

FORMATION OF SOCIAL SKILLS IN THE DIGITAL ENVIRONMENT FOR HEALTH CARE SPECIALISTS

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***Abstract:** In the advanced standards for quality of the training of the health care specialists, along with the knowledge and skills, the formation of competencies - abilities and values for effective professional, personal and social realization takes place. Among the socially significant qualities are communication and companionship, teamwork, motivation to learn, self-control, moral and ethical characteristics such as empathy, compassion, kindness, confidentiality and others. The wide range of abilities that become the key to future successful professional realization, sociologists and psychologists introduce the term "emotional intelligence". The establishment of social skills takes place under the influence of a wide range of socializing factors. At the university, this is the mission and responsibility of health care teachers. The passing of education in digital environment is a huge challenge for teachers in the Health Care field. They have to convey digitally social interactions to the students they trained and form the necessary characteristics.*

***Keywords:** social competencies, emotional intelligence, health care professionals, digital teaching*

INTRODUCTION

The epidemiological situation of the spread of coronavirus infection (COVID-19) in the country, posed current challenges to the training of health care professionals, professional field Midwife and Nurse. The learning process is mainly situated in an electronic environment. Expand the exchange of learning material digitally, sent independently, presented in e-learning platforms through appropriate didactic forms and methods. Educators need to turn digital into a social environment with characteristic interactions to build the necessary social skills of future medical professionals.

The complex and multifaceted problem of "socialization of personality" is of interest to many social sciences studying man as a person at different levels - philosophy, psychology, pedagogy, law, etc. The analysis of the concept of "socialization" defines it as a process of overall formation and development of the personality, its psycho-social properties and qualities, as a result of which it acquires certain outlook and value orientations.

The report examines the opportunities and difficulties of digital learning for students in the professional field of health care for the formation of significant social skills - communication, teamwork, learning moral and ethical values and norms with models of behavior.

EXPOSITION

In today's quality standards for the training of health care professionals, competency formation also becomes a priority. They are a dynamic set of knowledge, abilities and values necessary for effective professional, personal and social activity. In this aspect, the goal in training medical professionals is seen as professional, personal and social. In real life, by his activity a person becomes a personality - a person with character, behavior, social status, spiritual qualities.

The socialization of personality takes place in the activity process, it builds behavior, attitudes, feelings, emotions. In parallel, consciousness and self-awareness are formed.

In the process of training, future medical professionals acquire generally accepted values, norms, goals, standards of behavior, established by modern society and medical science. Social skills are achieved through impactful socializing elements. Sociologists define them as social influence aimed at integration in social relations. Parents and family, peers, friends, colleagues - carriers of social and cultural values - have an individual role. The mass media, the World Wide Web, social networks, the means of cultural institutions and the natural environment of communication are influential.

In the authors' study, following a methodological framework, a review of scientific literature in the following databases was conducted: EBSCO publishing (Academic Search Complete), Science Direct, Google Scholar, Research Gate and e-Library.RU between July and August, 2021. Included are 18 articles that report teaching and student experiences in a digital learning environment in the professional field of nursing and midwifery, undergraduate degree. Three key themes were identified: communication, social presence and building moral and ethical values. The focus is on distance learning in nursing and midwifery students and the formation of necessary social skills. Based on the reviewed scientific literature, the conclusions and reflections of educators, psychologists and sociologists we summarize: for the formation of social skills are necessary:

- **Communication** - exchange and transmission of information.

The student is the subject and object of specific socio-pedagogical and didactic relations. Communication allows the exchange of information, knowledge, feelings, thoughts, reflections. Through activity and communication, social norms and values of the profession are learned, individual behavior and adaptation to objective reality are regulated. It is not only the presence or absence of a continuous relationship with the surrounding social environment, but also the level and quantity of information received, processed and transmitted that exerts a significant influence on the individual. The electronic platforms create conditions for good communication between students and lecturers, in particular between the students themselves. In a digital educational environment, pedagogical communication is the mechanism that transforms the student from an object into a subject of activity and a partner in pedagogical interaction. In the virtual classroom, the tutor is perceived as a "real", present social subject with whom one communicates openly and trustingly, developing relationships. Empirical studies show that social presence can be modelled by the medium (the teacher) with appropriate verbal and non-verbal skills (gestures, facial expressions, eye-to-eye, etc.) and media design of the learning content (Adcroft, A. 2011). According to Cognitive Learning Theory, the process of learning is not only based on cognitive processing of information, but also on emotional, motivational and metacognitive processes. The interaction between trainer and trainees is social, not technical. Researchers report that a teacher's voice (volume, range, timbre) influences learners and, in particular, the confidence with which information is perceived. The influence of different types of voices on the formation of personal qualities on listeners is examined. Conclusions are drawn that with the voice the personality of the teacher is perceived and feelings are generated - trust, positivity, negativity, interest in offered information, respect, etc. Papers consider the teacher as a virtual subject who needs appropriate virtual design to make a positive impact, training and educational (Chiou, E. K., Schroeder, N. L. At al 2020). Interestingly presented educational information and the degree of interactivity undoubtedly have an impact. The model using training videos and video clips has been shown to shape emotional-cognitive processes. This interactive didactic method should include selection of appropriate words (diction), images, integration with learners' existing knowledge. Each frame triggers cognitive processes, a sense of social presence is created (Media Equation Theory: Humans behave socially towards computers or robots even if they do not attribute human-like characteristics) (Endres, T., Weyreter, S., at al. 2020). Face-to-face communication and videos are classified as high social presence. Pedagogical communication is also a category of the educational system. In the reviewed scientific literature related to the topic, there are different opinions about

