

INTERNATIONAL REFEREED ACADEMIC JOURNAL OF SPORTS

PRINT ISSN: 2146-8508 - ONLINE ISSN: 2147-1711

ISSUE: 22 YEAR: 2017



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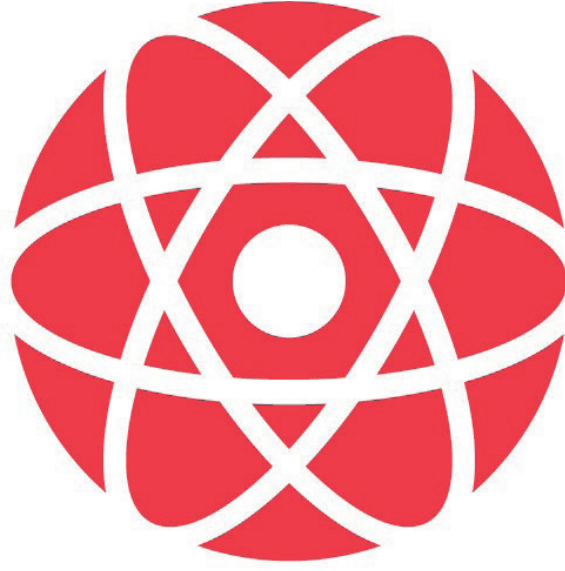
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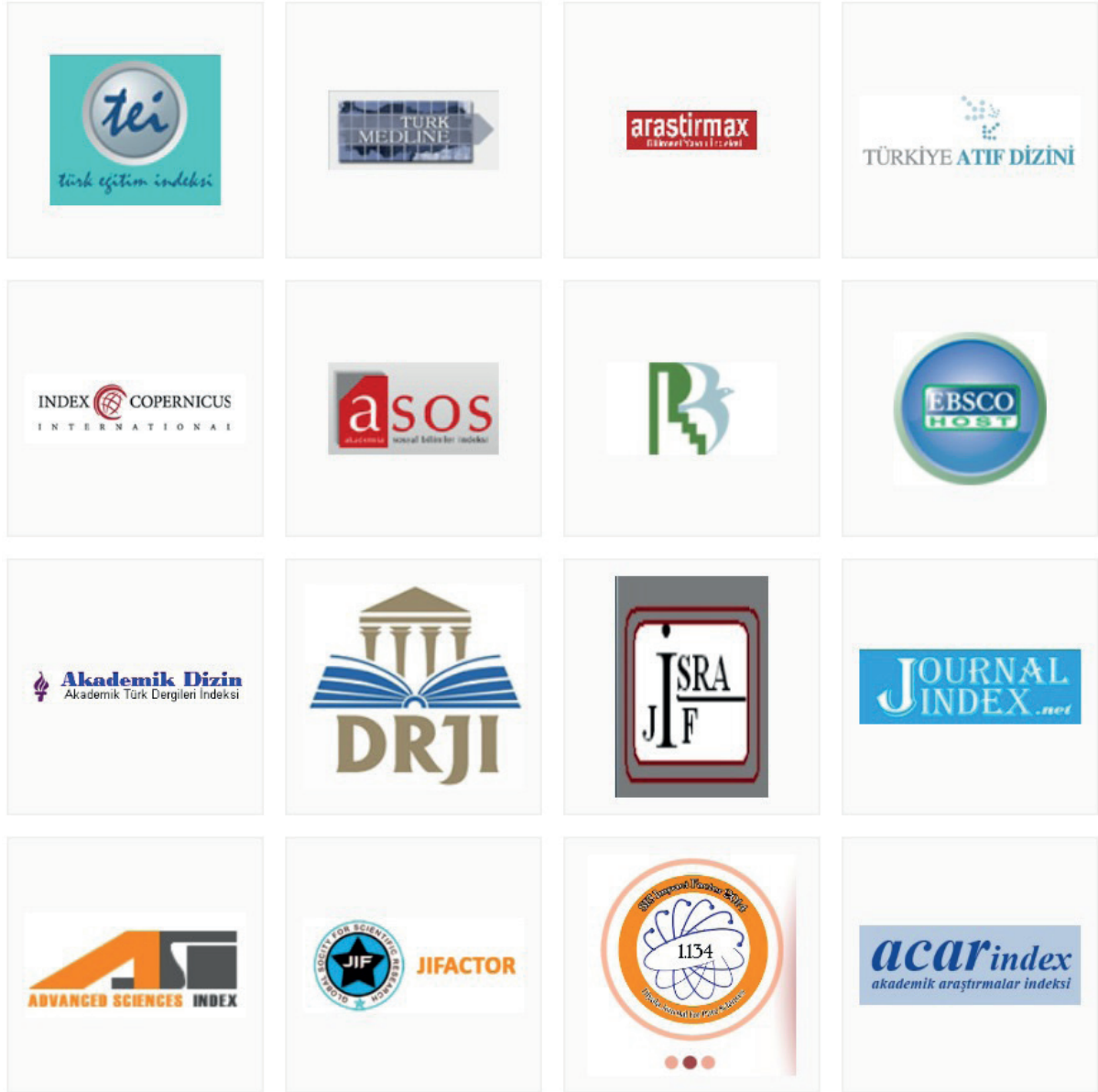
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ANALYSIS ON THE COLLECTIVE EFFICACY PERCEPTIONS OF
HANDBALL PLAYERS IN TERMS OF SOME VARIABLES ¹HENTBOL OYUNCULARININ KOLEKTİF YETERLİK ALGILARININ
BAZI DEĞİŞKENLER AÇISINDAN İNCELENMESİ*Ali Serdar YÜCEL¹, Özgür, KARATAŞ², Yüksel SAVUCU³, Serdar ORHAN⁴**¹⁻³⁻⁴ University of Firat Faculty, of Sports Sciences, Elazığ / Turkey**² İnönü University, School of Physical Education and Sports BESYO, Malatya / Turkey*

Öz: Amaç: Bu araştırmanın amacı; Türkiye'deki üst düzey hentbol takımlarında mücadele eden sporcuların (Süper lig, 1. Lig ve 2.Lig) kolektif yeterlik düzeylerinin farklı değişkenler açısından incelenmesidir. **Yöntem:** Araştırma Süper lig, 1. Lig ve 2. Lig'de yer alan 65 takım içerisinde rasgele yöntemle belirlenmiş 483 sporcu üzerinde gerçekleştirilmiştir. Çalışmada kullanılan anket daha önceden farklı bir çalışmada kullanılmış olup, güvenilirliği sağlanmış bir ankettir. Anketin ilk bölümünde katılımcılara kişisel bilgileri (cinsiyet, eğitim, yaş, takımdaki pozisyonları vs.) sınıflayıcı ölçekle tanımlayıcı değişkenler olarak sorulmuştur. İkinci bölümde ise takım için kolektif bilinç hakkında 7 adet görüş yöneltilmiş ve görüşleri 5'li likert ölçekle sorgulanmıştır. Cronbach's Alpha kat sayısı olarak 0,921 değeri elde edilmiştir. Analiz kapsamında, betimleyici istatistikler, güvenilirlik analizi, Jonckheere terpstra, t-testi analizi, Varyans analizi (ANOVA), Kruskall Wallis, Man Whitney ve tukey testi uygulanmıştır. **Bulgular:** Kolektif yeterlilik ölçeğinin yaşa göre farklılaştığı ve en yüksek ortalamanın 16-21 grubuna ait olduğu saptanmıştır. Ayrıca eğitime ve spor süresine göre de farklılık olduğu ve bu eğitim değişkenine göre en yüksek ortalamanın üniversite grubu ve spor süresine göre de 4-7 yıl grubuna ait olduğu bulunmuştur. **Sonuç:** Çalışma sonunda, katılımcıların kolektif yeterlilik ölçeğine ilişkin görüşlerinin yaş, eğitim durumu, antrenör cinsiyeti ve spor süresine göre farklılık gösterdiği, bunun yanında cinsiyet, oynanan lig, lisans durumu ve takımdaki pozisyona göre farklılık göstermediği sonucuna ulaşılmıştır.

