

# Educational Program “Healthy Lifestyle University” for Medical Students’ Vocational Adjustment Development

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**Abstract.** The paper describes the design and the essential results of a specially developed educational program “Healthy Lifestyle University”. This program can be viewed as an effective tool of medical students’ lifestyle monitoring as well as social and vocational position development. The program has been designed and implemented in Pavlov First Saint Petersburg State Medical University, and successfully tested in the XI open public All-Russian competition of educational institutions of higher education (subordinate to the Ministry of HealthCare of the Russian Federation). The program was the winner in the category “Higher Education Institution of Healthy Lifestyle”. The essential educational components of the program, dedicated to dissemination of medical knowledges and fostering healthy lifestyle in medical students are disclosed in the article. The results of the survey reflect modern medical students’ *modus vivendi* and the concept of “healthy lifestyle” perceptions, as well as students’ troubles, needs and suggestions for further improvement of healthy lifestyle conditions, facilities and opportunities. These provide essential guidelines for further development of healthy and student-friendly university environment in Russia. The propagated healthy lifestyle set of values and attitudes contributes to vocational adjustment and vocational position formation, as well as personal and vocational self-reflection preparedness development of medical students.

## 1 Introduction

These days the formation of a healthy lifestyle of young generation is one of priority tasks of the social development in the country, the state and the scientific health protection methodology. Social and economic importance of healthy lifestyle formation has been reflected in the Russian government regulations and legislative instruments: the National Doctrine of Education of the Russian Federation till 2025 (based on the Resolution of the Government of the Russian Federation No. 751, October 4, 2000), Federal Law “On Education in the Russian Federation” (No. 273-FZ, December 29, 2012), Federal Law “On Physical Culture and sports in the Russian Federation ”, December 6, 2011 (No. 412-FL

dated December 6, 2011), as well as the social and educational priority project "Formation of a healthy lifestyle" (approved by the Presidium of the Council under the President of the Russian Federation for Strategic Development and Priority Projects, minutes from 26.07.2017 N 8). The set of tasks of the priority project includes increasing the number of citizens leading a healthy life in 2020 up to 50%, in 2025 up to 60%. Thus, the tasks of promoting a healthy lifestyle determines the relevance and need for scientific research, eliciting reliable guidelines for methodological and organizational approaches for that purpose.

The state of health is affected by personal lifestyle [1] that can be described as a way of living that, in its terms, is influenced by a set of factors such as geographical, economical, cultural, and educational ones [2; 3; 4; 5]. Studying at university can be viewed both as a fruitful source of new social opportunities and personal development and a "source of strain and stress" [3; 6, 1; 7]. And the stress and strain can be challenging for both students' health and academic adaptation. On the other side, students' bad habits and unhealthy lifestyle would "contribute to poorer performance at university", "poorer academic adjustment as a powerful predictor of academic performance" [8, 10-11]. Now, a vicious circle of deadadaptation (academic and vocational maladjustment) may start working, causing "psychological problems" [8; 9; 10 etc.], in their own turn causing health troubles and so on.

## 2 Literature review

M.M. Gairbekov and F.U. Bazaeva introduce a four-focal model of healthy lifestyle, the distinction between somatic and physical health components being a bit vague, with the rest (psychological and moral) being somewhat trivial [11, 210]. However, one cannot but share the idea that students' healthy lifestyle should be procured by universities in taking pedagogic management measures in order organize expedient conditions for healthy lifestyle implementation. These include not only good will and sports facilities, but also application of health-saving technologies, information about healthy way of life and unhealthy habits, as well as some enlightenment educational efforts [11].

M. Plemeniuk claims that designing an up-to-date model of higher education needs paying more close attention to interconnections between various ideas, values, activities and discourses [12]. In this connection one has to admit that the focal points of higher education targets need to be viewed as connected to such unifying concept as *vocational position of the learner* [13], undergoing the process of vocationalization.

This process of vocationalization was phenomenologically described in detail by E.F. Zeer as comprising such four stages as (a) vocational intentions; (b) vocational education, including learning to learn, ideation of social status of the doctor, learner's personal reconstruction of the socially appropriate image of a doctor, as well as identifying and primary acquisition of socially significant, vocationally relevant and professionally important qualities of a doctor; (c) professionalization proper, based on job performance and one's progress in it, and finally the top stage (d), called "mastery" [14, 89-91]. So vocational education stage can logically be viewed as crucial, occupying the crossroad between the primary impulses of aspiration for the profession and the vocational self-fulfillment of the person. This also leads to understanding of interconnections between the job tasks, the job skills, the personal qualities of the job performer and the way of life, which can be (and usually is viewed) as another evidence of bene fide professional position of the doctor in the social world. Being a representative of healthcare sector of economy, a doctor both voluntarily and involuntarily shows one's own stand in the watershed between healthy and unhealthy life habit.

