

Possible Solutions to the Problems of Forming the Future Teacher's Health-Preserving Competence

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Abstract-The aim was to analyze the problems of the forming of future teachers' competence in the upbringing of schoolchildren's culture of healthy lifestyles (HLS). The main problems are the ambiguity and incorrect competencies' formulations in Russian Federal State Educational Standards of Higher Education (FSES of HE); the lack of a number of special competencies in Bachelor educational programs; formation of health-preserving competence of the Bachelor of Education does not assume the adherence to the norms of HLS, possession of means of methodically correct usage of methods of promoting; lack of monitoring of students' health; insufficient formation of a system of students' values and motivations for self-preserving behavior. To solve these problems, it is important to form a system of values and motivations for HLS, to develop methods for the formation of motivation for health preservation, to monitor the students' health, to edit the competencies' formulations in FSES of HE.

Keywords-health, Health-preserving competence, healthy lifestyle, health culture

I. INTRODUCTION

At present the problem of upbringing the schoolchildren's culture of a healthy lifestyle (HLS) and continuing health-promoting and health protection education has acquired a special urgency [1] due to the significant deterioration of population health, particularly in Russia. However, the implementation of programs of increasing health literacy of the population is impeded by a number of factors in Russia [1].

The regulatory and organizational factor: the lack of health priority and modern requirements for education in the sphere of health. Moreover, the state guarantees social protection primarily to the sick, even if the person himself incited his illness [1]. Few Russian citizens are aware of their duty to take care of health and undergo medical examinations (article 27 of the Federal Law [2]). We come to the conclusion that it is necessary to develop legal acts that increase the person's responsibility for individual health and determine its material dependence on the health level.

The psychological factor: the lack of persistent motivation for health protection behavior [3]. In the priorities of students' life values "health" is only on the third

place [4]. Only 17% of healthy students consider health to be at the forefront for the professional growth [5].

The behavioral factor: the lack of active rest culture. Many researchers note a predominant decrease in motion activity in adolescence, especially among girls [6, 7]. This problem is typical for most countries with developed economies [8-11].

The economic factor: the lack of the necessary financial maintenance. Unfortunately training in different sports sections requires certain financial investments (fees for training and participation in competitions, purchase of uniforms, a special diet, etc.), many students can not afford it. The direct dependence of the level of motion activity on the socioeconomic situation of young people is pointed by the specialists from all over the world [8, 9]

The lack of health-saving technologies in the educational process (EP). Many researchers note the presence of specific, i.e. connected with educational activities, risk factors for the health of students, which include intense mental work, inadequate needs and financial opportunities, chronic disruption of working and recreational regimes, etc. [12]. But the organization of the EP (in particular, the preparation of the schedule in accordance with hygiene standards, conducting of control measures, etc.) in educational institutions of various types does not take into account the specific features of their influence on the organism of the young generation [1]. For example, in most Russian universities the schedule is made without taking into account the difficulty of subjects, which provokes mental overload of students, reduces the efficiency of students and the effectiveness of the EP [13].

The low educational level of university students of protecting and promoting health. The EP in educational institutions of various types is insufficiently focused on fostering the awareness of students' attitude towards their health. As a result, the average graduate of a school, college or university does not have elementary knowledge and does not have skills of protecting and promoting health. Consequently most researchers of HLS factors consider valeological education to be one of the most important components [1].

The personnel factor: the lack of the system of training university teachers in this sphere. The introduction of the State Educational Standard of Higher Professional Education in the specialty “Valeology” (the qualification of a physician-valeologist-teacher and an educator-valeologist) in 1996-2000 in some universities of Russia, the Ukraine and Belarus led to organizing of the departments of valeology, introducing of special courses in valeology, publishing of some textbooks, etc. The process developed so rapidly, spontaneously so that many mistakes were made in the content of the programs, which was used by the opponents of valeology [14]. Training of teachers-valeologists was suspended. Training of health protection tutors with the qualification of Master of Education Studies has been reviving in a number of higher educational institutions of Russia only over recent years [15].

Due to the above mentioned reasons, health is not considered the main value, and its protection does not become the meaning and purpose of the life of the “healthy” part of the population of Russia, including students. Consequently, one of the most important tasks of modern pedagogy is the formation of HLS culture of youth through the enhancement of health-preserving competence, which is fundamental to professional competence of the specialist of any industry [16]. It is especially important to form this competence among teachers who have a unique opportunity to contribute to the health of the nation by fostering students’ health culture [16, 17]. Nevertheless, future teachers both in Russia [18], and abroad [19], show the low level of health-preserving competence, which, in turn, may negatively affect the health of schoolchildren.