Anahtar Kelimeler: Hentbol, Kolektif Yeterlilik, Sporcu, Lig

Abstract: Aim: The purpose of this research is to analyze the collective efficacy levels of the athletes playing in top-level handball teams in Turkey (Super League, First League and Second League) in terms of different variables. **Method:** The research was conducted on a total of randomly selected 483 athletes within 65 teams ranking among Super League, First League and Second League. The questionnaires used in this study were previously used in another study and its reliability was ensured. In the first part of the questionnaire, personal information (sex, education, positions in the team etc.) was asked to the participants as descriptive variables with classificatory variable. In the second part, 7 opinions were directed regarding the collective consciousness for the team and the opinions were questioned with a 5-point Likert scale. 0.921 was ensured as the Cronbach's Alpha coefficient. Descriptive statistics, reliability analysis, Jonckheere terpstra, t-test analysis, Variance analysis (ANOVA), Kruskall Wallis, Man Whitney and tukey test were applied within the scope of the analysis. **Results:** It has been determined that the collective efficacy scale differs by age and the highest average belongs to the group of 16-21. Moreover, it has been established that it differs by the education and duration of sports; the highest average belongs to the university group by this education variable and to the group of 4-7 years by the duration of sports. **Conclusion:** At the end of the study, it has been concluded that the opinions of the participants concerning the collective efficacy scale differ by age, education, sex of the trainer and duration of sports; but they don't differ by sex, the league played, license and the position in the team.

Key Words: Handball, Collective Efficacy, Athlete, League

Doi: 10.17363/SSTB.2017.1.001

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International Refereed Academic Journal of Sports, Health and Medical Sciences

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JEL CODE: I0-I00-I23-M10-M12-M19 ID:333 K:129

ISSN Print: 2146-8508 Online 2147-1711

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INTRODUCTION

One of the important variables affecting the performance levels of the groups is the competence perception which is frequently emphasized in recent years. The perception of individual on his or her capacity to do work is called self-efficacy and the perception of the individual on the capacity of a group – in which the individual is a member – to do work is expressed as collective efficacy (Öcel, 2002: 2).

In order for a community to become a group, it is necessary to provide an exchange of interaction, emotion and information. The more intense this interaction is, the higher the group dynamics will be (Moralı and Doğan, 1997: 8).

The collective efficacy is the competence of a group to share the expectations and success laid on the members. These two concepts are highly important for the success of a sports team. Because collective efficacy shows how a team works together and how much each group member believes in success. Therefore, the factors of success in developing skills based on collective efficacy and process are analyzed as different but interrelated facts (Zaccaro et al., 1995: 305-328).

The concept of collective efficacy is one of the most important concepts of Bandura's Social Cognitive Theory and an extension of the

self-efficacy concept for teams and communities (Bandura, 1997; Bandura, 2000; Bandura, 2012). The researches conducted indicate that both self-efficacy and collective efficacy perceptions affect the expectations and motivation levels, accordingly and may increase the individual's performance. According to the social cognitive theory, there is a strong relation between the self-efficacy levels of individuals and their performance (Wood and Bandura 1989: 361-384).

The studies on the group dynamic examining the importance of group environment and its changing nature have an indispensable importance for the studies of social psychology and have a great place in research fields. The number of studies carried out in order to examine the dynamics that take place within a group structure in the field of social psychology has shown a serious increase (Horn, 2002: 309-355).

The integration of the team athletes as a result of the relations easily affected by external factors will enable the team's goal orientations to become clear. Due to the fact that the goal orientations within the team determine the performance of tasks and individuals who constitute the team performance, motivational climate can be affected from many internal and external factors, namely mastery and performance (Vlachopoulos and Karageorghis, 2005: 113-132). In the research of Ramzani-



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nezhad et al. (2009), it is put forth that there is a significant relation between collective efficacy and group unity and it is highlighted that the solidarity in the sports teams significantly affects the group unity and collective efficacy needed in the process of contributing to the team's performance.

The integration of individual skills and abilities in team sports around a common goal and the belief to achieve these goals at team level are perceived as collective efficacy. Thus, collective efficacy has an important effect on team performance. As the best performance of teams and their success afterwards depend on group unity and the belief in team's efficacy. Just as self-efficacy is effective on individual performance, collective efficacy is also influential on team performance (Katz-Navon and Erez, 2005: 437-465). It is very important for individuals to believe that teams will be successful at a sufficient level before the teams actually succeed. As positive collective efficacy may affect the behaviors of athletes (Safkan, 2010: 8). People's belief in collective efficacy affects the way in which they will try to actualize the social future, how much effort they will make for it and the strength they will put forth when collective efforts fail to yield results (Kurt, 2012: 203). Unity or cohesiveness is evaluated as an important factor in success of groups. Similarly, unity and integrity play an important role in sports.

Because in order for teams to be successful, skills and efforts should be combined and all members of the team should come together. Collective efficacy is vital for success as it directly affects the team's integrity (Carron et al., 2007: 117-139). It is emphasized that the trust of the athletes towards each other and belief of success in team sports (collective efficacy) may be effective on performance (Yücel et al., 2013: 1403).

AIM

The purpose of this research is to analyze the collective efficacy levels of the athletes playing in top-level handball teams in Turkey (Super League, First League and Second League) in terms of different variables.

METHOD

In this study, a two-part questionnaire including questions about collective consciousness levels and demographic characteristics was applied. The questionnaire used in this study was previously used in another study and its reliability was ensured. Survey method was used in this study. In the first part, the participants were asked about their personal information (sex, education, marital status, age, positions in the team etc.) as descriptive variables with a classifying scale. In the second part, 7 opinions were directed about the collective consciousness for the team and the opinions were questioned with 5-point Likert



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scale. The questionnaire forms were applied to the athletes playing in various leagues during the 2014-2015 season as a face-to-face interview before or after the competition. “Collective Efficacy Scale” developed by Riggs, Warka, Babasa, Betancoyrt and Hooker (1994) with the purpose of determining the collective efficacy level was used in our research.

DATA ANALYSIS

Descriptive statistics, reliability analysis, Factor Analysis, t-test analysis, Variance analysis (ANOVA), Jonckheere terpstra, Kruskall Wallis, Kolmogorov Smirnov, Man Whitney and Tukey test were applied within the scope of analysis. The value of 0.921 was obtained as the Cronbach’s Alpha coefficient.

Research Hypotheses

H1: The opinions on collective efficacy don’t differ by sex.

H2: The opinions on collective efficacy don’t differ by age.

H3: The opinions on collective efficacy don’t differ by education.

H4: The opinions on collective efficacy don’t differ by income.

H5: The opinions on collective efficacy don’t differ by the duration of sports.

H6: The opinions on collective efficacy don’t differ by the league.

H7: The opinions on collective efficacy don’t differ by the license.

H8: The opinions on collective efficacy don’t differ by the position.

H9: The opinions on collective efficacy don’t differ by the sex of trainer.

FINDINGS

Table 1. Reliability Analysis

Cronbach’s Alpha	Number of Items
,921	7

Concerning the results of reliability analysis, it has been determined that 7 items included in the analysis are at very high confidence level.



