Integration of Health-Saving Technologies in the Process of Educational and Professional Socialization of the Russian Student-Age Population

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ABSTRACT
This article describes the possibilities of social technologies in the practice of health saving within the educational and professional socialization of the Russian student-age population in view of the conditions of social uncertainty of the Russian society. The educational process should be organized according to the principle of pedagogical health-saving technology – i.e., it should be an ordered set of actions, operations, and procedures that ensure achievement of the forecasted result in the changing conditions of the educational and socializing process. The authors also offer the proprietary health-saving technology, based on the factors of the educational and professional socialization of student-age population, which has the person-oriented direction.

Introduction
In the modern socio-economic conditions of global changes and the change of the paradigms of public values, the state of physical, moral, and social health of the youth attracts special attention of the specialists of various spheres of science, medicine, and education (Gafiatulina et al., 2018a; Gafiatulina et al., 2018b; Beregovaya & Radomskaya, 2017), who develop new health-saving technologies. It is obvious that effective professional activities could be conducted only by the specialists who are physically, morally, and socially healthy and who can see and understand a rather wide specter of manifestations of the social and professional reality, perceiving the world in its integrity (Vodenko et al., 2016; Kousmartseva, 2016, 2017; Akhmadieva et al., 2018; Polyakova et al., 2018; Tastan et al., 2018).

The sphere of professional education and professional socialization becomes of top-priority, and its contents are a factor of economic and social progress; it should be oriented at provision of self-realization of a person and
creation of conditions for a person’s development in the personal and professional spheres (Gafiatulina et al., 2017).

Health of student-age population, its physical, moral, and social development, and the processes of socialization and adaptation in the educational and professional sphere are determined by the conditions of its social life in the modern Russian society, in which transformation processes has acquired a permanent character – which adds uncertainty and instability to all spheres of life activities, including the sphere of professional and educational socialization of the Russian student-age population (Shakhbanova et al., 2016).

In the conditions of transition to the intensive type of development of economy, health acquires the role of inseparable factor of professional growth. Aggravation of health and increase of the processes of marginality and self-destruction of a large part of student-age population are a logical consequence of bad self-preserving behavior against the background of intellectual pressure.

Health-saving professional socialization (hereinafter - HSPS) of student-age population at this stage of development of the Russian society should be studied in the context of the tendency of growth of socio-political tension among the population (Vaskov et al., 2018) and formation of the space of social uncertainty as a real space of implementation of life practices, strategies, and plans of student-age population.

The federal program of development and modernization of education sees one of the main goals as the necessity for preserving and strengthening of health of student-age population, development of health-saving technologies, and formation of the value of health and healthy way of life in the educational and socializing process.

Materials and Methods

The problem of health-saving technologies has been studied in the socio-pedagogical practice for quite a long time, but this is not enough for mastering and establishment of the corresponding value orientation with student-age population. Unfortunately, in most cases socio-pedagogical practice is oriented at saving the health of young population as an independent goal, and it should be considered in the context of educational and professional socialization and formation of settings for healthy living as personal components in view of the modern conditions of social uncertainty.

The process of solving the task of health saving and integration of health-saving technologies in the process of educational and professional socialization of the Russian student-age population is peculiar for diversity of the directions of development (social, ecological, psychological, biological, etc.). The conclusion of the modern researchers that health is formed under the influence of a lot of internal and external factors causes no doubts. Therefore, it is not only a medical & biological but also a socio-psychological category. The Russian higher school requires a comprehensive concept of health-saving education, aimed at health-saving professional socialization with application of the social technologies.

Social technology, being a phenomenon of social practice, is a complex of methods that ensure achievement of favorable conditions of life of youth (in this context, favorable conditions of their educational and professional socialization). The emergence of social technologies of health saving is connected to the need for quick and large-scale “multiplying” of new types of activities, ideas, and projects in the sphere of social healthcare (Patrushev, 1998). Usage of its certain types determines the effectiveness of social management of the process of educational and professional socialization of student-age population.
We treat health-saving professional socialization as a targeted and well-coordinated formation of value attitude to health by all agents of socialization. The purpose of HSPS is personality of young specialist, who has resilience to bad habits and forms of behavior and who has settings for healthy life and is oriented at the system of values in which the value of health occupies one of the most important positions (Vereshchagina et al., 2015).