Taking into consideration everything said above, the aim of this work was to analyze the main problems of the forming of teachers’ competence in the upbringing of schoolchildren’s culture of HLS, as well as methods of their solution (by the example of the Bachelor training program Pedagogic, profiles “English. German” and “Primary education. Foreign language”).

II. MATERIALS AND METHODS OF RESEARCH

The comparative analysis of the Russian Federal State Educational Standards of Higher Education (FSES of HE) [20-22] and educational programs of training the Bachelor of Education (BEd) with two profiles as well as working programs of the academic disciplines were analyzed. The experience of the work of the professors of the Department of Biomedical sciences of Vyatka State University (VyatSU) was generalized.

The study was conducted in three stages. At the first, preparatory, stage, the present state of the problem under investigation was analyzed in pedagogical theory and practice; normative documents were analyzed; a program of research methodology was developed; the content of the academic disciplines of the training curriculum of the profiles “English. German” and “Primary education. Foreign

language” was analyzed; the position of the foundations of HLS culture in the academic discipline “Fundamentals of Medical Knowledge and Healthy Lifestyle” was determined.

At the second main stage, the theoretical foundations of HLS culture were introduced into the academic discipline “Fundamentals of Medical Knowledge and Healthy Lifestyle”

The third and final stage included systematization, comprehension and generalization of the research results, clarification of theoretical conclusions, processing and documenting of the obtained research results.

III. RESULTS

A. Comparison of Competencies in Russian Higher Education Standards

The comparative analysis of the Russian FSES of HE in the above-mentioned Bachelor training programs showed incorrect formulations of general cultural and professional competences formed within the framework of the culture of HLS. For example, according to [20], the BEd had to possess readiness to use methods of physical education and self-education for improving the adaptation reserves of the organism and health promotion (general culture competence) and to protect life and health of the pupils both in class and during out-of-class activities (professional competence). According to [21], the BEd should only keep the physical conditioning providing activity, but is not obliged to increase the body’s reserves. In other words, a BEd should have clear ideas about HLS, but is not obliged to observe it. In the new FSES of HE [22], health--preserving competence transferred to the category of universal: able to maintain an adequate level of physical fitness to ensure valid social and professional activity. Thus, all the above formulations are ambiguous, incorrect, without taking into account the basic terminology in the field of HLS culture, variable in the descriptors’ selection.

In addition, FSES of HE include special competences such as the possession of methods of HLS ideology’s formation, protection and promotion of students’ health, willingness to form a culture of safe behavior and to use modern educational and health-saving technologies, but the developers of educational programs choose them not for all profiles of training. For example, the BEd with training profile “Primary classes. Foreign language” should be ready to use modern health-protecting technologies in education, but this competence is not available for the training profile “English. German.” However, according to the Teacher’s professional standard [23], one of the teacher’s labor actions (regardless of his specialization) is the formation of schoolchildren’s culture of healthy and safe lifestyle.

B. Forming Health-Preserving Competence of the Bachelors of Education

From the standpoint of the systematic-structural approach [24], health culture is a holistic system of the cornerstone (the state of individual human health dynamics, a practice-oriented HLS), the system impregnating (spiritual and moral values, the mentality of a HLS, the health-preserving competence, health technologies) and the social (the level of socio-economic development of society, the state policy in the field of health protection, etc.) and the biological (age features and heterochronicity of psychophysiological functions of the organism, etc.) system stipulating factors.

Several authors [24, 25] propose to allocate the following components in the content of individual health culture: the motivational and personal component, suggesting the development of the need in protecting and improving health, motives for a HLS; the cognitive component, including a system of health protection knowledge, skills (in other words, health-preserving competence), the axiological attitude to individual and public health; the activity component, which provides protection and promotion of health through a HLS.

Thus, the culture of individual health is a multidimensional integrative concept, the components of which are the culture of a HLS, the use of the experience accumulated by humanity, self-understanding, realization of the body's genetic potential, physical culture, etc. [26].

The concept of health-preserving competence includes “a complex of knowledge and presentations about positive and negative changes in the state of one's own health and health of other people, the ability to make a program for protecting health” [27].

In accordance with the curricula of BEd training program in VyatSU the culture of HLS is formed by the academic disciplines “Age Anatomy, Physiology and Hygiene”, “Safety of Life” and “Fundamentals of medical knowledge and healthy lifestyle” (or alternative discipline “Fundamentals of Asocial Phenomena’s Prevention”). In this article, we will consider in detail the formation of HLS culture in the study of “Fundamentals of Medical Knowledge and HLS”.