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Table 2. Demographic and Descriptive Statistics of The Participants

Variables		Frequency	Column N %
Your sex?	Female	263	54%
	Male	220	46%
Your age?	Below the age of 15	13	3%
	16-21	299	62%
	22-27	140	29%
	34 and over	31	6%
Your educational background?	High school	118	24%
	University	349	72%
	Post graduate	16	3%
Your marital status?	Single	440	91%
	Married	43	9%
Your income or your family's income?	500 TL and less	24	5%
	501-999 TL	69	14%
	1000-1500 TL	177	37%
	1501-3000 TL	155	32%
	3001-5000 TL	43	9%
	5001 TL and more	15	3%
How many years have you been doing sports?	1-3 years	46	10%
	4-7 years	104	22%
	7-11 years	188	39%
	12-15 years	113	23%
	16-19 years	21	4%
	20 years and more	11	2%
What is the league you play?	Super League	100	21%
	1 st League	259	54%
	2 nd League	124	26%



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Your mother's educational background?	Primary school	170	35%
	Secondary school	121	25%
	High school	129	27%
	University	63	13%
Your father's educational background?	Primary school	98	20%
	Secondary school	107	22%
	High school	147	31%
	University	116	24%
	Post graduate	12	3%
How many years have you been actively (licensed) interested in sports?	1-3 years	117	24%
	4-7 years	217	45%
	7-11 years	111	23%
	12-15 years	38	8%
Total number of athletes in your team?	1.00	210	43%
	2.00	247	51%
	3.00	26	5%
How many years have you been playing in this team?	1-3 years	120	25%
	4-7 years	126	26%
	7-11 years	72	15%
	12-15 years	97	20%
	16-19 years	49	10%
	20 years and more	19	4%
Your position in the team?	Main	306	63%
	Substitute	177	37%
Sex of your trainer?	Female	79	16%
	Male	404	84%



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I0-I00-I23-M10-M12-M19 ID:333 K:129

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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Table 3. Analyses for Different Variables on Scale of Participants

Variables			Collective efficacy scale		
Sex	N	%	T test	SD	P
Female	263	54%	-.823	481	.411
Male	220	46%			
Age	N	%	Anova	SD	p
Below the age of 15	13	3%	4.730	3	0.003
16-21	299	62%			
22-27	140	29%			
34 and higher	31	6%			
Education	N	%	Jonc- kheere terpstra	SD	p
High school	118	24%	6.869	2	0.000
University	349	72%			
Post graduate	16	3%			
Level of income	N	%	Kruskal Wallis	SD	p
500 and less	24	5%	9.049	5	0.107
501-999 TL	69	14%			
1000-1500 TL	177	37%			
1501-3000 TL	155	32%			
3001-5000 TL	43	9%			
5001 TL and more	15	3%			
Duration of sports	N	%	Anova	SD	p



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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ISSN Print: 2146-8508 Online 2147-1711

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1-3 years	46	10%	3.883	5	0.002
4-7 years	104	22%			
7-11 years	188	39%			
12-15 years	113	23%			
16-19 years	21	4%			
20 years and more	11	2%			
League	N	%	Anova	SD	p
Super league	100	21%	0.531	2	0.588
1 st League	259	54%			
2 nd League	124	26%			
Licensed	N	%	Kruskal Wallis	SD	p
1-3 years	117	24%	1.231	3	0.745
4-7 years	217	45%			
7-11 years	111	23%			
12-15 years	38	8%			
Position	N	%	t-test	SD	P
Main	306	63%	1.758	1	0.080
Substitute	177	37%			
Trainer	N	%	Man Whitney	SD	p
Female	79	16%	2.960	1	0.003
Male	404	84%			



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I0-I00-I23-M10-M12-M19 ID:333 K:129

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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Table 4. Descriptive Statistics of the Participants

	N	Mean	Std. Deviation
The skills of my team mates are above the average.	483	2.9420	1.23266
This team is weaker than other teams in the same sports.	483	2.2961	1.06302
This team doesn't have the capacity to show adequate performance.	483	2.2609	1.12969
My team mates have excellent athletic skills.	483	2.8861	1.11640
Some of my team mates should be excluded from the team due to the lack of athletic skills.	483	2.5652	1.20226
My team isn't good enough.	483	2.3540	1.23273
Some athletes in the team can't play very well.	483	2.9482	1.26204

H1: The opinions on collective efficacy don't differ by sex.

Concerning the opinions on collective efficacy by sex, Sig value has been found to be higher than 0.05; therefore, the hypothesis will be accepted. Accordingly,

- Collective efficacy scale doesn't differ by sex.

H2: The opinions on collective efficacy don't differ by age.

Concerning the opinions on collective efficacy by age, Sig value has been found to

be lower than 0.05; therefore, the hypothesis will be rejected. Accordingly,

- Collective efficacy scale differs by age. The highest average belongs to 16-21 group.

H3: The opinions on collective efficacy don't differ by education.

Concerning the opinions on collective efficacy by education, Sig value has been found to be lower than 0.05; therefore, the hypothesis will be rejected. Accordingly,



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I0-I00-I23-M10-M12-M19 ID:333 K:129

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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- Collective efficacy scale differs by education. The highest average belongs to the university group.

H4: The opinions on collective efficacy don't differ by income.

Concerning the opinions on collective efficacy by income, Sig value has been found to be higher than 0.05; therefore, the hypothesis will be accepted. Accordingly,

- Collective efficacy scale doesn't differ by income.

H5: The opinions on collective efficacy don't differ by the duration of sports.

Concerning the opinions on collective efficacy by the duration of sports, Sig value has been found to be lower than 0.05; therefore, the hypothesis will be rejected. Accordingly,

- Collective efficacy scale differs by the duration of sports. The highest average belongs to the group of 4-7 years.

H6: The opinions on collective efficacy don't differ by the league.

Concerning the opinions on collective efficacy by the league, Sig value has been found to be higher than 0.05; therefore, the hypothesis will be accepted. Accordingly,

- Collective efficacy scale doesn't differ by the league.

H7 The opinions on collective efficacy don't differ by the license.

Concerning the opinions on collective efficacy by the license, Sig value has been found to be lower than 0.05; therefore, the hypothesis will be rejected. Accordingly,

- Collective efficacy scale doesn't differ by the license.

H8: The opinions on collective efficacy don't differ by the position.

Concerning the opinions on collective efficacy by the position, Sig value has been found to be higher than 0.05; therefore, the hypothesis won't be rejected. Accordingly,

- Collective efficacy scale doesn't differ by the position.

H9: The opinions on collective efficacy don't differ by the sex of trainer.

Concerning the opinions on collective efficacy by the sex of trainer, Sig value has been found to be lower than 0.05; therefore, the hypothesis will be rejected. Accordingly,

- Collective efficacy scale differs by the sex of trainer. The highest average belongs to female group.

DISCUSSION

The purpose of this research is to analyze the collective efficacy levels of the athletes



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I0-I00-I23-M10-M12-M19 ID:333 K:129

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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playing in top-level handball teams in Turkey (Super League, First League and Second League) in terms of different variables. When the general averages of the participants related to the scale are examined, it can be stated that their collective efficacy levels are high.

According to the results, it has been determined that 54% of the athletes (263 people) are female and 46% is male (220 people); 62% is in the age group of 16-21 (299 people), 72% is university graduate (349 people), the sports age of 39% (188 people) is 7-11, income level of 37% (177 people) is 1000-1500 TL and 45% has been interested in sports as licensed athletes for 4-7 years.

Collective efficacy scale doesn't differ by sex. In the study of Yücel et. al. (2013) conducted on table tennis players, it has been determined that female athletes trust the skills of their team mates less than male athletes. In the study of Atalay et. al. (2015) performed on futsal players, it has been stated that the items of "This team is weaker than other teams in the same sports" (Male>Female) and "My team isn't good enough" (Male>Female) differ by sex.

In study, collective efficacy scale differs by age. The highest average belongs to the age group of 16-21. Yücel et. al. (2013) has established in their study that as the age increases, the trust in the team and skills of team players

increases positively. In the study of Atalay et. al. (2015) conducted on futsal players, it has been indicated that the item of "The skills of my team mates are above the average" differs by the age group of 17-20.

Collective efficacy scale doesn't differ by the license. It has been ascertained in the study of Yücel et. al. (2013) that the longer the duration of being a licensed athlete is, the higher the trust in the team and the skills of team players becomes positively. In the study of Atalay et. al. (2015) conducted on futsal players, differences have been found in some items of the collective efficacy scale.

Collective efficacy scale differs by the duration of sports. The highest average belongs to the group of 4-7 years. In the study of Yücel et. al. (2013), it has been determined that the longer the duration of sports is, the higher the trust in the team and the skills of team players becomes positively. Collective efficacy scale differs by education. The highest average belongs to the university group. Collective efficacy scale differs by the sex of trainer. The highest average belongs to the female group. Collective efficacy levels of the athletes having a female trainer have been found to be higher. Collective efficacy scale doesn't differ by income, league and the position.