Speaking of the process of HSPS, it should be emphasized that this process cannot be studied unilaterally, only as student-age population’s acquiring social norms and values as to health. The process of health-saving professional socialization should be treated as a bilateral process, which includes also active reproduction of social relations by a young person. Positive socialization, being a continuous and bilateral process of interaction between a young individual and society, should allow the society to preserve stability, translation, and development of culture, and the individual – to acquire the culture, social norms and roles, and qualities that are required for inclusion into the society. Bilateral social exchange as a result of health-saving professional socialization takes place through the following processes: interiorization – student-age population’s acquiring social experience; exteriorization – implementation of new elements into social life. A young person does not just acquire social experience of health-saving behavior, he transforms it into own values, setting, and orientations. Social activity of student-age population in the sphere of health saving is one of the main qualities of educational and professional socialization.

Real and educational and professional socialization of student-age population and receive life experience form under the influence of two main factors: professional and socio-psychological. Thus, we distinguish socio-psychological and professional adaptation (socialization). The former envisages acquisition and development of own style of behavior, as well as young person’s joining the group and adaptation to various socio-economic conditions; the latter socialization envisages acquisition of the character, contents, conditions, and organization of the educational process and development of skills of independence in the educational activities (Taranov et al., 2018).

The society of risk and uncertainty as a social reality sets completely different technologies, models, forms, and landmarks of professional socialization, social formation, and development of student-age population, which is orienting at the present day and its priorities and values (Zubok, 2007; Zubok & Chuprov, 2008). Developments in the sphere of changes in the sector of social development of youth from the positions of social uncertainty and risk level in the Russian realia belong to Russian sociologists V.I. Chuprov and Y.A. Zubok (2004). Uncertainty in a wide sense is unclear and unrealized processes and phenomena in society, blurry ideas of the environment, evasive statements or behavior of individuals and groups of people, and absence of clear connection between social phenomena and their consequences (Chuprov & Zubok, 2004). The notion “uncertainty” is used for studying the transitional and marginal states, and the youth usually are in these states. According to V.I. Filonenko and A.P. Lepin (2013), “student as an object of socialization influence occupies an intermediary position between children and adults, having the specifics and features of the former and the latter”.

Within this article, we study social uncertainty as the state of impossibility of adequate reflection, in which student-age population finds itself, connected to its internal disorganization as to own health: practices of its formation, preservation, and strengthening due to increasing instability of social reality.

Social uncertainty is also connected to infinity of social connections, their manifestations, characteristics, and measurements. It is closely connected to the category of choice. The choice in the aspect of self-preserving or self-destructive behavior of youth as to own health is no exception. Therefore, we have a task of formation of
correct choice in favor of social health saving of student-age population, as a lot of social phenomena and processes are perceived with the help of various empirical methods, with modeling methods being no exception.

Social technologies in the sphere of health saving of student-age population could be viewed as a totality of operations and procedures of social interaction on the path of obtaining the optimal social result (improvement of health, improvement of living conditions, etc.). Social technologies are the most important element of the management mechanism (Ivanov, 1996).

Development and implementation of health-saving technologies in the process of educational and professional socialization require certain conditions: personnel provision, license for conducting health-saving and educational activities, and presence of the corresponding medical and social department.

Results

We treat health-saving technology of professional socialization of student-age population (hereinafter - HSTPSSAP) as a conceptual tool that is oriented primarily at management of the modeled process of health saving. The function of prediction serves the goals of health management.

HSTPSSAP has to meet certain requirements; it should be an objective correspondence to the modeled object of educational and socialized practice; it should be interpreted in the terms of health-saving pedagogics. The essential level of HSTPSSAP is formation and acquisition of the professional system of values in view of the situation of uncertainty and risks in society, certain behavior, social activity, initiative, and orientation at healthy living.