To sum up, a healthy lifestyle can be defined both negatively and positively. However, the positive definition includes a number of both inner (such as regular physical activity, observing daily time-management regime, healthy diet, self-confidence, positive attitude to other people) and outer crucial factors of human healthy well-being (such as friendly environment, even social atmosphere, accessible healthy food, pure ecology etc.). Avoiding most dangerous things (like drug abuse and alcoholic drinks) is by itself absolutely good, but not enough to provide the know-how and healthy and harmonious well-being. So, the positive side of healthy lifestyle needs some clear development prospects. It has been advised earlier [15] in teaching students the healthy lifestyle to combine two major methods and educational strategies, such as preventive warning (which could be also called negative awareness) and providing positive awareness of healthy daily behavior habits, based on proper informing and dissemination of positive examples and healthy lifestyle know-how.

The academic and vocational development of a medical student has certain intrinsic psychological underpinnings, concerned with developing and processing again and again one's own self-concept and self-attitude, accompanied or rather triggered by "career orientation", identifying and "rethinking priority professional motives" (cf. Olennikova, Tabolina, Posohova, Khalyapina, 2019, p. 931) [16]. Within frame of medical students' vocational adjustment such a rethinking and self-projecting leads to redesigning one's own public image or habitus, both entailing and entailed by social dispositions, habits and skills, forming a "subjective but not individual system of internalized structures, schemes of perception, conception, and action" [17]. The medical profession is standardly perceived as a noble social mission. Doctors are generally regarded as healthy lifestyle advocates and champions. In this connection it should be pinpointed that the axiological; aspects of the lifestyle can and should be viewed not only through a prism of individual's own utility but also in the net of interconnections of individual with others. So smoking and other unhealthy habit can be also viewed as a manner and lifestyle causing infringement on other people's needs for fresh air and ecologically sound environment. This example shows the interwoven nature of healthy lifestyle. decorum and a "social fingerprint" of any individual medical professional.

Individual lifestyle is preconditioned by the environment and the society. In this regard, the formation of a healthy lifestyle becomes primarily educatory task, targeted at upbringing healthy individual, development of social conditions and solving environmental issues. However, this task has a managerial dimension, since the health-preserving environment of the educational organization would contribute to the formation of values and attitudes of students to their health and, therefore, introduce them to a healthy lifestyle.

Various ideas of health-oriented lifestyle and health-promotion gain attention in the educational institutions, especially medical and pharmaceutical ones. For example, the program of a healthy lifestyle promotion proposed by R.A. Kasimov, relies on health-saving technologies applied in the educational process, and the criteria that take roots in medicine and health sciences. The author focuses on the psychological readiness of the individual for various kinds of activity, revealing the process, the content and the conditions for the formation of a healthy lifestyle. These aspects are believed to allow assessing the effectiveness of the formation of a healthy lifestyle through the use of health-saving technologies [18]. V.V. Kolbanov finds it necessary to promote a healthy lifestyle by stimulating students' motivation and needs, which will allow to form stable positive attitudes towards their health. The author proposes to use technologies not only to preserve health, but also to develop students' abilities. V.V. Kolbanov expressed belief that the program he proposed will contribute to developing a unified strategy for promoting a healthy lifestyle in the educational institutions [19]. E.V. Nekhorosheva proposes to form a commitment to a healthy lifestyle through the differentiation and application of such components as cognitive, motivational and activity. The cognitive component characterizes

the student's knowledges about one's health and the main factors that can influence it. The motivational component provides an individual's interest and focus on health-preserving actions, whereas the behavioral component comprises actions and behavior aimed at maintaining and promoting health [20].

Almost all medical and pharmaceutical universities in Russia have developed by now comprehensive targeted programs for the promotion of a healthy lifestyle. These usually cover one or several areas of the student's life (such as health, nutrition, rational organization of the educational process, work, life and leisure, preventive activities, sport and recreation). The most purposeful and well-developed programs have been presented by VSMU named after N.N. Burdenko, RyazGMU named after I.P. Pavlov, First Moscow State Medical University named after I. M. Sechenov

Thus, we can conclude that the universities, most interested in maintaining the health of students, are developing special health-improving and preventive programs aimed at correcting individual indicators of students' health in the learning process. However, due to the lack of a unified programs in health-saving technologies, medical and pharmaceutical universities often engage in a set of purely preventive measures. The main disadvantage of preventive programs is the use of the same type of prevention methods – delivering information, organizing various public events, physical culture and sports. The main problem in the implementation of preventive programs is the insufficient attention both to the empirical and theoretical basis for the development of preventive programs and the subsequent assessment of their effectiveness. Critical analysis of factual materials indicates not seldom chaotic approach to health care and healthy lifestyle promotion.