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: 10-100-123-M10-M12-M19 ID:333 K:129

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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CONCLUSION

It has been determined in the study that the collective efficacy levels of handball players differ by some variables. As a result, there is a positive relation between collective efficacy and performance. It is essential for athletes to trust each other and their teams in order to achieve and sustain success in team sports. Only a group of skilled athletes isn't enough for a successful team, these skilled athletes should act as a whole, share their responsibilities as required; in short, their collective efficacy beliefs should be high.

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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I0-I00-I23-M10-M12-M19 ID:333 K:129

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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(2015/04315- 2015-GE-18972)

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AEROPLATES EXERCISE PROGRAM IN OBESITY TREATMENT ¹

OBEZİTE TEDAVİSİNDE AEROPLATES EGZERSİZ PROGRAMI

*Lütfi AKGÜN¹, Murat DEMİREZEN², Sükran İpek YABUZ³**¹⁻²⁻³ Afyonkarahisar Directorate of the Public Health, Afyon / Turkey*

Öz: Günümüz sağlık anlayışı, bireyin sağlığını koruyacak, sürdürecektir ve geliştirecek davranışlar kazanması üzerine kurulmuştur. Egzersiz stres düzeyi ayarlanabilen en güçlü ilaçtır. Tanımlayıcı tipteki bu çalışmamız, 1 Ocak 2014 - 31 Aralık 2015 tarihleri arasında Afyonkarahisar Halk Sağlığı Müdürlüğü, Sağlıklı Yaşam Merkezi'ne başvuran 146 hasta üzerinde ve örneklem seçilmeden yapılmıştır. Hastaların sosyo-demografik özellikleri ve antropometrik ölçümleri anket formunda yer almıştır. Araştırmaya katılan bireyler her ay düzenli olarak telefonla kontrole çağırılmıştır. Hastaya verdiğimiz egzersiz reçetesi geri bildirim formları sayesinde hastaların düzenli egzersiz programını uyguladığını bize göstermeleri istenmiştir. Hastaların verdiği kilo ortalaması 12.44±7.58 olarak saptanmıştır. Kişinin fiziksel ve sosyal durumuna uygun, güvenli ve etkin bir egzersiz uygulandığında, multidisipliner yaklaşım kullanarak psikolojik destek sağlandığında hastanın uyumu ve egzersizin sürdürülebilirliği artar. Bu durum kilo kontrolü ve obeziteye bağlı hastalıkların tedavisini olumlu etkiler. Ayrıca, kişiselleştirilmiş, çok amaçlı, değiştirilmiş aero-pilates egzersiz programı, ağırlıklı olarak kilo kaybı, sağlıklı yaşam veya birçok hastalığın tedavisi için yapılan diğer egzersizler ve spor faaliyetlerine alternatif bir teknik olarak düşünülmüştür. Egzersiz bir ilaçtır. Bir egzersizin stres seviyesi düzenlenirse ve bir hastaya özgü reçete edilirse etkisi yüksek olur. Beklenmedik yaralanmalar ve hastalıklar önenebilir. Bu kişiselleştirilmiş, çok amaçlı, değiştirilmiş aero-pilates egzersiz programı kolaydır, herhangi bir araç gereç gerektirmez, bireylerin sosyal statülerine uygundur, eğlencelidir, yaralanmalar açısından düşük risk taşır ve modifiye edilebilir. Her bireyde etkili ve verimli sonuçlar elde edilebilir. Bu nedenle, bu program diğerlerinden üstündür.

Anahtar Kelimeler: Egzersiz, Obezite, Önleme

Abstract: Today's concept of health is based on individual's attitudes to protect, maintain, and develop the well-being. Exercise is the most potent medication with an adjustable stress level. This descriptive study was conducted with 146 patients who visited the Wellness Center of Afyonkarahisar Directorate of the Public Health between January 2014 and December 2015. Socio-demographic characteristics and anthropometric measurements of patients were obtained. Participants were regularly recruited to the center for monthly checkups. It was asked from patients to show that they exactly applied the exercise plan by filling feedback forms. Patients were not obese in the end of the study. The average weight loss of participants was 12.44±7.58 kg. When a safe and effective exercise appropriate to the physical and social condition of the person is applied, and when the psychological support is provided by using the multidisciplinary approach, participatory adaptation and sustainability increase and this positively affects the weight control and the treatment of obesity related diseases. Furthermore, personalized, multi-purpose, modified aero-pilates exercise program has been considered as an alternative technique to other exercises and sporting activities that are primarily performed for weight loss, healthy life, or treatment of many diseases. An exercise is a medication. When the stress level of an exercise is arranged and prescribed to an individual, it leads to high efficiency and unexpected injuries and diseases can be prevented. This personalized, multi-purpose, modified aero-pilates exercise program is easy, it does not require any tool, it is appropriate to the social status of individuals, it is enjoyable, there is a low risk for injuries, it can be modified according to each individual, and it is efficient. Therefore, this program is superior to others.

Key Words: Exercise, Obesity, Prevention

Doi: 10.17363/SSTB.2017.1.002

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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I10-I11-I12-I18-I19 ID:320 K:419

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

(2015/04315- 2015-GE-18972)

INTRODUCTION

The aim of healthy lifestyle behaviors is not only preventing a disease but also improving individual's general health and well-being status (Edelman and Mandle, 1986; Arslan and Ceviz, 2007:213-217).

Various health problems are caused by immobile life-style and the lack of positive behaviors and attitudes towards the health concept (Arslan and Ceviz, 2007:213-217; Pender, 1987; Redland and Stuijbergen, 1993:427-441). Furthermore, studies report that immobile life-style leads to various chronic diseases (Arslan and Ceviz, 2007:213-217; Coștanzo, et, al., 2006:786-801; Lees and Booth, 2005:73-79).

Even though the most effective types of exercises are jogging, hiking, biking, boating, and swimming which can increase the aerobic capacity. These exercises may not be suitable for health, physical, social, economic statuses, and tastes of individuals. As it can be seen in Table 1, different types of exercises can lead to different contributions and nega-

tive effects. Therefore, it is required to individualize these exercises in an effective and safe way and maximize their positive effects on individual's health status (Faulkner, et, al., 2014:46-54).

Exercise is the most potent medication with adjustable stress level. Exercise has important effects particularly on today's most important health problems such as obesity, cancer, cardiovascular diseases, and osteoclasia (Pedersen and Saltin, 2015:1-72). Even though the type of the exercise and the duration of sporting activities are not certain, there is a general consensus about the safety and efficiency of an exercise which should be suitable to an individual and lead to the regular exercise of large joints and muscles as well as the heart (Franklin, et, al., 2000:30-2457).

1. The short-term effect of this program is the disappearance of muscle aches on the 3rd day. Furthermore, the life quality is enhanced with its long term effects on the 20th day and at the 6th month and these effects are more persistent.



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I10-I11-I12-I18-I19 ID:320 K:419

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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Table 1. The Most Frequently Used Exercises, Their Contribution to the Person, and Their Negative Effects (Franklin et al, 2000:30-2457)

EXERCISE	CONTRIBUTION	NEGATIVE EFFECT
1 Walking Exercise	Losing weight	Weak Exercise, Risky for Knee and Waist
2 Jogging	Losing weight and strength	Risky for Knee and Waist
3 Cycling	Losing weight	Weak Exercise
4 Weight Work	Strength	High risk for injury
5 Swimming	Losing weight	Risky in Diabetes patients
6 Water walking	Losing weight	Risky in Diabetes patients
7 Pilates	Stretching Exercise Provides Flexibility	Injury risk
8 Aero-Pilates Exercise	Losing weight	Safe and Effective

The aim of this study is to evaluate the health status of participants who regularly visit wellness centers with the help of nutritionist, exercise specialist, psychologist, and child development specialist. Furthermore, it is also aimed to show the effectiveness of the multi-purpose, personalized, modified, and aeroplates exercise program.

This descriptive study was conducted with 146 patients who visited the Wellness Center of Afyonkarahisar Directorate of the Public Health between 1 January 2014 and 31 December 2015. No sampling method was used. Socio-demographic characteristics and anthropometric measurements of the patients were included in the survey. Multidisciplinary approach treatment was applied to obese individuals who were admitted to the wellness center.