Among the technologies developed for understanding and forecasting behavior that is connected to health-saving educational and professional socialization we want to consider two foreign technologies: the technology of formation of precaution and the technology of health beliefs.

The first technology HSPS is the model of formation of precaution; it was offered by N. Weinstein and later improved by him and P. Sandman (Weinstein & Sandman, 2002). In this technology, it is offered to distinguish seven stages in the process by which the youth adapt precaution, this changing the behavior that threatens health.

The first stage is absence of realization of the problems with physical (somatic), moral, and social health with a person. Receipt of information from socialization agents regarding this problem corresponds to realization of the problem, but the youth is not involved in any behavior (second stage). The third stage correlated with the moment of decision making, when a young person receives the opportunities (i.e., choice in favor of self-preserving or self-destructive behavior) – not to adapt the precaution (the fourth stage) – then this process ends, or adapt the precaution – (the fifth stage). The sixth stage – execution of the specific health-saving behavior, the seventh stage corresponds to supporting new behavior in time. It should be noted that the advantage of this technology is post-stage character of change in the youth environment of behavior that is concerned with health. It should be emphasized that this technology opens a possibility for developing the preventive programs in the HSPS process, which take into account distribution of young people among various stages and offer the corresponding information for the student-age population, contrary to the companies that work with everyone.

The second technology is the technology of health beliefs is especially interesting, as it is considered to be the basis for developing preventing and health-saving professional and educational programs with primarily socialization direction (e.g., concerning sexually transmitted diseases (Salovey, Rothman & Rodin, 1998). The main provision of this technology is that behavior of a young person, concerning his health, is forecasted based on
the formed beliefs regarding the threat to health and the corresponding behavior. Treatment of the threat to health should make young people perform certain actions, and beliefs of certain behavior determine the plan of these actions. The probability of the fact that the young person takes a preventive action depends on the following factors: firstly, whether he, socializing professionally, realizes that the negative condition could be avoided; secondly, whether he has positive expectations for execution of a certain self-preserving behavior; thirdly, he is confident that he can perform the necessary actions.

The formula that reflects this technology has the following form:

\[ \text{Action} = (\text{perceived seriousness of disease (threat to health)} \times \text{perceived vulnerability as to the disease}) \times (\text{perceived barriers – perceived advantages}) \]  
(Salovey, Rothman & Rodin, 1998).

Empirical studies showed that preventive (health-saving) behavior is connected to perceived barriers on the path of the action, advantages from the action, and vulnerability to threatening situation, but are not connected to seriousness of the threat (Salovey, Rothman & Rodin, 1998).

It should be noted that this technology is referred to by the methodology of research performed by the World Health Organization, knowledge – attitudes – beliefs – behavior (World Health Organization, 2008).

However, despite the attractiveness of this technology, there’s also one limitation which consists in the fact that this HSPS does not allow solving one of the main problems in the environment of student-age population, namely – predicting transition from beliefs to health-saving behavior. For example, the youth may have good knowledge of AIDS, but this information is not connected to their sexual behavior, which shows the absence of direct and rational connection between knowledge and behavior (Gafiatulina, 2009).

We suggest expanding this technology for its applicability to the Russian social conditions. The new model has the following blocks: “awareness of student-age population”, “need for health”, and “medical and preventive activity”. The medical and preventive activity of the student-age population is the activity in the sphere of protection of health. This activity depends on the general level of development, education, socio-psychological settings, life conditions, etc. (Figure 1).

