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MODELS FOR THE FORMATION OF HEALTH-SAVING COMPETENCIES IN HIGHER PEDAGOGICAL EDUCATION

Background. *The article is devoted to the problem of forming health-saving competence in higher pedagogical education students. In the context of current challenges – social tensions, pandemics, environmental crises and psycho-emotional stress – health, both physical and psycho-emotional, is becoming a critical aspect of professional training.*

The article discusses the model of health competence formation, which includes theoretical, content, organizational and procedural blocks. The theoretical block is based on pedagogically-centered and contextual approaches, which allows for an in-depth analysis of students' needs and capabilities. The content block includes axiological, epistemological and praxeological components that focus on the development of value orientations, knowledge and practical skills. The organizational and procedural block considers the stages of competence formation: diagnostic, basic and reflective-analytical, which provide a systematic approach to the educational process.

Purpose and objectives. The purpose of the study is to develop a model of health-preserving competence formation of higher pedagogical education students.

Results. *This model can serve as a practical tool for teachers of higher education institutions, as well as a basis for further research. It is aimed at training future teachers who will not only impart knowledge but also develop students' skills of self-preservation and responsible attitude to their health, which is an important part of modern pedagogical science.*

Conclusions. *One of the main aspects that requires attention in this context is the development of methodological foundations for evaluating the effectiveness of models for the formation of health-saving competencies. It should be noted that traditional methods of assessing academic achievement, such as tests and exams, often do not take into account health-related competencies. This, in turn, leads to inefficiency of the educational process in terms of preparing students for real life challenges, including maintaining their own health under stress, extreme situations and other risk factors.*

Keywords: *health competence, healthy lifestyle, models, teachers, higher education.*

Background

The importance of developing health-saving competencies in higher education students cannot be overestimated, especially in the context of the COVID-19 pandemic. This crisis has shown that the health and well-being of students are factors that can affect not only their educational experience but also their future life. The closure of educational institutions and the transition to distance learning have created challenges for students' mental and physical health. Additional stressors, such as war, only exacerbate the situation, creating extreme conditions for learning and adaptation. This makes it necessary to reconsider existing methods and approaches to organizing the educational process, in particular from the point of view of health protection.

In this regard, the development of new models for the formation of health-saving competencies in higher education students becomes relevant. These models should be aimed at training future teachers not only in terms of professional knowledge and skills, but also in terms of physical and mental health, which is critical in modern conditions.

Literature review. The model developed by O. Tkachuk is aimed at forming the health-saving competence of future doctors. It consists of three key blocks: theoretical, content, and organizational and procedural. This model emphasizes pedagogical conditions, such as purposeful motivation and creation of a health- saving educational environment, which play a key role in the formation of this competence within the educational process of physical education in medical universities (Tkachuk, 2019).

Pysmennyi and Melnyk's model focuses on creating a health-preserving educational environment that includes medical, psychological, and pedagogical aspects. This model emphasizes organizational aspects and emotional comfort of students, creating a culture of health and stress resistance (Pysmennyi, & Melnyk, 2019).

A. Stadnyi presented a model that focuses on the organization of distance group learning and includes five key components. The model is designed to take into account the dynamics of the information space and the specifics of distance learning, aggravated by factors such as the pandemic (Stadnyi, 2020).

All three models are important for modern education, but each serves different purposes and challenges, taking into account the specific needs of its target audience. It is important to emphasize that none of them takes into account the special conditions of modern society, such as the effects of war or the prolonged impact of the COVID-19 pandemic, which can significantly affect the effectiveness of developing health competencies in students.

Conducted a comprehensive study aimed at studying the peculiarities of the formation of health-saving competence of future agricultural specialists during vocational and applied physical training. The results made it possible to identify key criteria and indicators of the formation of health-saving competence, namely: motivational and value, cognitive and personal components. According to the results of the study, three levels of health-saving competence formation were identified, which serve as the basis for substantiating pedagogical conditions aimed at optimizing this process. This systematization allows us to determine the initial positions, the state of competence formation and to develop a methodology for its further formation in agricultural specialists. It should be borne in mind that the identified criteria, indicators and levels are not exhaustive and can be considered conditional, since the process of forming health-saving competence is continuous, and the ratio of different indicators and levels of its formation can be dynamic and difficult to predict.