METHODS

Multidisciplinary approach treatment

- Determination of the general health status (check-up)
- Identification of the person's obesity
- Determining the individual's obesity profile (weight, height, waist circumference, hip circumference, waist/hip circumference, body mass index (BMI))
- Determination of the exercise type to be recommended according to the target
- Determination of the purpose of the program to be implemented (losing weight, weight protection, flexibility vs.)



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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JEL CODE: I10-I11-I12-I18-I19 ID:320 K:419

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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- Implementation of multi-purpose, personalized, modified, aeroplates exercise program recommended to the individual
- Evaluation of the compliance of an individual to the multi-purpose, personalized, modified, aeroplates exercise program
- Prescribing the multi-purpose, personalized, modified, aeroplates exercise program (Type of exercise, number of sessions, severity and duration of exercise are adjusted according to an individual)

Multi-purpose, personalized, modified, aeroplates exercise program (Figure 1):

This program is composed of 15 movements which are performed on both horizontal and vertical axes. It takes 10 to 12 minutes and movements do not lead to increase in blood cortisol levels. This exercise program is performed by adjusting the stress level. This program is composed of horizontal and vertical movements in order to protect the joints from the negative effects of the gravity. For this reason, risky movements are excluded. There are 15 safe movements in the exercise program that allows the exercise of large joints and muscles. These movements are sequentially listed starting from easy to hard and re-

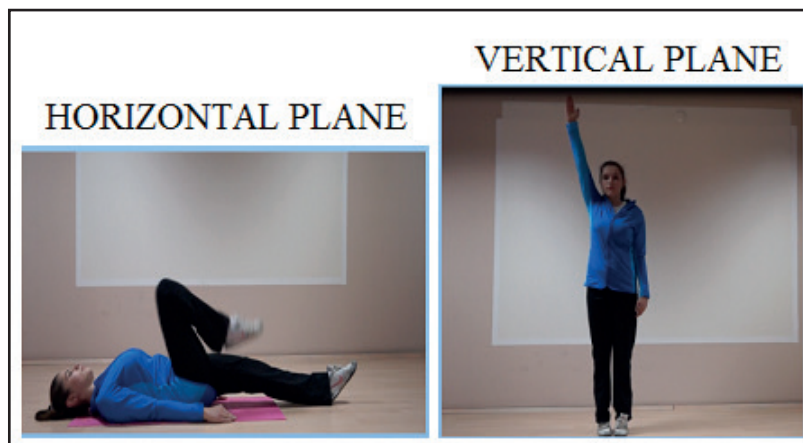
peated movements are numbered. Movement repeat number was recommended as 10 as it is in case of body building exercises.

It is possible to exclude some movements, decrease the number of movement repeats, and modify the movements according to the physical, social, and health conditions of individuals. Modifications improve the compliance and sustainability and thus it is possible to remove the risk of injury.

A feedback form was prepared and it was asked from patients to show us that they exactly applied the exercise plan by filling feedback forms and bringing them to us each month (Figure 2). The exercise program movements can be seen in Figure 3. The directions of each step in the exercise program can be seen below;

1. Move your legs as cycling while lying down on the ground. Please perform it primarily with right and then with the left leg.
2. While lying down on the ground, bend your leg and pull your knee onto your chest in 1 second and leave it back in 2 seconds. Please perform it primarily with right and then with the left leg.

Figure 1. In the Multipurpose, Personalized, Modified, Aeroplates Exercise Program, the Movements in the Horizontal Plane were Prioritized in order to Reduce the Adverse Effects of Gravity on the Joints.



3. While lying down on the ground, rapidly lift your leg up (1 second) and then slowly lower your leg down to the ground (2 seconds). Please perform it primarily with right and then with the left leg.
- 4-5. While lying down on the ground, circle your straight leg clockwise and then repeat the movement counterclockwise. Please perform it primarily with right and then with the left leg.
6. Lie on your side on the ground and raise your straight leg quickly towards your head (1 second) and lower your leg down on the ground (2 seconds). Please perform it primarily with right and then with the left leg.
7. Lie on your side on the ground and pull your leg to your stomach (1 second) and let it go back straightly (2 seconds). Please perform it primarily with right and then with the left leg.
- 8-9. Lie on your side on the ground and circle your straight leg clockwise and then repeat the movement counterclockwise. Please perform it primarily with right and then with the left leg.
10. Lie on your side on the ground and perform the cross walk movement. Please perform it primarily with right and then with the left leg.
11. Stand up, rise on your feet, and raise primarily your right arm up. Turn your arms forward. Afterwards, lower your arm and



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I10-I11-I12-I18-I19 ID:320 K:419

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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stand up again on your feet. (1 second up and 2 seconds down) Repeat the movement with the left arm.

12. Stand up, rise on your feet, and raise primarily your right arm up. Turn your arms backward. Afterwards, lower your arm and stand up again on your feet. (1 second up and 2 seconds down) Repeat the movement with the left arm.

13. Stand up, rise on your feet, and make circles with your shoulders by turning them from front to back. (1 second up and 2 seconds down)

14. Stand up, straighten your arms out sideways at shoulder height with your palms facing up and stretch backward. (1 second backward and 2 seconds turn to the straight standing up position)

15. Stand up, rise on your feet, lift your arms up, and turn back to standing position. (1 second lifting arms up and 2 seconds turn to the straight standing up position)

FINDINGS

There were 131 female and 15 male patients in the study ($N_{\text{total}}=146$). The mean age of patients was 40.00 ± 11.0 , the mean height of patients was 160.31 ± 7.12 , and the mean weight of patients was 83.65 ± 17.03 . Furthermore, their first BMI was 32.53 ± 6.25 and the final BMI was 27.68 ± 4.54 . BMI values of 146 patients reduced below 30 with the help of the exercise program and there was an improvement in their obesity level. The mean weight loss was detected as 12.44 ± 7.58 .



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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ISSN Print: 2146-8508 Online 2147-1711

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Figure 2. The Feedback Form of the Multi-purpose, Personalized, Modified, Aeroplates Exercise Program Prepared for the Obesity Treatment

AFYONKARAHİSAR DEVLET HASTANESİ OBEZİTE MERKEZİ EGZERSİZ POLİKLİNİĞİ

1. AŞAMA VÜCUT AĞIRLIĞI KULLANILARAK YAPILAN AERO-PLATES HAREKET PROGRAMI ÖLÇÜM VE GERİBİLDİRİM TABLOSU

DOKÜMAN NO	YÜRÜRLÜK TARİHİ	REVİZYON NO	REVİZYON TARİHİ	PROGRAM NUMARASI
ADH-FR-1	22.12.2008	1	16.03.2010	

ADI SOYADI: G. S. Y. VAS: 55 AĞIRLIK: BOY: BMI: istirahat Nb: Hedef Nb:

1. Yerde yapılacak hareket 1. aşama egzersizdir. Programdır. Lütfen sabah kalkınca başlayın. Yatana kadar her seansa arası 1 saatlik az olmayacak ve her bir hareketi 10 kez tekrar edilecek şekilde ve tempolu (sıra önerilen hızda) yaparak, hedef kalp hızını yakalayınız. Aşam seansın önemli olup, en az 3 seansa aksam 18.00 dan sonra yapmayı tercih ediniz. En az günde 8 seansa başları için yeterlidir. Konforunuza ulaşarak, baş altını ve bel çıkurunuza ince bir ayakla destekleyerek hareketlerinizi yapınız. Gayretli olunuz ama kesinlikle zorlamayınız.

2. LÜTFEN ZORUNLU DURUMLAR DIŞINDA ZAYFLAMAK İÇİN YÜRÜYÜŞ YAPMAYINIZ. Kg altında yürüyüş önerilecek. Lütfen aerobik ağırlık egzersizi olan 17 hareketi sıra ile yapmaya çalışınız. Hareketleri ara vermeden arka arkaya yaptığınızda kalp hızı yaklaşık 110-140 atım/dk olup, tempolu yürüyüşe karşı gelip sizin için güvenli olan bu hareketlerdir. Seans yaptığınızda sağlıklı beslenme ile beraber aylık 4 kg ağırlık kaybı anlamına gelir. Size önerilen şekilde ve hızda yaptığınızda 1 seansın kalori karşılığı yaklaşık 400 kcal'dir. Kilo vermek için günde 300-400 kcal'lik egzersiz yeterlidir. Lütfen Sabırlı Olunuz!!!

