (SSS)'. Descriptive analysis, t-test, ANOVA and correlation analyzes were used in the evaluation. According to the research results, the highest philosophy adopted by academics is existentialism. Essentialism education approach is adopted more by male academicians. With the increase in the titles of academicians, the traditional understanding of education emerges. It has been determined that the rate of providing the opportunity for autonomy to the students of health academics is high, but the rate of support for decision making is low. In addition, a high level, negative significant relationship was found between the education belief of academicians and the total scores of the autonomy support scale. In this direction, it is recommended to create academic awareness trainings and learning environments that support learner autonomy to increase the two-way teacher-learner relationship in university life.

**Keywords:** Educational philosophies, educational beliefs, autonomy support, learner autonomy, health academics.

#### ÖZ

Bu çalışmada, sağlık bölümlerinde ders veren akademisyenlerin eğitim inançları ile öğrenen özerkliğini destekleme davranışları arasındaki ilişkinin incelenmesi amaçlanmıştır. İlişkisel tarama modeli kullanılan araştırma, 2021-2022 Eğitim-Öğretim Akademik Yılında üniversitelerin Sağlık bölümlerinde ders veren 186 akademisyen ile yapılmıştır. Araştırmada veriler; araştırmacı tarafından oluşturulan 'kişisel bilgi formu', 'Eğitim İnançları Ölçeği (EİÖ)' ve 'Öğrenen Özerklik Desteği Ölçeği (ÖÖDÖ)' ile toplanmıştır. Verilerin değerlendirilmesinde betimsel analiz, t Testi, ANOVA ve korelasyon analizleri kullanılmıştır. Araştırma sonuçlarına göre, akademisyenlerin benimsedikleri en yüksek felsefenin varoluşçuluk olduğu, bunu ikinci sırada ilerlemecilik felsefesinin izlediği belirlenmiştir. Erkek akademisyenlerin kadın

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akademisyenlere göre daha fazla esasicilik eğitim anlayışını benimsediği, lisans düzeyinde ders veren sağlık akademisyenlerinin, ön lisans düzeyinde ders veren akademisyenlere göre çağdaş eğitim anlayışını daha fazla benimsediği gözlemlenmektedir. Akademisyenlerin unvanlarının artmasıyla benimsedikleri çağdaş eğitim anlayışının yerini geleneksel eğitim anlayışı aldığını söylemek mümkündür. Sağlık akademisyenlerinin özerklik desteği sonuçlarına bakıldığında ise öğrencilerine özerklik fırsatı tanıma oranlarının yüksek olduğu, ancak karar almalarının destekleme oranlarının düşük olduğu belirlenmiştir. Araştırmada son olarak sağlık bölümlerinde ders veren akademisyenlerin eğitim inancı ile özerklik desteği ölçüğü toplam puanları arasında yüksek düzeyde, negatif yönlü anlamlı bir ilişki saptanmıştır. Bu doğrultuda üniversite hayatında çift yönlü gerçekleşen öğretici –öğrenen ilişkisinin artırılmasına yönelik akademisyen farkındalık eğitimleri ve öğrenen özerkliğini destekleyici öğrenme ortamlarının oluşturulması önerilmektedir.

**Anahtar Kelimeler:** Eğitim felsefeleri, eğitim inançları, özerklik desteği, öğrenen özerkliği, sağlık akademisyenleri.

## INTRODUCTION

Aristotle expressed education centuries ago as a process of self-realization (Tozlu, 2003). While the development process continues, university teachers are the main actors that shape the self-actualization steps of university students who are faced with the challenges of a new environment. Academicians, who direct the education systems at the university and are the implementers of the programs prepared, have a great importance in achieving the objectives of the programs (Livingston et al., 1995; Rideout, 2006; Yılmaz et al., 2012). However, while realizing this goal, the beliefs about education that they had until that day are reflected in their behaviors and therefore they also affect the teaching process. Another important point is that health students who will step into a profession where human life is in question, are in the process of self-realization and are trained as health professionals of the future, will also turn into a cycle when it is thought that they are expected to provide education about health and present their knowledge and skills to the people they serve. Therefore, it is a sensitive issue to determine the beliefs of health academics who provide the roots of vocational education.

In the literature studies on the subject, it is determined that educational beliefs are based on educational philosophies (Livingston et al., 1995; Rideout, 2006). In this sense, it can be stated that the main determinant of the educational beliefs of individuals is the philosophy of education. In fact, philosophy is a concept that stereotypes people's philosophical thoughts, perspectives on life, the reason for their existence and where they want to go, how their beliefs and values are formed (Demirel, 2002; Diekelmann, 2002). For example, it can be said that individuals are at the center of all our human achievements when learning a new information, developing a new invention, questioning, exhibiting a behavior, solving an unknown problem, planning the care and treatment of the patient. Educational philosophy, on the other hand, is effective in shaping educational goals, education programs, education-teaching methods and environments (Noddings, 2016). In short, academicians, who are the implementers of educational programs, can reflect their beliefs about education to the classroom atmosphere when creating educational program objectives, using target-oriented teaching materials, using classroom practices, and evaluating students. In this study, Permanent, Essentialist, Progressive, Reconstructive and Existential Educational philosophies are discussed, so these movements are briefly explained below.

Perennialism advocates that education should be based on universal and unchangeable facts (Altınkurt et al., 2012; Boyacı, 2013; Wiles & Bondi, 2002). The principles of perennialism, which accepts the teacher as the active student and the passive recipient (Kneller, 1964); It tells that education should be the same everywhere and at all times, education is a preparation for life, and it is necessary to ensure that the information that does not change in the world should be transferred to the students (Alkan, 1983; Arslan, 2002; Sözer, 2004). The topics to be transferred

to the students should be proven to be correct and valid and of a universal nature (Kıncal, 2006).

Essentialism; argues that the individual does not have any knowledge in his mind when he is born and that knowledge is acquired later (Ergün, 2009). Information and topics that will prepare the individual for life are given (Acar, 2012) essentialism; Learning should be applied with discipline, the teacher should be more active than the student in the education process (Topses, 2012) and the teacher should have sufficient knowledge, skills and equipment, which enables students to understand the world (Sönmez, 2009) and teaches them to exhibit the behaviors required by this world (Terzi, 2010). includes principles.