There are roughly three methodological problems, causing obstacles to efficient implementation of health-oriented programs at universities. The first problem is the unresolved question of correspondence and possible strategies of adaptation of various theoretical models to the sociocultural and psychosocial features of Russian youth. The second one is the vague targeting of educational programs for the youths (i.e. students), drawn without paying thorough attention to their real life and capacities. Scarcity of scientific research base leads well-wishers to setting far too vague objectives and to formal planning based on invalid indicators or irrelevant measurements. The third challenge is the territorial and demographic divergency of Russian students, contributing to variability of health damaging factors. All these together cause difficulties in developing standard preventive programs for implementation in Russian universities.

### **3 Research methods and methodology**

The theoretical part of investigation was based on the analysis of psychological and pedagogical, scientific and methodological literature, providing comparison and generalization of research papers on the problem under study. The empirical methods used included: study of documentation, elaboration of questionnaires, educational program design and implementation. The statistical methods used included: quantitative and qualitative processing, ranking, scaling the results obtained.

The major theoretical research methods included phenomenological approach and critical literature survey, targeted at defining the key concepts of the study. These helped to establish the content, the volume and the relationship between notions of medical students' vocationalization (treated as vocational adaptation, adjustment and self-fulfillment), educational academic and psychological adaptation, vocational position.

One of the crucial monitoring tools used in the project was the elaborated "Students' attitude to a healthy lifestyle" questionnaire. It was filled in by the anonymous student-participants, studying at university. The questionnaire comprised 13 questions, starting from the preferred by student definition of healthy lifestyle and ending with student's own

view and suggestions for university administration, predetermined by the task of protecting and developing students' health and healthy lifestyle. Students' beliefs about health and healthy lifestyle conditions as well personal attitudes were checked in the questionnaire. The unhealthy students' lifestyle habits (like smoking, drinking alcohol etc.) had also been monitored, based on a simplistic Odd Likert Scale.

Another procedure involved in the study was an analytical survey of presently adopted healthy lifestyle propaganda and students' health protection in medical universities in Russia. These included "The program for the formation of a healthy lifestyle for Voronezh State Medical University named after N.N. Burdenko students, for prevention and control of morbidity among young people", "The program of activities for the improvement and promotion of a healthy lifestyle in Ryazan State Medical University" and "The comprehensive program for the preservation and strengthening of the health of students and employees of the I.M. Sechenov First Moscow State Medical University". The analytical survey was based on comparative analysis. It elicited consistency, competitiveness and continuity of the of the educational program "Healthy Lifestyle University", implemented in Pavlov First Saint Petersburg Medical University. The program was based on systemic approach to task-solving and avoiding discontinuity in students' academic adaptation, academic efficiency and vocationalization assistance. The important applied role of networking between various university specialists both in pedagogics and natural sciences, the administration and volunteers, the students' scientific research society and scientific tutors in successful implementation of the educational project should be pinpointed and emphasized. Based on the results of contest between 29 higher medical education institutions of Russia the educational program "Healthy Lifestyle University", implemented in Pavlov First Saint Petersburg Medical University, won the 1st place "for the effective implementation of health-forming activities and promotion of a healthy lifestyle" (Results of the XI open public All-Russian competition) [22].

The overall purpose of the educational program "Healthy Lifestyle University", implemented in Pavlov First Saint Petersburg Medical University is four-faceted: promotion of a healthy lifestyle; formation of medical students' responsible attitude to health and healthy lifestyle; developing students' personal health-saving resources; reducing the risk of various diseases among university students.

The immediate objectives of the educational "Healthy Lifestyle University" program:

- the formation of students' values, attitudes and motivation towards healthy lifestyle;
- involvement of university students in active physical education and sports;
- monitoring the physical and mental state of students;
- carrying out activities aimed at promoting a healthy lifestyle, preventing deviant ideas and behaviors among the learners;
- development of physical culture and sports facilities of the university,

*The Program implementation mechanism description*

The "Healthy Lifestyle University" is a multi-stage educational program. The program consists of five primary parts:

1. monitoring the physical and mental state of students;
2. disease prevention measures (preventive medical examinations; immunization; fluorographic examination; clinical examination);
3. physical culture and health and sports activities measures;
4. development and implementation of an academic educational course on forming a healthy lifestyle;
5. healthy lifestyle activities support measures.