NO	TARİH	KB	BŞ	KÇ	NO	TARİH	KB	BŞ	KÇ	NO	TARİH	KB	BŞ	KÇ	NO	TARİH	KB	BŞ	KÇ	NO	TARİH	KB	BŞ	KÇ	NO	TARİH	KB	BŞ	KÇ	NO	TARİH	KB	BŞ	KÇ
1	11.12.2010	65	78	102	2	12.12.2010	65	78	102	3	13.12.2010	65	78	102	4	14.12.2010	65	78	102	5	15.12.2010	65	78	102	6	16.12.2010	65	78	102	7	17.12.2010	65	78	102
NOT: 1. Aşam 2010	NOT: 2. Aşam 2010	NOT: 3. Aşam 2010	NOT: 4. Aşam 2010	NOT: 5. Aşam 2010	NOT: 6. Aşam 2010	NOT: 7. Aşam 2010	NOT: 8. Aşam 2010	NOT: 9. Aşam 2010	NOT: 10. Aşam 2010	NOT: 11. Aşam 2010	NOT: 12. Aşam 2010	NOT: 13. Aşam 2010	NOT: 14. Aşam 2010	NOT: 15. Aşam 2010	NOT: 16. Aşam 2010	NOT: 17. Aşam 2010	NOT: 18. Aşam 2010	NOT: 19. Aşam 2010	NOT: 20. Aşam 2010	NOT: 21. Aşam 2010	NOT: 22. Aşam 2010	NOT: 23. Aşam 2010	NOT: 24. Aşam 2010	NOT: 25. Aşam 2010	NOT: 26. Aşam 2010	NOT: 27. Aşam 2010	NOT: 28. Aşam 2010	NOT: 29. Aşam 2010	NOT: 30. Aşam 2010	NOT: 31. Aşam 2010	NOT: 32. Aşam 2010	NOT: 33. Aşam 2010	NOT: 34. Aşam 2010	

TOPLAM GÜNLÜK SEANS SAYINIZ OLARAK PLANLANMIŞTIR.

AKŞAM SEANSI KİLO VERMEDE ÇOK ETKİLİ OLUP, MUTLAKA 1. Akşam yemeğinden önce 1 seans (kan şekeri) yükseltir, insülin salınımını azaltır ve tokluk hissi verir. Az yemeyi sağlar. 2. Yatmadan önce 1 seans (gece atışmalarını önler) yapınız.

Dr. L. L. AKGÜN

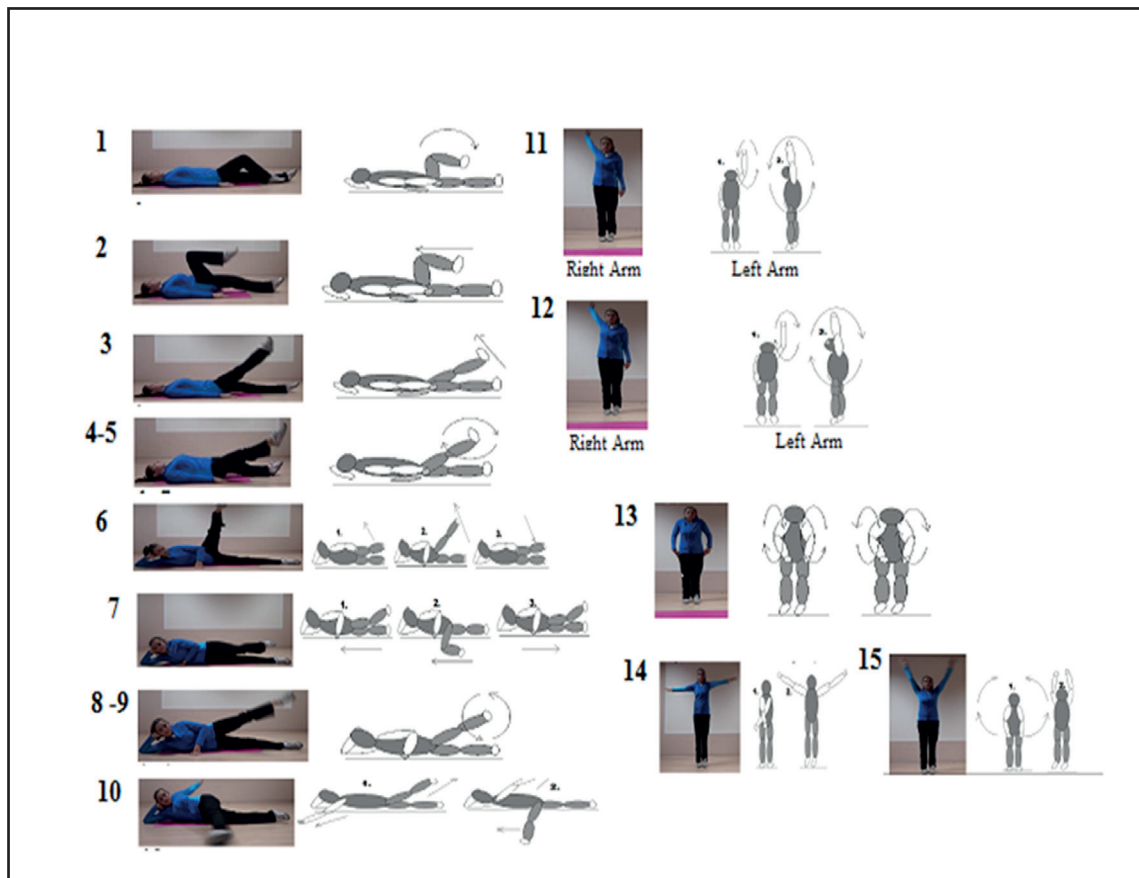
Mail adresi: obezitepoliklinigi@hotmail.com

0 272 2120802 / Dahili 1201

Uzm. Dr. L. L. AKGÜN

FIZYOLOJİ (EGZERSİZ) UZMANI

Figure 3. The Multi-purpose, Personalized, Modified, Aeroplates Exercise Program (Franklin, et, al, 2000)



DISCUSSION

In this study, it was shown that when the multi-purpose, personalized, modified, aeroplates exercise program is performed as it is prescribed, it leads to positive health outcomes with a high efficiency. This exercise program was applied to more than two hundred thousand patients in 8 years and there was no negative feedback. In order to consider an ex-

ercise program as efficient, it should lead to successful weight loss and weight protection, it should facilitate the treatment of diseases (such as diabetes and hypertension) related to muscle mass loss, and it should prevent the knee and back issues due to weight loss.

Similar to studies of Montesi et al., De Miguel-Etayo et al., and Bocca et al., it has been shown that multidisciplinary approach



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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I10-I11-I12-I18-I19 ID:320 K:419

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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and regular exercises in the treatment of obesity are successfully applied (Montesi, et, al., 2016:37-46; De Miguel-Etayo et, al., 2016:84-87; Sumithran, et, al., 2016:101-107). Furthermore, it has recently been shown in meta-analysis of randomized controlled trials that obesity and related diseases can be treated and life quality can be improved by performing a regular and appropriate exercise in almost every period of life such as childhood, adolescence, and pregnancy (Freitas et al., 2016; Magro-Malosso, et, al., 2016; García-Hermoso, et, al., 2017). As it has been indicated in a study of Holzapfel et al., follow up of patients with phone calls is also very important in the obesity treatment (Holzapfel, et, al., 2016:230-240).

Following the patient by phone calls increases the motivation of the patient. This is very important in the success of the exercise program. Therefore, regular follow ups in wellness centers with the help of phone calls or face-to-face interviews are very important in obtaining successful health outcomes in terms of obesity treatment (Holzapfel, et, al., 2016:230-240). A recent clinical trial has been completed and it has been claimed that inpatient obesity can be prevented with the phone follow-up (Inpatient Obesity Intervention with Phone Follow-up).

Our study shows that when the obesity is regularly followed up with the multidisciplinary

approach, it can be successfully treated. When a safe and effective exercise appropriate to the physical and social condition of the person is applied, and when psychological support is provided by using the multidisciplinary approach, participatory adaptation and sustainability increase and this positively affects the weight control and the treatment of obesity related diseases.