This academic discipline is based on the educational material of the school disciplines “The Basics of Life Safety” and “Biology”. Students study the factors of health, the main components of the conditions and principles of a HLS, the causes of health disorders, the most common urgent conditions, their causes, signs, ways of first aid providing, as well as major infectious diseases and ways of their prevention. At practical classes, their skills of assessing health status, recognizing urgent conditions, providing first aid for traumatic injuries and bleeding, and some other skills are developed. In addition, students acquire necessary knowledge and skills of health protection, studying the basics of general and medico-hygienic culture, preventing addictions, and methods of maintaining mental and physical

health, the basis of rational nutrition. The classroom studies make up less than 50% of the total labor intensity, therefore many questions are for independent study. The workbook and the study guide including theoretical foundations, methods of conducting laboratory work, test questions and situational tasks for control activities, and questions for the credit-test were developed to organize classroom activities and independent out-of-class work of students.

The effective method for simulating the real situation is the case-study method which is used to identify problems, to find alternative solutions, and to make the optimal decision of the problem. This method is used both to deepen the knowledge of the topic under study, and to conduct monitoring and evaluation activities. For example, when studying the topic “Rational Nutrition” you can use the following situation. The girl (7 years old, weight 25 kg, height 130 cm) for breakfast ate oatmeal and a cup of cocoa, for lunch – cheeseburger and a cup of tea with sugar, for dinner – cabbage soup, pork chop with fries and a cup of tea with sugar, for supper – buckwheat porridge and a glass of milk. Rate the diet, compliance with a healthy lifestyle. Offer options for its rationalization.

The final lesson on “Rational Nutrition” can be conducted in the form of a business game or using the method of “brainstorming”. The task can be the following: The boy is studying in the sports class, swims four times a week, has two training sessions a day, each on two hours. Make a memo for his parents on the rationalization of his diet.

Active (self-training exercises using simulators in accordance with the instructions and the methodic guidelines) and interactive (situational role play exercises, case-method, business games) teaching methods can be used to train practical skills. Those methods promote successful professional preparation of future teachers [28]. Traditional (oral questioning, testing, control work, etc.) and non-traditional (quiz, solution of the situational tasks, preparation and analysis of “health passport” etc.) forms and methods of control are used to assess the forming of health-preserving competence.

IV. CONCLUSION

Thus, the main problems of the forming of future teachers’ competence in the upbringing of schoolchildren’s culture of HLS are: ambiguity and inaccuracy of health-preserving competencies’ formulations in Russian FSES of HE; the lack of a number of special health-preserving and health-forming competencies in the educational programs of most of the profiles of training of BEd and, in this regard, the lack of verifiability of their formation; formation of health-preserving competence of the BEd does not assume the adherence to the norms of HLS, possession of means of self-directed, methodically correct usage of methods of promoting health; lack of monitoring of students’ health as one of the ways to improve

health-forming motivation; insufficient formation of the system of values and motivations of students for self-preserving behavior.

Those problems can be solved through the modernization of the contents of educational programs, active introduction of new technologies, organizational forms of educational activities and their new content. In particular, special courses of health protection subjects [18, 29] and Healthy Days [30], educational programs outside the classroom [31] are organized, etc.

However, some elective courses may not fully enhance the health-preserving competence. More attention to the protection and promotion of health should be given in the course of studying basic educational disciplines of biomedical and psycho-pedagogical orientation, such as “Fundamentals of Medical Knowledge and Healthy Lifestyle” and etc. [18]. Due to the fact that the development of basic educational programs for the respective training programs and teaching materials for academic disciplines is given to the universities, there is a possibility to increase substantially the number of classes which enhance the health-preserving competence of students. On the other hand [25], the important condition for the successful formation of health-preserving competence is its value representation in the form of models of HLS, which is individual for each student.

Unfortunately, the acquired knowledge and skills in the field of health-preserving can't guarantee the health protection activity of the individual. It is necessary to form a system of values and motivations for self-preserving behavior [6]. We imply under motivation to protecting and promoting health “a system of internal motivational forces that contribute to the systematic use of healthy life-style requirements by students” [33]. In spite of a large number of works on this topic, each of them examines only its individual aspects (classification of motivations or criteria and indicators of the formation of motivations, etc.). However, there is no experimental verification of the pedagogical conditions for the formation of students' motivation of protecting and promoting health [32] and there is no application of methods of forming motivations of health protection in practice.

To top it all, one of the important conditions for formation of health-preserving competence is training of volitional powers which are necessary for the manifestation of personal activity, the desire for self-improvement, overcoming one's own inertia [24].

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