Berezhna T. offers a model of the health-promoting environment of an educational institution developed by her. The model created by the author covers the conceptual-target, procedural and resultant-evaluation blocks. At the same time, the author identified the components of the

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model of health-preserving environment and selected appropriate criteria and indicators for each of them. The interrelation of all criteria and indicators of the health-preserving environment and their coherence form the basis of professional pedagogical activity on students' health protection (Berezhna, 2018).

Shukaliuk H. P. focuses on the development of health-saving competence of vocational education students, in particular in the transport industry, in occupational safety and health lessons. The peculiarity of the approach is to combine the mastery of safe work practices with the internal assimilation of health protection principles, which requires scientifically based pedagogical influence and the readiness of teachers for professional development and innovation. The difference between this approach and the traditional intimidation of possible injuries is the development of self-esteem and confidence of students, encouraging them to improve themselves and understand their responsibility not only as a future employee but also as a person. This approach not only helps students to realize their role in the occupational safety system, but also helps to reduce the level of occupational injuries in the transport sector (Shukaliuk, 2018).

In the course of her scientific work, T. Konivitska expresses her belief that the modeling method is of particular relevance in pedagogy, as it allows for a holistic reproduction and prediction of the development of objects and phenomena in education. According to her, a modern model should not only take into account current methodological approaches, but also provide a feedback system for correcting professional knowledge, skills and abilities. In pedagogy, this helps to improve the structure of educational material, optimize planning, and effectively manage educational and cognitive activities.In addition to its theoretical significance, modeling solves specific pedagogical tasks, such as formulating the goal of professional competence for teachers and students, evaluating the effectiveness of the process of its formation, and activating students' self-development (Konivitska, 2022).

In the study, N. Myronchuk emphasizes that the educational environment of a higher education institution functions as a simulated model of the future teacher's professional activity, and the contextual environment becomes a resource for creating situations of self-organization of students' activities. This approach not only provides practical experience, but through a specially selected system of self-organization situations – from communicative interaction to organizational actions – stimulates the development of students' value and meaningful activity. This has a positive impact on the formation of such personal structures of consciousness as subjectivity, reflexivity, criticality and motivation (Myronchuk, 2018).

Her work emphasizes that the effectiveness of distance learning is characterized by four key features: efficiency, versatility, optimality, and flexibility. These factors interact with the five components of the distance learning model – goal, content, activity, diagnostic and evaluation, and socio-emotional – to create a balanced and effective educational system. The author's conclusions point to the prospects of distance learning as a form that promotes student independence and motivation. The model allows for flexible adjustment depending on specific conditions and resources, including human capital, time, and technology. Additionally, monitoring is possible at every stage of interaction between all participants, which helps to adapt and adjust the learning process. Learning is an open system where partnerships are established between participants and where the acquisition of social norms and etiquette of distance communication contributes to the socialization of students (Stadnyi, 2020).

Sabatovska I. and Bobokalo S. have developed a model for training future higher education teachers in a master's program. The model includes components such as an external factor, purpose, methodological approaches, criteria, indicators, levels and results. The central goal of this process is to form the personality of a master's student, develop his or her pedagogical skills and professional competence.

The model is implemented through the interaction of its components and the introduction of organizational and methodological conditions. These conditions include, in particular, updating teaching materials and using innovative pedagogical technologies. All of this is aimed at creating a positive motivation for masters' future teaching activities. The proposed model is subject to experimental verification in a pedagogical experiment. They came to the conclusion that preparation for professional activity in the context of a master's degree is a complex process that includes learning, research and teaching activities, and aims to form a competent specialist (Sabatovska, & Bobokalo, 2019).

Modern education has shifted to a competency-based approach to training specialists who acquire knowledge, skills and abilities, including those for health protection. Their application in practice helps to create safe and comfortable living conditions, facilitate adaptation to hazards and reduce their risk, and increase the level of human security.

The concept of "health-saving competence" is associated with the individual's readiness to lead a healthy lifestyle in the physical, social, mental, and spiritual spheres. The purpose of health-saving competence is to develop the necessary knowledge, skills and abilities of a healthy lifestyle, and to teach how to use them in everyday life.

It has been established that personal health is socially important for society, a tactical factor in the security and life of the state. Therefore, we consider it as the conceptual basis of the student's health competence, which determines and ensures the functioning and relations of future experts in society and the ability to harmonize their own physical, spiritual, moral and social state.