In the progressive education approach, they state that the student should be trained in a way to ensure active participation and the student should take an active role in learning (Köktaş, 2007; Sönmez, 2011) and they think that educational environments should also provide this opportunity. According to progressivism; The focus of education is students. Educational environments are life itself. Personal training should be provided and it is important for people to participate in the training processes. The teacher should guide the student. Collaborative problem solving skills of students are important (Arslan, 2002; Sarpkaya, 2004).

Reconstructionism; This movement, known as the continuation of progressivism, adopts the sociological and cultural restructuring of society (Erkılıç, 2013). Reconstructionism prioritizes “change”, not “development” (Erkılıç, 2013). The school prepares students for the future by shaping their minds and personalities with new changes (Guttek, 2001). It is based on the fact that students learn best by doing and living (Fidan & Duman, 2014). There are principles related to the fact that the teacher should lead in learning, create a democratic environment and ensure social order (Topses, 2012).

Existentialism philosophy is a movement that leaves the choice between freedom and responsibility to the individual. This view, which is based on the human being as an entity, advocates rebelling against the society (Ergün, 2009). However, besides the fact that people are original and free in their choices, their responsibilities are also framed. In education, the important thing is to influence the point of view of the student and to ensure that he reaches the maturity where he can make his own choices (Cevizci, 2011). In this case, the teacher should be a guide (Sönmez, 2011). It should enable the student to think and research (Wiles & Bondi, 2002).

Perennialism and essentialism, among the educational philosophies summarized above, necessitate the teacher-centered traditional understanding of education, while progressive, reconstructive and existentialism require a student-centered contemporary understanding of education. They have different features in themselves. The learning environment and teacher-student roles can change according to the characteristics it has, and student achievements also change.

For a long time in Turkey, educational environments and education programs have been organized and developed according to the constructivist education approach (Açıkgöz, 2002). According to the constructivist education approach, the learning process requires focusing on individual learning and the needs of the learner (Wang, 2011). Ensuring this situation depends on the learning of the learner as an autonomous individual. According to Holec (1987), learner autonomy is the learner's taking responsibility for their own learning. Here, it is important for the teacher to ensure that the student takes responsibility for learning. The student's taking responsibility for learning affects the self-efficacy beliefs of academicians about them, their learning performance and academic success (Akçıl & Oğuz, 2015).

Teachers have an important role in providing an autonomous learning environment. First of all, the teacher should know himself, his values and beliefs well, he should be able to offer an effective learning environment within the pedagogical formation he has taken, and he should have sufficient knowledge and skills. Only in this way, it is possible to decide in which area to support

the development of the learner's autonomy, to get the ideas of the students in determining the goals, and to be aware of the competencies and needs of the students. In this direction, the teacher prepares an educational environment suitable for the student and the subject, and ensures that he/she prepares for activities that increase autonomy such as freedom in the selection of materials and evaluation of his/her learning (Ergür, 2010; Little, 1995). Instructors help students create an awareness of their learning and teach new learning.

In line with this general purpose, answers to the following questions were sought;

1. What are the views of the academicians who teach in Health Departments about their educational beliefs?
2. Educational beliefs of academicians teaching in Health Departments; Does it differ according to the variables of gender, department, seniority and title?
3. What is the level of autonomy support of academics who teach in Health Departments?
4. Autonomy support of academics teaching in Health Departments; Does it differ according to the variables of gender, department, seniority and title?
5. Is there a relationship between the educational beliefs of academics teaching in Health Departments and their behaviors to support learner autonomy?

## METHOD

### 2.1. Model of the Research

The survey model was used in this study, which was prepared to examine the relationship between the educational beliefs of academics teaching in Health Departments and their behaviors to support learner autonomy. The screening model highlights the relationship of current events with previous events and conditions and explains the interaction between events (Kaptan, 1998). In this study, the relational survey model, which is a sub-dimension of the survey model, was used. The relational survey model is a research model that “aims to explain, define and examine the relationship between variables” (Karasar, 2012). It is a descriptive research. Data were prepared using the scales used.

### 2.2. Universe and Sample

The study population of the research consists of academicians who teach in the Health Departments of universities in Turkey in the 2021-2022 Academic Year. Using the easily accessible sampling technique, the researchers tried to reach the academics who teach in the Health Departments of 32 universities in 7 regions of Turkey. The sample of the study consists of 186 academicians working in these universities. Demographic information regarding the sample group is presented below (Table 1).

**Table 1**

*Socio-Demographic Characteristics of Academicians Who Teach in Health Departments*

		n	%
<b>Gender</b>	Woman	134	72
	Man	52	28
<b>Working Year</b>	1-5 years	39	21.0
	6- 10 years	46	24.7
	11-15 years	46	24.7
	16-20 years	16	8.6
	21 years and above	39	21.0
<b>Degree</b>	Research Assistant	31	16.7
	Instructor	50	26.9
	Dr. Faculty Member	66	35.5
	Assoc. Dr./Prof. Dr.	39	21.0

<b>Department</b>	Midwifery and Nursing	65	34.9
	Medicine and Dentistry	54	29.0
	Nutrition and Dietetics, Health Management or	42	22.6
	Other Associate Degree Departments	25	13.4
<b>Total</b>		186	100

It was determined that 72% of the academicians participating in the study were female and 28% were male. When the professional seniority of the academicians is examined, 21% of them are 1- 5 years, 24.7% of them 6-10 years, 24.7% of them 11-15 years, 8.6% of them 16-20 years and 21% of them It has been observed to be 21 years and over. When their titles are examined, 16.7% of them are research assistants, 26.9% are lecturers, 35.5% are Dr. Faculty Member and 21% Assoc. Dr./Prof. Dr. was found to be. When the departments where the academicians work are examined, 34.9% of them are Midwifery or Nursing, 29.0% are Medicine or Dentistry, 22.6% are Nutrition and Dietetics, Health Management or Physiotherapy and Rehabilitation, and 13.4% are Associate Degrees. It has been seen that there are departments (First and Emergency Aid, Medical Documentation and Secretariat, Anesthesia, Medical Laboratory Department, Operating Room Services, Dialysis, etc.).