Furthermore, personalized, multi-purpose, modified aero-pilates exercise program has been considered as an alternative technique to other exercises and sporting activities that are primarily for weight loss, healthy life, or treatment of many diseases. An exercise is a medication. When the stress level of an exercise is arranged and prescribed to an individual, it leads to high efficiency and unexpected injuries and diseases can be prevented.

This personalized, multi-purpose, modified aero-pilates exercise program is easy, it does not require any tool, it is appropriate to the social status of individuals, it is enjoyable, there is a low risk for injuries, it can be modified according to each individual and it is efficient. Therefore, this program is superior to others.

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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I10-I11-I12-I18-I19 ID:320 K:419

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(TRADEMARK)

(2015/04315- 2015-GE-18972)

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International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

JEL CODE: I10-I11-I12-I18-I19 ID:320 K:419

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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THE RESEARCH ON PHYSICAL EDUCATION TRAIT ANXIETY STATES OF STUDENTS IN MUCUR VOCATIONAL AND TECHNICAL EDUCATION CENTRE ¹

MUCUR MESLEKİ VE TEKNİK EĞİTİM MERKEZİNDEKİ ÖĞRENCİLERİN BEDEN EĞİTİMİ SÜREKLİ KAYGI DURUMLARININ İNCELENMESİ

Meryem ALTUN

Ömer Halisdemir University, School of Physical Education and Sports, Niğde / Turkey

Öz: Bu araştırmanın amacı; Mucur Mesleki ve Teknik Eğitim Merkezinde Öğrenim Gören Öğrencilerin Beden Eğitimi Sürekli Kaygı Durumlarını İncelemektir. Bu araştırmanın modeli, tarama modelidir. Araştırmaya, Kırşehir/Mucur Mesleki ve Teknik Eğitim Merkezinde 2015-2016 eğitim öğretim döneminde öğrenim gören 15-17 yaş arası 50 kız, 150 erkek olmak üzere toplam 200 öğrenci gönüllü olarak katılmıştır. Ölçme aracı; Varol (2014)'un Türk lise öğrencileri üzerinde geçerlilik güvenirlik çalışmasını yaptığı özgün formu "The Physical Education Trait Anxiety Scale" olan ölçek kullanılmıştır. Verilerin analizinde; SPSS 21 paket programı kullanılmıştır. Normal dağılım göstermeyen bu çalışmada cinsiyet değişkeni için Mann Whitney U, yaş değişkeni içinde Kruskal Wallis testleri kullanılmıştır. Araştırma sonucunda elde edilen bulgulara göre; cinsiyet değişkenine göre gruplar arasında Bilişsel, Somatik ve Endişe alt boyutlarında istatistiksel olarak anlamlı farklılık bulunmamıştır. Yaş değişkenine göre ise farklı yaş grupları arasında Bilişsel, Somatik ve Endişe alt boyutlarında anlamlı farklılık bulunmuştur. 15 yaşında olanların sıra ortalamaları en yüksek çıkmıştır. Ayrıca alt boyutlar arasında pozitif yönlü güçlü bir ilişki bulunmuştur. Sonuç olarak; cinsiyet arasında anlamlı farklılık bulunmazken yaş grupları arasında anlamlı farklılıkların olduğu tespit edilmiştir. 15 ile 17 yaş gruplarında bilişsel, somatik, endişe alt boyutlarında, 16 ile 17 yaş grupları arasında da endişe alt boyutunda anlamlı farklılığın olduğu söylenebilir.

Anahtar Kelimeler: Beden Eğitimi, Sürekli Kaygı

Abstract: The purpose of this research is to examine Physical Education Trait Anxiety States of Students who are studying at Mucur Vocational and Technical Education Centre. The model of this research is the screening model. A total of 200 students, aged between 15 and 17, who were educated during the 2015-2016 education period at Kırşehir/Mucur Vocational and Technical Education Centre including 50 girls and 150 boys, have been voluntarily participated in the research. "The Physical Education Trait Anxiety Scale", which is the original form of the validity and reliability study of Varol (2014) on Turkish high school students, has been used as measuring tool. SPSS 21 package program is used in the analysis of data. Mann Whitney U for gender change and Kruskal Wallis test have been used in this study which does not a normal distribution for age variance According to findings obtained, there was no statistically significant difference in the Cognitive, Somatic and Anxiety sub-scales among the groups according to gender variable. According to the age variable, there was a meaningful difference in cognitive, somatic and anxiety sub-scales among different age groups. It has been found that the average age of 15-year-old is the highest. It has been also found that there is a strong positive correlation between sub-dimensions. It has been detected as a result that there are significant differences between the age groups while there is no significant difference between genders. It can be said that there is a significant difference in cognitive, somatic, anxiety sub-dimensions between 15 and 17 years age group and between 16 and 17 age groups in anxiety sub-dimension.

Key Words: Physical Education, Continuous Anxiety

Doi: 10.17363/SSTB.2017.1.003

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Type of article (Research) Conflict of Interest: None / "None of Ethics Committee"



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www.sstbdergisi.com

International Refereed Academic Journal of Sports, Health and Medical Sciences

January – February – March Issue 22 Winter Season Year: 2017

GEL CODE: I21-I129-M12- ID:329 K:327

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

(TRADEMARK)

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INTRODUCTION

Anxiety is expressed as a state of fear and tension under a threat. Spielberger (1972) describes the anxiety as unpleasant emotional and observable responses, such as sorrow, perception, and tension that create stressful states. Trait anxiety is expressed as a tendency to perceive specific states as threats and to increase the level of state concerns over these states (Spielberger, 1966, et al., Martens et al., 1990). Trait anxiety is the predisposition of the individual to anxiety. This may be referred to as the tendency to perceive states in which the person is usually stressed or to interpret them as stress (Öner and LeCompte, 1998).

According to psychologists, the years in which the individual feels the anxiety that are the somatic and mental indicators of perceptions against the emotional and physical states are the two years after birth and adolescence years (Kartopu, 2012: 147-170). Adolescence is the most turbulent period in which the level of anxiety has reached the highest level in human life. Intensity and instability, loneliness and tiredness, lack of confidence and anxiety state, adaptation problems in the environment and conflicts within the family can be seen in the emotions of children who are in this period. Examination anxiety, school and course anxiety, identity anxiety, parental attitudes and behaviours are important factors in ado-

lescence 's anxiety factors (Bacanlı, 2005). According to the developmental periods, the anxiety level varies, and fluctuations in adolescence and anxiety levels can be seen from the kindergarten to adolescence (Duchesne et al., 2008: 1134-1146). The physical development of adolescents significantly affects their mental structures and behavioural characteristics during the middle and late adolescence periods (14-19 years) after the first adolescence period of 11-14 years (Tekindal et al., 2010: 79-93).

The behaviours also go wrong at the ratio of intensity of anxiety, which also affect the learning process (Phillips, 1984: 2000-2016), and lack of perception and attention problems occur (Kaya and Varol, 2004). Particularly, the trait anxiety state causes the failure of the course success together with lack of perception and attention problems in the individuals (Kapıkıran, 2006: 3-8). According to Kazelskis and Kazelskis (1999), while the cognitive dimension of anxiety consists due to the fact that person think his performance being small, the affective dimension consists of the reactions, tension and nervous emotions shown to the states encountered (Akt. Tekindal et al., 2010). In particular, the emotional dimension of the physical education course requires that the teacher must manage this course consciously (Bauman, 1994). The psychological preparations of the students are



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International Refereed Academic Journal of Sports, Health and Medical Sciences

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ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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an important factor for the efficiency of co-
urse. The psychological states of the students
and their performance are also closely related
to their level of anxiety. One of the most po-
pular courses of the students who are stud-
ying at every stage of education is Physical
Education. In this direction, it has become a
matter of curiosity whether there is a state of
anxiety or not for the Physical Education co-
urse in the students. When studies and scales
about physical education and sports anxiety
are examined, it is seen that studies are gene-
rally related to anxiety levels of students or
athletes or to racial anxiety.