It is determined that knowledge about the health-saving competencies of graduates in theeducational process of physical education contributes to the prevention of diseases, preservation and promotion of health; ensuring the optimal level of physical fitness, physical performance, functional state of the human body throughout the entire period of study, further professional activity and prevention of professional burnout syndrome. Thus, this actualizes the need to develop and theoretically substantiate the model of health-saving competence of university graduates.

The war and the coronavirus pandemic may have a significant impact on the model of health competencies development in higher education. Here are some of the problems that may arise:

1. Psycho-emotional stress: Stress and anxiety caused by military operations or the threat of infection can affect concentration and focus, which are important for health competence.

2. Limited resources: War and pandemics can cause resource shortages or reduced funding for educational institutions, resulting in limited availability of materials and ways to maintain and improve physical health.

3. Remote learning: Switching to an online format can reduce the opportunity for physical activity and hands-on health education.

4. Social isolation: Limiting social contact can lead to social isolation, which can have a negative impact on mental and physical health.

5. Insufficient focus on health promotion: Due to national security and epidemic priorities, there may be a decrease in the focus on health in the curriculum.

All of these factors are worthy of attention and the creation of a new model for the formation of health competencies. For example:

1. Adding stress management modules: Teaching self-regulation and stress management techniques can be particularly helpful.

2. Introduction of online components: Developing online courses on physical health, mental well- being, first aid basics, etc.

3. Model flexibility: Consideration of the possibility of rapid adaptation to changing conditions (e.g., transition to distance learning or changes in health recommendations).

4. Integration with current events: Use of current examples to illustrate the importance of health competencies in modern conditions.

5. Preparing for emergencies: Adding modules that prepare students to respond to emergencies may be appropriate.

Given these challenges and possible ways to overcome them, the model of health competencies formation should be flexible, adaptive and reflect current realities.

Based on the literature analysis, a model for the formation of health-saving competence of higher pedagogical education students has been developed:

Theoretical block:

Approaches:

Pedagogical-centered approach:

This is an approach that focuses on the teacher as the central figure in learning.

Example: A teacher plans, organizes, and monitors the learning process.

2. Contextual approach:

Here, learning takes place in the context of real problems and situations.

Example: Using cases about healthy lifestyles where students can apply knowledge in practice.

Objectives:

Pedagogical diagnostics of health competencies:

Assessment of students' initial level of knowledge, skills and abilities in the field of health.

Example: Questionnaires, testing, observation.

Developing media literacy through pedagogical methods:

Teaching students to critically evaluate and use media resources to support their health.

Example: Analysis of media content about healthy lifestyles.

Formation of pedagogical skills for crisis management:

Developing skills to respond to health-related crises.

Example: First aid training.

Principles:

Pedagogical consistency:

All components of the educational process (content, methods, means, forms) are interconnected and aimed at achieving a specific goal.

Methodological adaptability:

The ability of the pedagogical system to adapt to changing conditions and the needs of students.

Cross-disciplinarity:

Integration of knowledge, skills and abilities from different disciplines for a comprehensive approach to health.

Content block:

Components:

Axiological: Value orientations in the field of health (for example, understanding the importance of a healthy lifestyle).

Epistemological: Methods and ways of cognition in the field of health (for example, how to analyze medical statistics).

Praxeological: Practical skills and abilities that help maintain and promote health (e.g., the ability to eat right, plan physical activity).

Organizational and procedural block:

Stages of formation of health-saving competence:

Diagnostic stage

Objectives: Identification of the initial level of students' health-saving knowledge, skills and abilities.

Methods: Questionnaires, testing, interviews, analysis of academic performance, physical measurements.

Tools: Standardized questionnaires, tests, programs for data collection and analysis.

Result: Obtaining initial data on the basis of which the further educational process will be built.

The main stage

Objectives: Implementation of the curriculum to develop health-saving competencies.

Methods: Lectures, practical classes, electives, independent work, physical education and recreation activities.

Resources: Teaching materials, presentations, videos, physical equipment for classes.

Result: Formation and strengthening of the necessary health-saving competencies.

Reflective and analytical stage

Objectives: Assessment of training effectiveness, correction of the curriculum.

Methods: Questionnaire, self-assessment, pedagogical observation, analysis of the effectiveness of the implemented measures.