### 2.3. Data Collection Tools

In order to collect data in this study, the 'Personal Information Form', which was created by the researcher in accordance with the purpose of the study, was prepared by Yılmaz et al. (2011), the "Educational Beliefs Scale (EDS)" developed by Oğuz (2012) and the "Teacher Autonomy Support Scale" developed by Oğuz (2012) were used to determine the support for students' autonomy.

#### Personal Information Form:

The personal information form was created by the researcher in accordance with the purpose of the research and consisted of 5 (five) questions.

#### Education Beliefs Scale (EPS):

EİÖ was developed by Yılmaz et al., (2011). EIS is a 5-point Likert-type scale consisting of 40 items to determine the educational beliefs of teachers. The scale consists of 5 sub-dimensions: Progressionism (13 items), Existentialism (7 items), Reconstructionism (7 items), Perennialism (8 items) and Essentialism (5 items). Items in the scale are scored in the range of "1-Strongly Disagree and 5-Strongly Agree". There is no reverse scored item in the scale. The score obtained from each item is divided by the number of items in the sub-dimension and compared to determine the educational philosophy that the individual believes. In the study, Cronbach Alpha coefficients of the scale were calculated as 0.91 in the dimension of progressiveness, 0.89 in the dimension of existentialism, 0.81 in the dimension of reconstructionism, 0.70 in the dimension of perennialism and 0.70 in the dimension of essentialism, according to the development study of the educational beliefs scale (Yılmaz et al., 2011). . In our study, the Cronbach Alpha coefficients of the sub-dimensions of the scale were calculated as 0.80 in the dimension of Progressionism, 0.83 in the dimension of Existentialism, 0.86 in the dimension of Reconstructionism, 0.77 in the dimension of Perennialism and 0.78 in the dimension of Essentialism.

#### Learner Autonomy Support Scale (LOSS):

It was developed by Oğuz (2012). SAS is a 5-point Likert-type scale consisting of 16 items. The scale consists of 3 sub-dimensions: Emotion and Thought support (7 items), Learning Process Support (5 items), Evaluation support (4 items). The original scale consists of two parts. While the first part is about how necessary the behavior is, the second part is about the extent to which the behaviors are exhibited. However, this study will be combined in one section. Items in the

scale are scored between “1-Never and 5-Always”. There is no reverse scored item in the scale. According to the development study of the Teacher Autonomy Support Scale, the Cronbach Alpha Reliability Coefficient of the decision-making dimension was 0.81, the autonomy opportunity dimension was 0.85, and the Cronbach Alpha Confidence Coefficient of the whole scale was 0.87 (Oğuz, 2013). In our study, the Cronbach's Alpha coefficients of the sub-dimensions of the scale were found to be 0.88 for the decision-making sub-dimension, 0.90 for the autonomy opportunity sub-dimension, and 0.92 for the entire scale.

#### **2.4. Data Collection and Analysis**

Research data were collected from academics who participated voluntarily and gave lectures in the health departments of universities. The forms and scales used for data collection were collected by the researcher by applying an online questionnaire with 186 health academicians. The links of the data uploaded to the electronic media were shared with the e-mail addresses, phone numbers and WhatsApp groups of the people after the purpose of the study was explained and verbal approval was obtained. Individuals were asked to fill in the forms and scales submitted to the academicians individually, then save them and send them to the researchers through the system.

Statistical Package for Social Sciences (SPSS) for Windows (Ver: 26.0) package program was used in the statistical evaluation of the data obtained as a result of the research. Statistical analysis of the study was evaluated using a computer aided analysis program. Since the Skewness and Kurtosis values of the data remained within the +2.0/-2.0 limit range, it was observed that the data showed a normal distribution (George, 2011). In addition, the Kolmogorov-Smirnov normality test was examined in the study to determine whether the data showed a normal distribution. According to the analysis results, it was determined that the data ( $p=0.58 > 0.05$ ) was normally distributed. A computer aided data analysis program was used in the basic analysis of the research data (correlation, frequency).

Descriptive analysis was used to analyze the score distributions. For descriptive analysis, mean and standard deviation values as well as skewness and kurtosis values were examined. In the research, in terms of gender and education level, in the comparison to determine whether academics' autonomy support and educational philosophies they adopted differ; The data were analyzed with the Independent Groups t-Test when normally distributed.

In order to determine whether there is a difference in the autonomy support and educational philosophies adopted in terms of academics' professional seniority, the analysis was made with the One-Way Analysis of Variance (ANOVA/WELCH) when the assumptions of normality and homogeneity of variances were provided. In case of difference, analysis was performed with Tukey and Tamhane's T2 test to determine the source of the difference. In the study, the analysis was made by correlation analysis to determine the relationship between the variables. Pearson product-moment correlation analysis was performed when parametric assumptions were met.

#### **2.5. Ethical Approval**

Before starting the research, written permission was obtained from the educational institutions where the research will be conducted and ethics committee approval was obtained from the Non-Interventional Clinical Research Ethics Committee (decision number 23/11/2021-137683). The purpose of the study was explained to the participants and verbal consent was obtained from the students who agreed to participate. It was explained that the data obtained from the study would be used within the scope of the research, would be kept confidential, and that they would not be asked for their identity information.

## FINDINGS

In this section, the findings for the sub-objectives of the research we conducted with the aim of 'examination of the relationship between the educational beliefs of academics who teach in health departments and their behaviors to support learner autonomy' are presented.

### 3.1. Findings of the First Sub-Aim

Sub-aim: What are the views of academics who teach in Health Departments about their educational beliefs?

**Table 2**

*Analysis Results for Educational Philosophies of Academicians*

Education Sub- Dimensions of Belief	N	Cover.	SS	Distortion	Kurtosis
Progressivism	186	4.35	0.40	-0.269	-0.489
Existentialism	186	4.47	0.45	-0.342	-1,073
Reconstructionism	186	3.93	0.67	-0.064	-0.832
Perpetualism	186	3.99	0.55	0.100	-0.602
Essentialism	186	2.43	0.72	0.119	0.307

(Standard Error= 0.178 for Skewness, Standard Error=0.355) for Kurtosis

The averages of the sub-dimensions of educational beliefs of the academicians who teach in Health Departments were examined. As a result of the analysis, it was determined that the education belief with the highest mean ( $\bar{x}$  Mean= 4.47, SD=0.45) was Existentialism. It was seen that the second highest score was Progressivism with the highest mean (Mean=4.35, SD=0.40).