The medical enlightenment component of the detailed plan for the implementation of the "Healthy Lifestyle University" program included a number of micro-research projects and conferences for the youths, aimed at the formation and support of healthy lifestyle

frame. The informative part of the events, based on special medical knowledges dissemination was dedicated to such topics, as “Stop AIDS”, “Blood-donor Thanksgiving day”, “World Day of fighting cerebrovascular accident”, “Stomatology day”, “World Health Organization Day”, “World Day of fighting Tuberculosis” etc.

The targeted qualitative indicators of the “Healthy Lifestyle University” program are as follows:

1. positive dynamics of physical health and psychological state of students indicators;
2. development and implementation of measures, directed at health preservation;
3. the formation of a favorable socio-psychological climate in collaboration in teams, as well as academic student groups of university;
4. formation of conscientious attitude towards one's health; development of students' understanding of the of health and a healthy lifestyle value;
5. dissemination of knowledges about the basics of a healthy and safe lifestyle, healthy eating, knowledges of personal hygiene; warning about the dangers of smoking, drinking alcohol, drug abuse.
6. bolstering public attention to the positive experience of the university in engaging health-preserving technologies.

The quantitative indicators of the educational program for health improvement and promotion of Healthy Lifestyle are presented in table 1.

**Table 1.** The Quantitative indicators of “Healthy Lifestyle University” program at Pavlov First Saint Petersburg Medical University.

<b>The targets</b>	<b>The criteria</b>	<b>Numerical indicators</b>
Preventive prophylactic educational work; formation of personal and corporate healthy lifestyle culture of medical students	1. Healthy lifestyle culture formation measures / events	Number of events 300
	2. The health status of students	percentage
	2.1. vaccination	77%
	2.2. annual clinical check-up	80%
	3. socio-psychological testing	percentage 40%
	4. rendering help by psychologist	number of psychologists
	Psychologists in staff	10
	5. Educatory consultation on healthy lifestyle and preventive prophylactic educational work directed against unhealthy habits and lifestyle	number of events 30

The targeted personal students' results:

1. Improving the physical, mental health and social face of students.
2. Creation of a favorable psychological climate, development of relations of friendship, tolerance and mutual assistance in the students' community.
3. Enhancement of in-depth knowledges and sound reflection about the basics of a healthy and safe lifestyle, healthy eating, knowledges about personal hygiene, awareness of the dangers of smoking, drinking alcohol, drug abuse.
4. Development of understanding social norms and practical skills of socially approved behavior, providing for the maintenance and strengthening of healthy lifestyle; acquisition of some self-regulation and self-healing skills.
5. Formation of conscious attitude towards one's health, awareness of the value of health, and adoption of a healthy lifestyle practices.
6. Development of socially approved efficient communication skills; bolstering moral and aesthetic development of personality.

7. Development of pro-active healthy attitude, self-reliance, ability for self-fulfillment and self-development.

## 4 Research results

This article presents the findings of the medical students' anonymous questionnaire survey. This survey provides an objective picture of students' status quo issues, values, attitudes, knowledges, perceptions and needs. It reflects medical students' demand for help and improvement. In this connection the survey results also provide valuable feedback for further design and correction of educational healthcare and healthy lifestyle programs in support of modern students

152 medical students (aged 17 to 25 years old), studying in Pavlov First Saint Petersburg Medical University (1-6 year of study) were proposed to fill in the questionnaire for their healthy lifestyle attitudes and sustenance assessment. The students' critical assessment of the role of various factors in the formation of health was questioned first. The overwhelming majority of respondents (79%) expressed belief that the most important thing for maintaining health is the impeccable adherence to the rules of a healthy lifestyle. Others admitted that just knowing how to take care of your health, one can maintain health for many years, but one may also need to regard the possibility of consultation with a good specialist (1.6%). Also a significant part of respondents emphasized the importance of good heredity (14.2%) and the influence of environment (5.2%) factors.

Concerning the role of healthy lifestyle, 57.33% of the surveyed students considered it necessary to adhere to the principles of a healthy lifestyle, meanwhile 37.33% of the respondents answered that this is not the main thing in life, and 5.0% of the respondents would not care about this matter at all. In answering the question about what prevents them from adhering to the principles of a healthy lifestyle, 40% of respondents indicated "lack of time", 24.0% mentioned material difficulties, 30.0% of survey participants said that the key matter in following the healthy lifestyle is their own insufficient personal perseverance, and 06% of participants pointed to the lack or absence of necessary conditions for observing the rules of a healthy lifestyle.