the components and stages of the educational process in a digital environment. In the training of health care professionals, the informational component related to the acquisition of knowledge is followed by the formation of attitudes towards knowledge, i.e. the evaluative component. The next stage is the transformation of the behavior of the personality, the behavioral component. Educational impacts go through internalisation and personalisation of these impacts, i.e. they have to be perceived, conceptualised and realised in activities and behaviour by each student (Dimova, E., 2012). In their professional activity, medical professionals communicate with many patients and their relatives. Build the necessary active collaboration to achieve health wellbeing, increasing responsibility for maintaining, strengthening and restoring health. In a digital environment, communication with the real patient and its impact on the learner's personality is absent. The patient is a carrier of specific characteristics - the peculiarities of the disease, which affects the physical and psycho-emotional state. There is a close link between actual contact with individuals and the formation of the necessary social skills, which are also subject to the principles of humanism and respect for the individual. In actual communication, the team, the collective, is influential. Contacts between communities of people allow exchange of knowledge, skills, experience, spiritual values. Often in the medical community, students find their professional benchmarks for achieving goals in life, for a good future job, for positive motivation in advanced training, and for pride in their chosen profession. The COVID-19 pandemic has increased the need to offer quality care in a digital environment, which includes adapting educational messages to new realities. Spanish researchers conduct study among 850 nurses on their ability to make decisions and carry out care with information technology as a resource. Cites that health now has a digital outlook and should be promoted as a tool in the nurse's briefcase in the future (Navarro Martínez, O., Igual García, J., & Traver Salcedo, V. 2021). There are a significant number of people who are interested in health issues through the Internet and social networks, comment on the issues, seek advice. This phenomenon is of interest and has been extensively studied in recent years because Internet consultations with non-medical persons can negatively influence health-related decisions, care needs and self-care. Sharing information between patients in online communities and health care professionals helps to establish connections for social support and improved health. The nurse and midwife must have the skills of digital communication. Training must respond flexibly to new requirements. Opportunities exist in digital platforms to master the skill. Future medical professionals will lead in the virtual space preventive courses, teach and give health advice according to their competence (Narciss, S. 2020, Pi, Z., Zhang, Y. at al. 2020, Navarro Martínez, O., Igual García, J., & Traver Salcedo, V. 2021).

Communication and communication are associated with the generation of feelings and emotions that guide personal behaviour (Georgieva, D., 2014, Todorova, T., 2014). Emotions are related to specific situations or are triggered by the behaviour of other subjects in the course of communication, while feelings are stable states provoked by emotions that arise in interpersonal relationships and determine further communication. In a digital learning environment, the experience of using role-playing and simulation methods to form communication skills and techniques is applicable (Georgieva-Tsaneva, G., & Serbezova, I. 2020, Endres, T., Weyreter, S. at al. 2020).

A significant factor in building social skills is undoubtedly the social environment.

- **Social Attendance**

Of interest is a survey conducted among nurses (n=132) in Gothenburg, Sweden, in May 2020. Two-thirds of the female students interviewed (96, 73%) said that they preferred actual full-time study. They report a lack of social interaction in a digital learning environment, with colleagues, patients, mentors. We quote some of the views of student nurses:

- *"It became very clear to me that the human factor and non-verbal communication influence the way I learn. It's harder to understand and remember the information received through pre-recorded video lectures because I can't see the person speaking";*

- „I think the collaboration with my classmates didn't work out so well. I used to learn through discussions with classmates, asking for help and explanations. I don't think it's possible to have the same capability through digital tools“;
- „The disadvantage of the digital classroom is that we cannot have a personal dialogue with the teacher“;
- “Acquiring knowledge remotely I feel more insecure and unmotivated“;
- „Much of the motivation disappears as I get my energy and motivation from meeting colleagues, teachers and mentors ” (Langegård, U., Kiani, K., Nielsen, S. J. et al 2021)

The importance of social interactions between classmates, students and faculty, students with patients, and mentors from clinical practice settings and the ways in which this can be realized in a digital learning environment is explored in a significant number of articles published between 2020 and 2021. It is suggested that the lecturer can realise a social 'feel' in a digital environment through the use of the polite address 'you' to the particular student and through their dress. By addressing the information offered, a social response is achieved in the trainees, with the clothing the personality is perceived as an expert or novice in the field (doctor lecturer in a white apron and the same in casual clothes). Researchers support their findings with the cognitive theory of multimedia learning. They found that clothing has an impact especially for first-timers who are in unfamiliar environments - appropriate clothing is a confidence booster, in the digital room they only hear a voice they don't know. The lecturer visible on the screen has to find ways and means in teaching to become a benchmark as well (Schneider, S., Beege, M., Nebel, S. et al. 2021).