### 3.2. Findings of the Second Sub-Aim

Sub-aim: Educational beliefs of academics who teach in Health Departments; Does it differ according to the variables of gender, department, seniority, title?

**Table 3**

*Comparison of Education Beliefs Sub-Dimensions by Academicians' Gender and Department Title Changes*

Feature	Education Belief Scale Sub-Dimensions				
	Progressivism	Existentialism	Reconstructionism	Perpetualism	Essentialism
<b>Gender</b>					
Woman	4.37±0.40	4.51± 0.45	4.00± 0.67	4.02± 0.54	2.48 ± 0.76
Man	4.32 ±0.41	4.41± 0.45	3.76± 0.64	3.90± 0.57	2.32± 0.60
<b>Test Request.</b>	0.723	1.379	2.284	2.284	1.368
<b>P</b>	0.71	0.452	0.767	0.898	0.045
<b>Title</b>					
Research	4.49 ± 0,28ac	4.57 ± 0.46	4.06 ± 0.68	4 ± 0.53	2.42 ± 0.75
Assistant					
Instructor	4.35 ± 0.41ac	4.5 ± 0.44	3.99 ± 0.61	4 ± 0.54	2.52 ± 0.76
Dr. Faculty	4.36 ± 0.42ac	4.46 ± 0.44	3.84 ± 0.72	3.94 ± 0.58	2.36 ± 0.76
Member					
Assoc.	4.25 ± 0.42bc	4.41 ± 0.46	3.92 ± 0.65	4.04 ± 0.55	2.47 ± 0.54
Dr./Prof. Dr.					
Total	4.36 ± 0.4	4.48 ± 0.45	3.93 ± 0.67	3.99 ± 0.55	2.43 ± 0.72
<b>Test Request.</b>	2.993***	0.761**	0.846**	0.354**	0.505**
<b>F**</b>					
<b>P</b>	0.03	0.52	0.47	0.79	0.68

Department					
Nursing and Midwifery	4.53 ± 0.35 <sup>a</sup>	4.65 ± 0.41 <sup>s</sup>	4.15 ± 0.71 <sup>s</sup>	4.13 ± 0.57	2.25 ± 0.82
Medicine and Dentistry	4.24 ± 0.39 <sup>b</sup>	4.37 ± 0.48 <sup>b</sup>	3.79 ± 0.69 <sup>b</sup>	3.88 ± 0.57	2.51 ± 0.66
Nutrition and Dietetics	4.27 ± 0.38 <sup>c</sup>	4.32 ± 0.42 <sup>c</sup>	3.89 ± 0.59 <sup>ab</sup>	3.95 ± 0.52	2.57 ± 0.68
Health Management, Physiotherapy and Rehabilitation					
Other Associate Degree Departments	4.32 ± 0.45 <sup>abc</sup>	4.53 ± 0.36 <sup>abc</sup>	3.77 ± 0.54 <sup>ab</sup>	3.91 ± 0.46	2.54 ± 0.53
Total	4.36 ± 0.4	4.48 ± 0.45	3.93 ± 0.67	3.99 ± 0.55	2.43 ± 0.72
<b>Test Request.</b>	7.12	6.66	3.67	2.55	2.33
<b>F**</b>					
<b>P</b>	0.000	0.00	0.01	0.06	0.08

\* Independent - Samples T test. \*\* F: ANOVA, \*\*\*ANOVA (Welch) ac: According to Tamhane's T2 analysis, there is no significant difference between values with the same letter.

The sub-dimensions of Belief in Education were compared according to the gender, departments, seniority, and title change of the academicians who teach in Health Departments. However, since no significant relationship was found between the sub-dimensions of Educational Belief and the years of professional seniority of academicians and all sub-dimensions of the scale ( $p > 0.05$ ), they were not presented in the table.

It was observed that male academicians had a higher average score than female academicians, and a significant difference was found in the Essentialism subscale ( $t = 4.067$ ,  $p = 0.045$ ). The relationship between the departments of the academicians teaching in the Health Departments and the sub-dimensions of education belief was analyzed with the ANOVA test. A significant relationship was found between the sub-dimensions of Progressivism, Existentialism and Reconstructionism ( $p$  values 0.00; 0.00; 0.01, respectively). It was seen that the difference in the sub-dimensions of progressivism and existentialism stemmed from the departments of Nursing and Midwifery, Medicine and Dentistry, Nutrition and Dietetics, Health Management, Physiotherapy and Rehabilitation. It has been observed that the average score of the academicians working in the specified departments is higher than the other Associate Degree Departments. It was determined that the significant difference in the Reconstruction sub-dimension was due to the academicians working in Nursing and Midwifery and Medicine and Dentistry. It was seen that the average score of the academicians working in the Nursing and Midwifery department was higher than those in other departments, and the academicians working in Medicine and Dentistry were lower. The relationship between the titles of academics teaching in Health Departments and the sub-dimensions of education belief was analyzed with the ANOVA test. A significant difference was found only between the Progressivism sub-dimension ( $p = 0.03$ ). This difference, Assoc. Dr./Prof. Dr. and academicians holding the title of Research Assistant. Academicians with the title of Research Assistant were found to have a higher Progressionism sub-dimension score average.

### 3.3. Findings of the Third Sub-Aim

Sub-aim: What is the level of autonomy support of academics who teach in Health Departments?



**Table 4***Autonomy Support Sub-Dimensions of Academics' Autonomy Support Analysis Result*

<b>Autonomy Support Sub-Dimensions</b>	<b>N</b>	<b>Cover</b>	<b>SS</b>	<b>Distortion</b>	<b>Kurtosis</b>
<b>Decision making</b>	186	1.61	0.47	0.28	0.65
<b>Opportunity for autonomy</b>	186	2.26	0.76	0.24	0.41
<b>Total Points</b>	186	1.94	0.57	0.09	0.70

\*Standard Error 0.178 for Skewness, Standard Error 0.355 for Skewness

When the autonomy support sub-dimensions and total score averages of the academics who teach in Health Departments are examined, the average of the decision-making sub-dimension is  $1.610 \pm 47$ , the average of the autonomy sub-dimension is  $2.260 \pm 78$ , and the total score average is  $1.94 \pm 0.57$ .