It was discovered that students in most cases show positive assessment of the state of their health: 14.7% of students assessed their health as "excellent" and 51.5% - as "good". Nevertheless, 30% of students believe that their health status corresponds to a "satisfactory" level, and 3.8% assessed their health status as "bad". The questionnaire also revealed the range of risk factors modern medical students are exposed to. For example, irregularity in taking meals and malnutrition were noted by 18%, insufficient sleep – by 45.2%. The following answers were given to the question about bad habits: 15.9% of respondents smoke, 21.6% occasionally smoke cigarettes, meanwhile the majority of modern medical students do not smoke at all. At the same time the completed questionnaire showed that only 32% of medical students do not drink alcohol at all. 88.9% of student-respondents do not use psychoactive substances, meanwhile a condescending attitude towards was recognized by 3.1%, them, and another 8% admitted using such substances occasionally.

The results achieved provide evidence of complexity, inherent both in the very notion of healthy lifestyle and the methodology of achieving, observing and practicing it. This conclusion is not solely deductive, but also survey-based. The filled questionnaire analysis has shown that 2.5% of the respondents expressed their belief that a healthy lifestyle is just the observance of the rules of a healthy diet, 1.3% made their choice in favor of physical activity, 2.4% emphasized

(first of all) personal compliance with the work and rest regime, 6.3% chose the avoidance of bad habits. However, 87,5% of the respondents appreciated the combination of all these items listed.

### **Essential Students' feedback and suggestions**

The collected opinions of the anonymous student-respondents about the most necessary measures to preserve and improve the health of students in the educational environment can be grouped into three generic messages as follows: (a) 4.6% of respondents wished wider access to physical education facilities for students during the entire period of study; (b) 11.9% of respondents acknowledged the necessity for teaching students appropriate forms of behavior, contributing to keeping a healthy lifestyle; (c) 82.6% of respondents suggested improving the organization of the educational process (a more rational schedule of the school day, allowing students to enjoy a full-fledged lunch-break between classes, allotting sufficient time for students, having to move from one classroom to another one for the next lesson, etc.).

## **5 Discussion**

One of particular traits of healthy lifestyle popularity promotion among medical students is that it is likely to function as part of professional image, decorum and habitus of medical professional development. However, the elicitation and tracing the roles of the multiple ties between medical student's self-concept, vocational values and attitudes must needs to make a subject of a special investigation, taking into consideration the hierarchy of particular features preferences of medical students imposed by various medical specialties. Another point of further research interest is the possible correlation between the implementation of healthy lifestyle and academic self-fulfillment of medical students.

"Healthy Lifestyle University" educational program can and should be viewed as part of a more general and overwhelming program, designed to "recognize the students' problems, help them to solve it and provide psychological and educational support to increase their academic adjustment" (cf. Yadak, S.M.A. 2017, 173) [22].

Critical assessment of the "Healthy Lifestyle University" educational program results needs to be continued in the forthcoming time-run. This article presents mainly the findings of the 152 medical students' anonymous questionnaire survey. The completed questionnaire also contributed to interactive exchange of values between the students and the educators. Such feedback helps to diagnose the existing weaknesses and specify the directions of improvement of the present university students' healthy lifestyle support system.

### **The limitations of the study**

The high level of students' involvement in university academic and social life events can be viewed as one of the productive sources of healthy lifestyle dissemination and promotion. However, the influence of such systemic factors as early and supportive vocationalization, as well as a range of students' adaptation strategies efficacy need further investigation in longitudinal research.

## **6 Conclusion**

The "Healthy Lifestyle University" educational program has implemented a systemic approach to healthy lifestyle promotion as well as students' academic and vocational adaptation continuous support. The set of pedagogical components of the developed educational program "Healthy Lifestyle University", aimed at forming a healthy lifestyle in medical students, includes a series of educational solutions, events and technologies, providing for necessary medical knowledges dissemination, forming awareness of negative habits and health risks, stipulating critical perception of people's attitudes to health matters, introducing productive solutions for personal healthy lifestyle performance, contributing to forming and developing conscientious reflective self-assessment vocational position of

future medical professionals. The students' feedback and suggestions have provided essential guidelines for further development of healthy and student-friendly university environment. The results of questionnaire-based survey reflect modern medical students' healthy lifestyle perceptions as well as their needs analysis and suggestions for further improvement of healthy lifestyle conditions, facilities and opportunities for all university students.

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