Social psychologist Leon Festinger, founder of the Social Comparison Theory, Group Dynamics, conducted a number of studies of non-medical students and the factors shaping social skills in observed groups (Adcroft, A. 2011, Apps, T., Beckman, K., et al. 2019). The conclusions he draws are particularly relevant for modern education, which is looking for ways to quality and realization of personnel:

1. More frequent physical and mental proximity between students creates preconditions for friendly relationships (formation of feelings and emotions).
2. Participants in a group gradually acquire identical judgments mostly under the influence of the social influence of the group (team influence, collective influence).
3. Group behaviour is influenced by group goals, consensus-building processes and communications between participants - about goals and common actions (the communication factor).

The dynamics in human relationships lead to the conceptualization of feelings and emotions as social factors, as elements of socialization. A very important part of the training of health care professionals is that which concerns the formation of moral, moral and ethical qualities necessary for the profession.

- **Moral, moral-ethical personal qualities**

Moral education is a purposeful and organized process through which moral and ethical values characteristic of the medical profession are formed. Contemporary reality in the field of healthcare is associated with rapid development of medical science and increasing demands for quality of care. The current reality in healthcare is related to the rapid development of medical science and increasing demands on the quality of care offered. On the other hand, there is the adverse trend of a decline and shortage of health care professionals who are the providers of needed care. Health care is a complex set of elements and phenomena related to the satisfaction of human health needs. Caring is a moral act and reflects the culture of the medical professional. They are a moral action with moral virtues characteristic of the nursing and midwifery profession. Building them involves being responsive to the patient's experiences, showing empathy and sympathy, compassion. Research has shown that human relationships are the foundation upon which the necessary emotional qualities - capacity for empathy, emotional responsiveness, emotional regulation, emotional resilience and a culture of feelings - are purposefully formed and sustained (Moon, J., & Ryu, J. 2020). The content of feelings in health care professionals reflect the whole diversity of emotional attitudes towards the patient resulting from social reality.

The demonstration of empathy as a social skill and personal quality is a necessary condition for the fulfilment of the humane mission of health professionals. Quality includes intellectual understanding of the patient, sharing the patient's feelings, effectiveness of communication and a positive attitude of the professional towards the patient. Empathy is formed with relationships, in relation to the specific patient and their individual needs. Medical care also includes personal care for the patient, expressed with compassion, attention, emotional warmth, respect and support. A step in implementing welfare is offering support and partnership. Health care is associated with the ability of the nurse and midwife to motivate the patient to actively participate and cooperate in the healing process, to maintain a systematic relationship with the patient, to achieve proportionate emotional support when the patient makes an effort to overcome suffering, to be able to reduce pain and anxiety, to inspire confidence, to teach and support the patient in maintaining appropriate health behavior. Patients need meaningful professional care and attention to their human suffering in illness: understanding and responding to the complex emotional experiences of anxious doubts and pessimistic expectations, support from the knowledgeable and capable at a difficult, sometimes pivotal, time in life (Balkanska, P., 2010).

Future nurses and midwives cannot learn these necessary professional characteristics from one academic discipline (Medical Ethics and Deontology). Professional medical values are developed throughout the practical training process, right up to the patient's bedside. They are demonstrated by all faculty in interactions with patients, their relatives, colleagues, and students. A good example is extremely impactful, it is learning by personal example. Health care professionals must be morally uplifted and spiritually rich individuals who embrace eternal human values as an inner stance, not compromising on humanity, justice and fairness. Learning in a digital environment is a serious challenge for teachers to form moral and ethical qualities in students.

According to the research of K. Miteva practical training contributes to the development of moral values - 100%, personal qualities - 100%, planning and organizing skills - 62.5% in high degree, 17.5% in medium degree, communication skills - 100%, teamwork skills - 77, 08% in high degree and 20,83% in medium degree, clinical thinking skills - 58,33% in high degree and 39,58% in medium degree, manipulative skills - 81,25% in high degree and 18,75% in medium degree, theoretical knowledge - 70,83% in high degree and 20,83% in medium degree (Miteva, K. 2015).

CONCLUSION

The importance of social interaction is not a new concept in didactic science. This theory was first developed by Vygotsky and introduced in Europe in 1960 as sociocultural educational theory. In her view, human development depends more on a person's interaction with his or her environment and other individuals than on a personal process.

Learning is directly related to the socialization of the individual. The need for social interaction in distance education poses a great challenge to educators. There are no ready-made models for now.

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