### 3.4. Findings of the Fourth Sub-Aim

Sub-aim: Autonomy support of academics who teach in Health Departments; Does it differ according to the variables of gender, department, seniority, title?

**Table 5***The Relationship Between The Departments of Academics Who Teach in Health Departments and Their Support for Learner Autonomy*

<b>Feature</b>	<b>Autonomy Support Scale Sub-Dimensions</b>		
	<b>Decision Making</b>	<b>Autonomy Opportunity</b>	<b>Autonomy Support</b>
<b>Title</b>			
Nursing and Midwifery	$1.48 \pm 0.49^a$	$1.99 \pm 0.72^a$	$1.73 \pm 0.57^a$
Medicine and Dentistry	$1.74 \pm 0.44^c$	$2.49 \pm 0.8^c$	$2.11 \pm 0.57^c$
Nutrition and Dietetics, Health Management, Physiotherapy and Rehabilitation	$1.71 \pm 0.44^c$	$2.43 \pm 0.7^c$	$2.07 \pm 0.52^c$
Other Associate Degree Departments	$1.57 \pm 0.43^{abc}$	$2.22 \pm 0.71^{abc}$	$1.89 \pm 0.51^{abc}$
Total	$1.62 \pm 0.47$	$2.26 \pm 0.76$	$1.94 \pm 0.57$
<b>Test Request. F*</b>	4.00	5.39	5.67
<b>P</b>	<b>0.01</b>	<b>0.00</b>	<b>0.00</b>

\*ANOVA ac: According to TUKEY analysis, there is no significant difference between values with the same letter.

The relationship between the units in which the academics teaching in Health Departments work and the general point average of Autonomy Support of the Learner Autonomy Support Scale and its sub-dimensions was examined by ANOVA test.

As a result of the analysis, a significant difference was found between the Decision-Making and Autonomy sub-dimensions and the Autonomy Support general point averages. It was seen that the significant difference resulted from the departments of Nursing and Midwifery, Medicine and Dentistry, Nutrition and Dietetics, Health Management, Physiotherapy and Rehabilitation. It was determined that the average score of the Nursing and Midwifery departments were lower than the other departments and the Autonomy Support general score average, while the Medicine and Dentistry, Nutrition and Dietetics, Health Management, Physiotherapy and Rehabilitation departments were found to be higher. No significant relationship was found between the gender, titles and years of professional seniority of the academics teaching in Health Departments, and the general average score and sub-dimensions of autonomy support.

### 3.5. Findings of the Fifth Sub-Aim

Sub-purpose: Is there a relationship between the educational beliefs of academics who teach in Health Departments and their behaviors to support learner autonomy?

**Table 6**

*The Relationship Between Academics' Support for Autonomy and their Educational Philosophy*

<b>Autonomy Support Sub-Dimensions</b>	<b>Decision Making</b>	<b>Autonomy Opportunity</b>	<b>Autonomy Support Total</b>
<b>Education Belief Scale Sub-Dimensions</b>			
Progressivism	-.610**	-.621**	-.665**
Existentialism	-.646**	-.638**	-.691**
Reconstructionism	-.526**	-.602**	-.617**
Perpetualism	-.428**	-.485**	-.499**
Essentialism	.276**	.232**	.268**
Education Belief Scale Total	-.605**	-.661**	-.689**

\*p<.001

The relationship between academics' support for autonomy and their educational philosophies was examined by Pearson correlation. A high level (-0.689) negative significant correlation was found between the Education Belief Scale total score and the Autonomy Support Scale total score. A highly significant negative correlation was found between the sub-dimension of progressivism and the decision-making sub-dimension of the autonomy scale, the Autonomy Opportunity sub-dimension and the Autonomy Support overall score (r values were -0.610; -0.621 and -0.665, respectively). A highly significant negative correlation was found between the existentialism sub-dimension and the decision-making sub-dimension of the autonomy scale, the autonomy opportunity sub-dimension and the general average of autonomy support (r values: -0.646; -0.638 and -0.691, respectively). A highly significant negative correlation was found between the Reconstructionism sub-dimension and the decision-making sub-dimension of the autonomy scale, the autonomy opportunity sub-dimension, and the general average of autonomy support (r values were -0.526, -0.602 and -0.617, respectively). A moderately significant negative correlation was found between the perennialism sub-dimension and the decision-making sub-dimension of the autonomy scale, the autonomy opportunity sub-dimension and the general average of autonomy support (r values: -0.428; -0.485 and -0.499, respectively). There was a low level of positive correlation between the Essentialism and the Decision-Making sub-dimension of the Autonomy support scale, the Autonomy Opportunity sub-dimension and the Autonomy Support general score average (r values were 0.276, 0.232 and 0.268, respectively).

## DISCUSSION

In this study, it was investigated whether there is a relationship between Educational Beliefs and Learner Autonomy Support Behaviors of academicians who teach in Health Departments. For this purpose, Education Beliefs Scale and Teacher Autonomy Support Scale were applied to 186 participants. In the analyzes made, the level of educational philosophy/philosophies and autonomy support adopted by the academicians who teach in Health Departments and whether these characteristics differ in terms of "gender", "professional seniority", "education levels" were examined.

The findings of the research; It has been revealed that Existentialism is the educational philosophy most adopted by the academicians who teach in Health Departments. This was followed by Progressiveism in the second place, Perennialism in the third place, and

Reconstructionism in the fourth place. It has been observed that the philosophy of essentialism is not adopted by health academics.