Methods: Self-assessment questionnaires, interviews, methods of statistical analysis.

Results: Evaluation of the degree of achievement of goals, correction of the educational process for further development of health-saving competencies.

Criteria:

Ability to integrate health-saving techniques into the pedagogical process.

Ability to adapt health-saving practices to specific conditions and needs of students.

Forms: special courses, electives, conferences and seminars, round tables, physical education and recreation activities, psycho-physical trainings, self-organization of a healthy lifestyle.

Methods: Questionnaires for testing, monitoring and self-monitoring of health and physical condition

Means: health-oriented pedagogical technologies

Levels of formation of health-saving competence:

High: Students actively and effectively implement health-saving techniques in practice.

Intermediate: Students understand the principles of health promotion but need additional training to apply them effectively.

Low: Students have little or no health promotion skills and need detailed training and motivation.

Results

A model for the development of health-saving competencies in higher pedagogical education was developed. The model is based on pedagogically-centered and contextual approaches that promote deep learning of health-saving competencies. Through the use of the principles of pedagogical systematicity, methodological

adaptability and cross-disciplinarity, the model takes into account various aspects of the educational process, including axiological, epistemological and praxeological components. The model identifies three key stages: diagnostic, basic and reflective-analytical, which allow for a consistent and balanced formation of health competence. It emphasizes the importance of using a variety of methods and forms, including special courses, electives, questionnaires, testing, round tables, physical education and recreation activities, and others. The model includes clear criteria and indicators for assessing the level of health competence, which is especially useful for teachers when adapting the model in practice.

Discussion and conclusions

The model can be applied in real educational institutions to improve the quality of teacher education in the context of health promotion.

The developed model opens up wide opportunities for further research, including its experimental validation, adaptation to different conditions and contexts, and integration with other health promotion methods and technologies.

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МОДЕЛІ ФОРМУВАННЯ ЗДОРОВ'ЯЗБЕРЕЖУВАЛЬНОЇ КОМПЕТЕНТНОСТІ У ВИЩІЙ ПЕДАГОГІЧНІЙ ОСВІТІ

В с т у п . ***Присвячена проблемі формування здоров'язбережувальної компетентності у студентів закладів вищої педагогічної освіти. У контексті сучасних викликів – соціальної напруги, пандемій, екологічних криз і психоемоційного стресу – здоров'я, як фізичне, так і психоемоційне, стає найважливішим аспектом професійної підготовки.***

Розглянуто модель формування здоров'язбережувальної компетентності, яка включає теоретичний, змістовий, організаційний і процесуальний блоки. Теоретичний блок базується на педагогічно-центричному й контекстуальному підходах, що дозволяє поглиблено аналізувати потреби та здібності студентів. Змістовий блок включає аксіологічний, гносеологічний і праксеологічний компоненти, які спрямовані на розвиток ціннісних орієнтацій, знань і практичних навичок. В організаційно-процесуальному блоці розглядаються етапи формування компетентності: діагностичний, базовий і рефлексивно-аналітичний, які забезпечують системний підхід до навчального процесу. Мета і завдання. Мета дослідження – розробити модель формування здоров'язбережувальної компетентності здобувачів вищої педагогічної освіти.

Р е з у л ь т а т и . ***Ця модель може слугувати як практичним інструментом для викладачів вищих навчальних закладів, так і основою для подальших досліджень. Він спрямований на підготовку майбутніх викладачів, які не лише передаватимуть знання, а й розвиватимуть у студентів навички самозбереження та відповідального ставлення до свого здоров'я, що є важливою складовою сучасної педагогічної науки.***

В и с н о в к и . ***Одним із основних аспектів, що потребує уваги в цьому контексті, є розробка методичних засад оцінки ефективності моделей формування здоров'язбережувальних компетентностей. Варто зазначити, що традиційні методи оцінювання навчальних досягнень: заліки та іспити, часто не враховують компетентності, пов'язані зі здоров'ям. Це, зі свого боку, призводить до неефективності освітнього процесу з погляду підготовки студентів до реальних життєвих викликів, зокрема збереження власного здоров'я в умовах стресу, екстремальних ситуацій та інших факторів ризику.***

К л ю ч о в і с л о в а : ***здоров'язбережувальна компетентність, здоровий спосіб життя, моделі, викладачі, вища освіта.***

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