METHOD

The model of this research is the screening
model (Açışlı, 2016, Karaman, 2016: 273-
285). It is called as screening (survey) rese-
arch aiming to collect data in order to deter-
mine specific characteristics of a group (Bü-
yüköztürk, et al., 2012). It has been tried to
describe an existing situation by dealing and
without any change. A total of 200 students,
aged between 15 and 17, who were educa-
ted during the 2015-2016 education period
at Kırşehir/Mucur Vocational and Technical
Education Centre including 50 girls and 150
boys, have been voluntarily participated in
the research (Karataş et al, 2016: 109-118)
As the school is a vocational technical high
school, the number of female students is low.

Data Collection Tools

A validity reliability study has been conduc-
ted on Turkish high school students by Varol
(2014) for the Physical Education Trait An-
xiety Scale, which is the original form “The
Physical Education Trait Anxiety Scale” and
is developed by Barkoukis, Rodafinos, Ko-
idou and Tsorbatzoudis (2012). The scale
consists of 3 sub-dimensions and 18 articles
in which 6 articles are included in each of
“Cognitive Processes”, “Somatic Anxiety”
and “Anxiety”. For the adaptation study, the
original scale was firstly translated into Tur-
kish. The scales were applied to a group of
high school students at two-week intervals in
order to determine whether the Turkish form
and the English form had the same meaning
in practice. To test the consistency between
the scores from both scales, the Pearson Mo-
ments Multiplication Correlation Coefficient
was calculated and it has been found to be
.995. According to this, it is seen that there
is a high positive correlation between Eng-
lish and Turkish scales. The scale ensured
its linguistic equivalent was applied to 190
high school students in Aksaray. The Cron-
bach Alpha score of the scale was .94 and the
test-retest reliability was .96. The “cognitive
processes” from the sub-scales were Cron-
bach Alpha value .93, “somatic manxiety”
were .97 and anxiety sub-scales were .98. As
a result of confirmatory factor analysis made



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January – February – March Issue 22 Winter Season Year: 2017

GEL CODE: I21-I129-M12- ID:329 K:327

ISSN Print: 2146-8508 Online 2147-1711

(ISO 18001-OH-0090-13001706 / ISO 14001-EM-0090-13001706 / ISO 9001-QM-0090-13001706 / ISO 10002-CM-0090-13001706)

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for validity, it has been determined that the distribution of the articles forming the scale is the same as the distribution in the original dimension. SPSS 21 package program is used in the analysis of data. Mann Whitney U for

gender change and Kruskal Wallis test have been used in this study which does not a normal distribution for age variance

FINDINGS

Table 1. Demographic Characteristics of Students

		Frequency	Percentage %
GENDER	Male	150	75.0
	Female	50	25.0
	Total	200	100,0
AGE	15 years	100	50.0
	16 years	51	25.5
	17 years	49	24.5
	Total	200	100,0

As seen in Table 1, 75.0% of the students are male and 25% of the students are female. Since the school has vocational technical high school qualifications, the number of female

students is low. 50,0% of the students is 15 years old, 25,5% are 16 years old and 24,5% are 17 years old.



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Table 2. Mann Whitney U Test Results by Gender Variance

Gender		N	Line Ave- rage	Total Line	U	P
Cognitive Pro- cesses	Male	150	103.19	15479.00	3346.00	, 246
	Female	50	92.42	4621.00		
	Total	200				
Somatic Anxiety	Male	150	97.40	14610.50	3285.50	, 182
	Female	50	109.79	5489.50		
	Total	200				
Anxiety	Male	150	101.90	15285.50	3539.50	, 542
	Female	50	96.29	4814.50		
	Total	200				

There were no statistically significant differences in the cognitive (, 246), somatic (, 182) and anxiety (, 542) sub-scales among the groups according to gender variable in Table 2.

Table 3. Kruskal Wallis Test Results According to Age Variable

AGE		N	sd	X ²	P
Cognitive Processes	15 years	100	107.49		
	16 years	51	103.44	6.18	, 045
	17 years	49	83.18		
	Total	200			
Somatic Anxiety	15 years	100	113.00		
	16 years	51	91.31	10.01	, 007
	17 years	49	84.56		
	Total	200			
Anxiety	15 years	100	110.22		
	16 years	51	103.64	11.35	, 003
	17 years	49	77.40		
	Total	200			



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According to the age variable in Table 3, significant differences were found in the subscales of Cognitive (, 045), Somatic (, 007) and Anxiety (, 003) among different age groups. It has been found that the average age of 15-year-old is the highest. It has been also found that there is a strong positive correlation between sub-dimensions.

DISCUSSION and CONCLUSION

In this study, the anxiety levels of high school students in physical education classes were investigated. While there was no significant difference between the genders, it has been found that there were significant differences between the age groups. It can be said that there is a significant difference in cognitive, somatic, anxiety sub-dimensions between 15 and 17 years age group and between 16 and 17 age groups in anxiety sub-dimension.

It has been found as a result that according to age 15 and 17 years old, students have difficulty in keeping and focusing on the movements in the physical education classes and they have also difficulty in physical problems (respiratory difficulty etc.), and therefore they worry due to the negative thoughts in physical education classes. This may be due to the adaptation problem in the early years of the study. According to 16 and 17 years old, the worries about fear of making mistakes in physical education classes are high. This

may be due to the grade / average event, or the teacher factor. 17 years old student may be in the comfort of graduation. The cause of anxiety can be learned in later studies with a qualitative study.

Noyes observed that students' anxieties increased when their performances were not at the desired level (Artok, 1994). The individual is anxious at all ages, but the reason for the loss of life in every age is different. While the individual is worrying about leaving from the mother in the first years of the life, he worries about getting a friend during the primary school period, in adolescence he has concerns about belonging to a group, having a bad appearance and failing. The top years of anxiety are the first two years of life and adolescence (Alisinanoğlu and Ulutaş, 2000: 65-72). From the literature findings, it can be said that the research group affected the results of being in adolescence period. In the Özgül's (2003), "State and Trait Anxiety Levels in Physical Education and Sport Students", while there was no difference between the state anxiety scores according to gender, trait Anxiety scores were found significantly higher in girls. As a result of Koç's (2004) research, it has been found that "Professional footballers are less affected by the factors that affect their state anxiety levels and their emotions are dominant as their age increases". Erbaş (2005) has examined the



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athletes according to the training age in the research conducted by him and he found that there was no significant difference between the two groups created in accordance with the training ages.

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January – February – March Issue 22 Winter Season Year: 2017

GEL CODE: I21-I129-M12- ID:329 K:327

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Author's Note: 3. It has been submitted in the International Sport Sciences, Tourism and Recreation Students Congress as verbal statement (27-29 May 2016 Gaziantep). Corresponding Author: Meryem ALTUN, Ömer Halisdemir University, School of Physical Education and Sports Niğde/Türkiye (mrymltn@hotmail.com/ 05534514538).221-235

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BOMPA, O.T. (1999). Periodization Training for Sports. Champaign, IL: Human Kinetics.

FIGURES

IRAJ-SHMS use digital publication technology in developing the journal. When your article is accepted for publication, certain special requirements on digital graphic format are needed to catch the best quality.

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- Decimal places stated unmeaningfully in tabulated form in data should be omitted.
- Column titles should be abbreviated and if necessary, they should be explained under explanations.
- Statistical measurements (ss, sh, etc.) should be defined (e.g. such statements as ‘Values average has been stated as \pm ss’ should be included).
- Table footnotes should be listed as they appear. For four and less footnotes *, †, ‡, § symbols and for five and more footnotes sequential lowercase letters should be used.

Statistics applied in tables which are used in writing the findings and statistical data should be presented in proper format. Which statistics the table includes should be stated before the table, and after the table, interpretations of data included in the table should be stated. Meaningfulness value should be particularly stated in interpretation in line with the presented statistics.

Example Table: Create the table in the following format according to the statistical analysis to be made (F / t or Variable / Group). Create it in descriptive statistics in the following format.

Table 1 indicates

Table 1.results.

Variable / Group

N

Xort.

Ss

F / t

p

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

*Meaningfulness Value

When Table 1 is analyzed, it is seen that (Interpretation).

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