Ateş (2023)'s research examines the Educational Beliefs and Motivations of Classroom Teachers, Güven (2022)'s research examines the Relationship Between Educational Beliefs and Attitudes Towards Professional Development of Classroom Teachers, Akdemir (2020)'s study examines the Educational Philosophy and Autonomy Supports of Social Studies Teachers. The research conducted by Önden (2019) examined the relationship between teachers' educational beliefs and their perceptions of their profession, and Ilgaz et al. (2013) examined the relationship between teacher candidates' educational beliefs and self-efficacy perceptions, and Altınkurt et al. (2012) to determine the educational beliefs of primary and secondary school teachers, it is seen that the educational philosophy of the teachers is Existentialism and Progressivism. (Akdemir, 2020; Altınkurt et al., 2012; Ateş, 2023; Güven, 2022; Ilgaz et al., 2013; Önden, 2019). In addition, it is similar to the result of the study in other studies (Aslan, 2017; Demirtaş & Batdal Karaduman, 2016; Yazıcı, 2017). According to Yılmaz and Tosun(2013), contemporary educational beliefs oppose the oppressive discipline understanding of traditional education beliefs, passive-receptive student and teacher-centered understanding, and raising monotonous people and are accepted today (Yılmaz & Tosun, 2013). The fact that the educational philosophies adopted by the academicians who teach in Health Departments are mostly Existentialism and Progressionism, is consistent with the education program and today's conditions. In this sense, it can be said that the academicians who teach in the Health Department more adopt the educational approach that facilitates learning and puts the student in the center.

Do the educational beliefs of academicians teaching in Health Departments differ according to gender? The findings regarding the question revealed that male health academics adopted the Essentialism education philosophy more than female health academics. This revealed that there is a significant difference between male and female health academics in terms of their understanding of educational philosophy. There are studies in the literature on this subject that reach similar results (Çavuşoğlu, 2022; Kara, 2021; Nacak-Deniz, 2021; Yeler, 2022). This result can be said that in the education process, men can be more authoritarian, teacher-centered, but also open to punishment (Sönmez, 2005), while women, by their nature, reflect their feelings of "mercy and compassion" into the education process (Yapıcı and Zengin, 2003). The results of the study show us that female academics plan an educational process according to students' feelings, thoughts, interests and needs, and that they prioritize a student-centered contemporary education approach. However, there are also studies in which there are no significant differences between the gender variable and the educational belief adopted by teachers/pre-service teachers (Coşkun, 2019; Çelik and Orçan, 2016; İzalan, 2017; Koç, 2019).

Educational Philosophy Beliefs levels of academicians who teach in Health Departments according to the departments they work; It has been concluded that the academicians who teach in four-year undergraduate departments such as Nursing, Midwifery, Medicine, Dentistry, Nutrition and Dietetics adopt the modern education approach compared to the academicians who teach in associate degree departments such as Anesthesia, Medical Documentation and Secretarial. Oguz et al. (2014) in the study of teachers working in secondary school in the educational philosophies of perpetualism, progressivism and reconstructionism; It is seen that the average of teachers working in primary school is higher in Essentialism and teachers working in high schools are not included in the ranking. On the contrary, Karadağ et al. (2009) with school administrators, it was concluded that the school type variable had no effect on educational philosophies. Our study reveals that an increase in the number of levels in the Education-Training process can bring the trainers closer to the contemporary education philosophy.

Philosophy of education beliefs levels of academicians teaching in Health Departments were examined according to their professional seniority years. As a result of the findings, no

significant difference was found in the opinions of the academicians according to the variable of professional seniority. When the literature is examined, no significant difference has emerged in the studies conducted in this context (Çoban, 2007; Karadağ et al. 2009; Öz View, 2018) in terms of teachers' educational beliefs orientation in terms of years of professional seniority. It is similar to the results of the study. However, in the study, the philosophy of education beliefs of the academicians who teach in Health Departments were also examined according to their titles. It has been concluded that the academicians who have the title of Research Assistant have adopted the progressive education belief. Altinkurt et al. (2012). In their research, it was concluded that Academicians with less than ten years of seniority adopt more 'progressive' and 'existential' educational beliefs. Koç (2019), on the other hand, found that the educational beliefs of the participants differed significantly in terms of professional seniority and 'progressivism', 'reconstructivism' and 'essentialism' education beliefs were adopted by academics with less seniority, while in terms of 'perennialism' and 'existentialism' beliefs. Academicians with 21 years and above professional seniority have reached the conclusion that they have adopted it. Although this result of the research seems compatible with our study, as a result, it is possible to say that with the increase in the title of health academicians, the traditional education approach has replaced the modern education approach, but according to the results, it is not a situation related to the professional seniority year.

In the Health Departments, education is generally given at the knowledge level in the first semester. In fact, this process is the process of the student's understanding of the language in the field of health and preparation for the profession. However, as the term and year increase, it is very important for the student to combine his professional knowledge with his skills, to support his autonomy and to provide an environment suitable for modern education. One of the goals of the constructivist approach, which is today's understanding of education, is the necessity of providing learner autonomy (Castle, 2004). In our study, it was revealed that the rate of academicians who teach in health departments to give their students the opportunity of autonomy is high, but the rate of support for decision making is low. In the study conducted by Güvencü (2011) in which they examined the "autonomy support of classroom teachers and their perceptions of professional self-efficacy", it was seen that classroom teachers gave students the opportunity for autonomy, while they gave students less opportunity to make decisions. This result of the study supports our study. In this case, it can be concluded that the academicians who teach in health departments do not give full independence to students at the level of decision-making in ensuring autonomy. Considering that health professionals who will enter into a serious profession such as human life are trained, it can be stated that it is thought that control should not be left completely at this point.

In the study, no significant difference was found according to the autonomy support of the academicians and the variables of gender, professional seniority and title. However, a significant difference was found on the basis of the department they teach. According to the results of the research, it was concluded that the students studying in the Department of Nursing and Midwifery were more supported in terms of autonomy than the students studying in the departments of Medicine, Dentistry and Nutrition and Dietetics, Health Management, Physiotherapy and Rehabilitation. Here, it is emphasized that nursing and midwifery professions have dependent roles and come to the fore in the process of fulfilling their profession, and that they do not have enough individual and professional autonomy (Ballou 1998, MacDonald 2002, Mrayyan 2004). The result shows that this situation is reflected in the education-teaching process.

## **CONCLUSION**

In the research, the educational belief most adopted by academics teaching in health departments was determined to be existentialism in the first place and progressivism in the second

place. This shows that academicians prioritize the contemporary education approach while implementing health education programs, and educate students in a student-centered and active learning approach.

In the research, it is seen that the understanding of education differs according to gender as a result of male health academicians adopting the essentialism education belief more than female academicians. It is thought that this difference arises from gender-specific characteristics. While men can provide stricter authority in the educational discipline, women can provide softer authority due to their intense feelings of mercy and compassion. On the other hand, according to the results, it is possible to say that as the number of education levels increases, educators can get closer to the contemporary education philosophy, with the increase in the title of health academicians, the modern education approach is replaced by the traditional education approach, but this is not a situation related to the years of professional seniority.