The indicator of awareness in the sphere of health is especially important in evaluation of conscious self-preserving (or self-destructive) attitude to health (Gafiatulina, 2009). The object of awareness is knowledge of the student-age population of bad habits and their damage to health and risk factors; knowledge of a certain set of data of one’s body, past diseases, etc. The level of youth’s realization of behavior regarding health could be evaluated only with information on the level of awareness.
Medical and preventive activity and the need for preserving health, together with evaluation of the level of awareness of the student-age population, allow forecasting the probability of selection of preventive behavior. The block of factors that are shown as “action calls” (for the purpose of actualization of health), should include, apart from campaigns in mass media, analysis of scientific literature and educational programs. In view of the influence of the close social environment in the youth’s selection of the strategy, it is necessary to include and assess the role of all subjects that influence the decisions on observation of recommendations for preservation of health or their refusal.

We think that HSTPSSAP, with person-oriented direction, envisages social development and socialization of student-age population, which is treated as a comprehensive process of qualitative changes of its essential characteristics, aimed at successful educational and professional socialization and self-implementation of a young personality.

We also developed a new person-oriented model of HSTPSSAP (Figure 2).
Figure 2. The person-oriented model of HSTPSSAP

In this model the blocks studies, professional socialization, and health saving are the tasks oriented at supporting the educational process.

HSTPSSAP is based on activity, problem, rapid, and situational approaches. Therefore, these social technologies create the conditions for manifestation of activity and independence from the student-age population. This activity is presented at three levels: reproduction activity, activity of interpretation, and creative activity. Students are the subjects of own study and study of health saving on particular. This is the main purpose of person-oriented and health-saving education.

Discussion

Higher education becomes an inseparable part of the Russian economy. It should be “convertible”, ensuring socio-professional mobility and competitiveness of young specialists (Vodenko et al., 2018; Stukalova et al., 2018). This requires modernization of higher professional education and adoption of the innovational concept of professional development of students, leads to necessity for scientific modeling of the educational process and development of new pedagogical technologies that integrate study, upbringing, and development of a taught person and the student-age population (Vinogradova et al., 2018).

Educational process should be organized by the principle of pedagogical health-saving technology – i.e., present an ordered totality of actions, operations, and procedures that ensure the achievement of forecasted result in the changing conditions of the educational and socialization process.

Technology (model) is a totality of means and ways of receipt and processing, an analog of a certain fragment of natural or social reality, a sample of human culture and conceptual & theoretical pre-education. According to V.P. Svechkarev (2010), based on the practice of the technological and model approach, the most
important are “the tasks of analysis and forecasting of development of the processes in the humanitarian sphere. Such tasks are connected to the forecast of achievement of long-term goals by adaptation to the changes of the external environment. The tasks are complex and require consideration of a large number of factors, interests, threats, and consequences” (Svechkarev, 2010).

E.B. Olkhovskaya (2007) treats the sports and game educational technology, aimed at health saving of student-age population, as a pedagogical technology based on integration of a sport game (physical culture) and educational process, which is a totality of means, methods, and forms of organization of subject-object-subject targeted sports activities of student-age population on self-development of personality, which will ensure guarantee of the forecasted result in the health-saving educational and professional space (Olkhovskaya, 2007).

We think that emphasis in HSTPSSAP should be made on formation of such system and structure of the thinking, practical, and moral activities that will allow future specialists to independently navigate in the increasing flow of educational and scientific information and to adapt and socialize in the changing socio-economic and technological conditions. This approach envisages re-orientation at person-oriented character of HSPS with mandatory usage of the practice-oriented technologies of organization of the educational process. According to A.G. Asmolov (2000), “the most important thing is to avoid education’s orientation at solution of typical tasks, which already have answers to the questions, but to say, ‘Education must help a young person to live in the world of uncertainty’”.

Conclusions

Generalizing the theoretical and practical developments on the problem of implementation of social technologies in the process of health-saving professional socialization, it is possible to conclude that the functions of health-saving technologies of socialization could be united into two groups: preventive and stimulating the protection of health of the student-age population; each function is implemented through usage of various technologies.

Thus, health-saving technologies are not of only the professional and educational direction, developing competences and meta-professional qualities of future specialists, but also perform health-saving functions of socialization in university’s educational space. All this stimulates successful professional development of the Russian student-age population.

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