The research revealed that academics teaching in health departments have a high rate of giving their students the opportunity for autonomy, but their rate of supporting their decision-making is low. Health professionals who will enter into a serious profession such as human life are trained and informed as autonomous decision makers, considering that they are alone in the field, but they make decisions within the superior-subordinate relationship due to important reasons such as lack of experience in the field of application and human life does not tolerate mistakes. This situation shows that health academicians' professional seniority and awareness increases over the years and their orientation towards the traditional understanding in the education and training process.

## **SUGGESTIONS**

The finding of significant relationships between educational beliefs and learner autonomy support behaviors in the study provides a clue that raising awareness of educational beliefs in universities will contribute to the adoption of learner autonomy more. In this sense, providing training on educational beliefs in in-service training programs at universities will raise awareness for academics. On the other hand, the subjects of how academicians who teach at universities can develop themselves personally, how they can support learner autonomy, and what kind of environment they should provide for learners should also be included.

The roots of the professional process of health professionals, who are one of the leading heroes in the creation of a healthy society, form the educational environment. The prerequisite of health education, which aims to raise a beneficial and successful health professional for the society, is to provide students with autonomy support. However, it is also supported by the result of the study that when stepping into a profession where human life is in question, the student cannot be fully autonomous at this point. In this sense, it is important to create learning environments that support student autonomy. For example, increasing the diversity of simulated environments, which have recently been tried to be integrated into health education in different ways, and accelerating their integration into universities may be beneficial in terms of ensuring full student autonomy in these environments. Finally, it can be said that running accreditation processes between institutions in order to make objective evaluations in environments created for students' autonomy is important for the continuity of education quality.

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## GENİŞLETİLMİŞ ÖZ

### Giriş

Aristoteles eğitimi yüzyıllar önce kendini gerçekleştirme süreci olarak ifade etmiştir (Tozlu, 2003). Gelişim süreci devam ederken yeni bir ortamın zorluklarıyla karşı karşıya kalan üniversite öğrencilerinin kendi gerçekleştirme adımlarını şekillendiren ana aktörler ise üniversite öğretmenleridir. Üniversitede Eğitim sistemlerine yön veren ve hazırlanan programların uygulayıcısı olan akademisyenler, programların amaçlarına ulaşmasında büyük bir öneme sahiptir (Livingston et al., 1995; Rideout, 2006; Yılmaz et al., 2011). Ancak bu amacı gerçekleştirirken o güne kadar sahip olduğu eğitim ile ilgili inançları davranışlarına yansımakta ve dolayısıyla öğretim sürecini de etkilemektedir. Diğer önemli husus ise insan hayatının söz konusu olduğu bir mesleğe adım atacak kendini gerçekleştirme süreci içerisinde olan ve geleceğin sağlık profesyonelleri olarak yetiştirilen sağlık öğrencilerinin de sağlık hizmeti verdiği kişilere sağlık konusunda eğitim verdiği, bilgi ve becerilerini sunması beklenildiği düşünüldüğünde bu bir döngü haline dönüşecektir. O yüzden mesleki eğitimin köklenmesini sağlayan sağlık akademisyenlerinin inançlarının saptanması hassas bir konudur.

Eğitim programlarının uygulayıcısı olan akademisyenler eğitim programları hedefleri oluştururken, hedefe yönelik öğretim materyali kullanırken, sınıf içi uygulamaları kullanırken, öğrencileri değerlendirirken eğitim ile ilgili inançlarını farkında olarak ya da farkında olmayarak sınıf atmosferine yansıtılabilmektedir. Diğer bir taraftan eğitimciler, öğrencilerin öğrenmeleri hakkında bir farkındalık oluşturmalı ve yeni öğrenme yöntem ve stratejilerini geliştirmelerine destek olacak bir eğitim ortamı sağlamalıdır (Benson, 2001).

Bu doğrultuda, sağlık alanında sağlık profesyoneli yetiştiren akademisyenlerin öğrenen özerkliğini destekleme davranışlarını ne düzeyde sağladıklarını görmek hem eğitim alanında yeni düzenlemelere ve eğitim ile güçlendirmelerin sağlanmasına, hem de sağlık alanında oluşabilecek durumların desteklenmesi veya kontrol altına alınmasına katkı sağlayabileceği düşünülmektedir. Bu bağlamda çalışmanın problem cümlesi ‘ Sağlık Bölümlerinde ders veren akademisyenlerin benimsedikleri Eğitim İnançları ile Öğrenen Özerkliğini Destekleme Davranışları arasında ne düzeyde bir ilişki vardır? olarak ifade edilebilir.

Bu çalışmanın amacı, sağlık bölümlerinde ders veren akademisyenlerin eğitim inançları ile öğrenen özerkliğini destekleme davranışları arasındaki ilişkinin incelenmesidir. Bu genel amaç

doğrultusunda aşağıdaki sorulara cevap aranmıştır;

1. Sağlık Bölümlerinde ders veren akademisyenlerin eğitim inançlarına ilişkin görüşleri nasıldır?
2. Sağlık Bölümlerinde ders veren akademisyenlerin eğitim inançları; cinsiyet, bölüm, kıdem yılı, unvan değişkenlerine göre farklılık göstermekte midir?
3. Sağlık Bölümlerinde ders veren akademisyenlerin özerklik desteklerinin düzeyi nedir?
4. Sağlık Bölümlerinde ders veren akademisyenlerin özerklik destekleri; cinsiyet, bölüm, kıdem yılı, unvan değişkenlerine göre farklılık göstermekte midir?
5. Sağlık Bölümlerinde ders veren akademisyenlerin eğitim inançları ile öğrenen özerkliğini destekleme davranışları arasında ilişki var mıdır?

### **Yöntem**

İlişkisel tarama modeli kullanılan araştırma, 2021-2022 Eğitim-Öğretim Akademik Yılında üniversitelerin Sağlık bölümlerinde ders veren 186 akademisyen ile yapılmıştır. Araştırmada veriler; araştırmacı tarafından oluşturulan 'kişisel bilgi formu', 'Eğitim İnançları Ölçeği (EİÖ)' ve 'Öğrenen Özerklik Desteği Ölçeği (ÖÖDÖ)' ile toplanmıştır. Verilerin değerlendirilmesinde betimsel analiz, t Testi, ANOVA ve korelasyon analizleri kullanılmıştır.

### **Bulgular**

Araştırma verilerinin değerlendirilmesi sonucunda; akademisyenlerin benimsedikleri en yüksek felsefenin varoluşçuluk olduğu, bunu ikinci sırada ilerlemecilik felsefesinin izlediği belirlenmiştir. Erkek akademisyenlerin kadın akademisyenlere göre daha fazla esasicilik eğitim anlayışını benimsediği, lisans düzeyinde ders veren sağlık akademisyenlerinin, ön lisans düzeyinde ders veren akademisyenlere göre çağdaş eğitim anlayışını daha fazla benimsediği gözlemlenmektedir. Akademisyenlerin unvanlarının artmasıyla benimsedikleri çağdaş eğitim anlayışının yerini geleneksel eğitim anlayışı aldığı söylenmektedir. Sağlık akademisyenlerinin özerklik desteği sonuçlarına bakıldığında ise öğrencilerine özerklik fırsatı tanıma oranlarının yüksek olduğu, ancak karar almalarının destekleme oranlarının düşük olduğu belirlenmiştir. Araştırmada son olarak sağlık bölümlerinde ders veren akademisyenlerin eğitim inancı ile özerklik desteği ölçeği toplam puanları arasında yüksek düzeyde, negatif yönlü anlamlı bir ilişki saptanmıştır.

### **Sonuç**

Araştırmada sağlık bölümlerinde ders veren akademisyenlerin en çok benimsedikleri eğitim inancı ilk sırada varoluşçuluk ikinci sırada ise ilerlemecilik olarak belirlenmiştir. Bu durum akademisyenlerin sağlık eğitim programlarını uygularken çağdaş eğitim anlayışını ön planda tuttuğu, öğrenci merkezli ve öğrencinin aktif bir öğrenme anlayışı içerisinde yetiştirdiği sonucunu gösterir.

Araştırmada erkek sağlık akademisyenlerinin esasicilik eğitim inancını kadın akademisyenlere göre daha fazla benimsemesi sonucu ise cinsiyete göre eğitim anlayışının farklılaştığı görülür. Bu farklılığın cinsiyete özgü özelliklerden kaynaklandığı düşünülmektedir. Erkekler eğitim disiplini içerisinde daha katı otorite sağlayabilirken, kadınlar merhamet ve şefkat duygularının yoğun olmasından dolayı daha yumuşak otorite sağlayabilmektedir. Diğer taraftan, Eğitim-Öğretim kademe sayısının artmasının eğitimcilerin çağdaş eğitim felsefesine daha fazla yaklaşabileceğini, sağlık akademisyenlerinin unvanının artmasıyla çağdaş eğitim anlayışının yerini geleneksel eğitim anlayışı aldığı ancak bu durumun mesleki kıdem yılı ile ilgili bir durum olmadığını çıkan sonuçlara göre söylemek mümkündür.

Araştırmada sağlık bölümlerinde ders veren akademisyenlerin öğrencilerine özerklik fırsatı tanıma oranlarının yüksek olduğu ancak karar almalarının destekleme oranlarının düşük olduğu ortaya çıkmıştır. İnsan hayatı gibi ciddi bir meslek içerisinde girecek olan sağlık profesyonellerinin



alandaki tek başına kaldıklarını düşünerek özerk bir karar verici olarak yetişmesi ve bilgilenmesi ancak uygulama alanlarındaki deneyim eksiklikleri, insan hayatının hatayı kaldırmaması gibi önemli nedenlerle ast-üst ilişkisi içerisinde karar almaları sağlanmaktadır. Bu durum sağlık akademisyenlerinin Mesleki kıdem ve yıl geçtikçe farkındalığının artarak eğitim – öğretim sürecindeki geleneksel anlayışına yönelimini göstermektedir.

### **Öneriler**

Araştırmada eğitim inançları ile öğrenen özerkliği desteklenme davranışları arasında anlamlı ilişkilerin bulunması, üniversitelerde eğitim inançlarına yönelik farkındalık sağlanmasının öğrenen özerkliğinin daha fazla benimsenmesine katkı sağlayacağına ilişkin ipucu sunmaktadır. Bu anlamda üniversitelerde hizmet içi eğitim programlarında eğitim inançlarına yönelik eğitimler verilmesi akademisyenlere farkındalık sağlayabilecektir. Diğer taraftan üniversitelerde ders veren akademisyenlerin kişisel olarak kendilerini geliştirebilecekleri, öğrenen özerkliğini nasıl destekleyecekleri, öğrenenlere nasıl bir ortam sunmaları konularına da yer verilmelidir.

Sağlıklı bir toplumun oluşturulmasında önde gelen kahramanlardan biri olan sağlık profesyonellerinin mesleki sürecinin köklerini eğitim-öğretim ortamı oluşturmaktadır. Topluma faydalı ve başarılı birer sağlık profesyoneli yetiştirmeyi hedefleyen sağlık eğitimlerinin ön koşulu ise öğrencilerin özerklik desteklerinin sağlanmasıdır. Ancak insan hayatı söz konusu olan bir mesleğe adım atarken bu noktada öğrenciye tam bir özerklik sağlanamadığı çalışma sonucu tarafından da desteklenmektedir. Bu anlamda öğrenci özerkliğini destekleyici öğrenme ortamlarının oluşturulması önemlidir. Örneğin son zamanlarda sağlık eğitimine farklı şekillerde entegre edilmeye çalışılan simüle ortamların çeşitliliğinin artırılması ve üniversitelere entegre edilmesinin hızlandırılması bu ortamlarda öğrenci özerkliğinin tam olarak sağlanabilmesi açısından faydalı olabilir. Son olarak, öğrencilerin özerliğine yönelik oluşturulan ortamlarda objektif değerlendirmelerin yapılabilmesi adına kurumlar arasında akreditasyon süreçlerinin işletilmesinin eğitim kalitesinin sürekliliği açısından önem arz ettiği söylenebilir.