

PROBLEMATIC ASPECTS OF HEALTH-PRESERVING COMPETENCE DEVELOPMENT IN PRESCHOOL TEACHERS

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Abstract. *The article substantiates the problem of health-preserving competence development in teachers of preschool education: as an important task of the modern world, as a priority personal characteristic, as a component of professional training. The essence of the phenomenon of “health-preserving competence” is revealed, the following structural components are distinguished: emotional and motivational, cognitive and activity-centered. The goal of the research is to determine the conceptual foundations of the development of health-preserving competence in teachers of preschool education; data collection and processing of information to clarify problematic aspects of the phenomenon being under consideration. In the course of empirical research, the authors used the method of anonymous thematic survey (questionnaire) and its analysis. The research group consisted of: students of the 4th year of dual mode of study (who work on specialty) – 38 participants (group A); students of the 4th year of part-time mode of study who work on specialty (in preschool educational institutions) – 45 participants (group B) and students of advanced training courses – 53 participants (group C). The total number is 136 respondents. The conducted research proved that the respondents are aware of the main categories of health; are motivated and aware of the importance of health-preserving behavior, but are not sufficiently aware of modern health-preserving technologies. Therefore, the activity-centered component requires to be strengthened for the development of health-preserving competence in teachers of preschool educational institutions. Prospects for further scientific work will consist in the implementation to the system of higher education and advanced training courses for preschool teachers of the elective course “Formation of health-preserving competence in the subjects of the educational process” and determining the effectiveness of its implementation.*

Keywords: *activity-centered component, cognitive component, emotional and motivational component, health-preserving competence, preschool teachers, professional training.*

Introduction

Among all the values health is the most important. In a globalized world, the issues of formation, preservation and strengthening of health are becoming more and more relevant. Contemporaneity is marked by the development of the health movement, in which the World Health Organization plays a leading role. Health is defined as “a means of life, as a positive sense”, which includes a complex of characteristics (physical, mental, social, emotional, intellectual, medical, spiritual, etc.) (World Health Organization, 2020).

The list of “Key Competences For Lifelong Learning” outlines “Personal, social and learning to learn competence”, which provides for the formation of the following indicators: “<... support one’s physical and emotional well-being, to maintain physical and mental health, and to be able to lead a health-conscious, future-oriented life ...>” (The Council of European Union, 2018). However, a person in society, should also take care of the health of those around. The holistic individual psychological formation of the personality, which is manifested in its behavioral traits (Hofmans, Vantilborgh, & De Gieter, 2020) and is aimed at preserving one’s own health and that of others, is considered as health-preserving competence.

Therefore, the readiness of an individual to take care of his/her own health and the health of others is determined by the development of the appropriate competence – health-preserving as the basic one of an individual, the essence of which is “<... physical and mental well-being, including “taking care of oneself”, “managing myself” and “staying well”...>” (European Commission, 2018). Its development should be started from preschool age. For this purpose, this competence is to be developed in the teachers of preschool educational institutions (*hereinafter referred to as PEI*), who perform the task of promoting the preservation and strengthening the children’s health. Scientists from different countries of the world – England, China, Lithuania, Finland, etc. – noted the importance and problems in the process of health care competence development in teachers who work with preschoolers (Byrne, Rietdijk, & Pickett, 2018; Hu et al., 2020; Lamanauskas & Augienė, 2019; Lamanauskas, Daiva Malinauskienė, & Augienė, 2021; Mikkonen et al., 2022). This issue is also important for the Ukrainian educational system for the scientific understanding and determination of ways to improve the formation of health-preserving competence among preschool teachers.

The purpose of the study is to determine the conceptual foundations of the health-preserving competence development in PEI teachers; data collection and processing to clarify the problematic aspects of the phenomenon being under consideration among students of the specialty of Preschool Education from two Ukrainian universities and students of advanced training courses for specialists of preschool education (Ukraine).

Research objectives: (1) to substantiate the problem of health-preserving competence development in PEI teachers on the basis of scientific literature review and analysis; (2) reveal the essence of the phenomenon of “health-preserving competence” and outline its structural components: cognitive, emotional and motivational and activity-centered; (3) to find out the real state of the problem of the health-preserving competence development in PEI teachers by conducting a thematic survey and its analysis and to determine the ways of improvement.

The following *methods* were used to implement the set of research tasks: theoretical – analysis of the review materials of the scientific-source base, their generalization and synthesis, systematization and specification; empirical methods – anonymous thematic survey (questionnaire) of participants; data collection, quantitative processing and qualitative interpretation of the obtained results.

Literature review

To determine the base of the health-preserving competence development in PEI teachers, an analysis of the review of the scientific and source base was carried out according to the following algorithm: how the process of health-preserving competence formation occurs; what components this phenomenon contains; what is the mission of the PEI teacher in the development of health-preserving competence in children.

Recognition of health and health-preserving behavior is a priority in public policy in different countries, which indicates awareness of the problem importance not only for the current generation, but also for the future in the process of the civilized world development (Byrne, Rietdijk, & Pickett, 2018). Preschool childhood is a sensitive period in the formation of a number of vital competences, including health-preserving ones (Andriushchenko, 2015; Kurowicka, 2019; Lamanuskas, Daiva Malinauskienė, & Augienė, 2021; Noble, Fetherston, Jackson, & Craike, 2020). Having acquired a complex of knowledge, abilities and skills, a valuable attitude to life and health, a competent person will be able to help oneself in solving various health-related problems. For this purpose, programs are being implemented in various countries that implement the task of forming preschool children’s knowledge about health, the ability to preserve and strengthen it, and treat it as the most valuable one: for example, in Lithuania (Lamanuskas, Daiva Malinauskienė, & Augienė, 2021), in Spain (Llorent-Bedmar & Cobano-Delgado, 2019), in Ukraine (Lokhvytka, 2020).

The role of a teacher in the health-preserving process of PEI and the formation of appropriate competence in children is absolute (Hu et al., 2020; Kurowicka, 2019; Lamanuskas, 2018; Lamanuskas & Augienė, 2019). The

preschool teacher's mission is to provide children with a set of elementary knowledge about a person and his/her health, a healthy lifestyle, to develop a sustainable motivation for health-preserving behavior, which encourages the development of a conscious attitude to one's health and the health of others. This is precisely what creates the necessity to develop health-preserving competence in PEI teachers.

At the same time, it is worth emphasizing the formation of health-preserving competence in future teachers, on the creation of appropriate conditions that would ensure the relationship between theoretical training and the "practice" of this competence (Byrne, Rietdijk, & Pickett, 2018; Mikkonen et al., 2022; Pašinska, 2021; Lamanauskas, 2018; Llorent-Bedmar & Cobano-Delgado, 2019). Currently, Ukrainian science and education (Maksymchuk et al., 2020; Sivkovych, Slyvka, & Hamerska, 2020) emphasize the necessity of health-preserving competence development in each student, which provides the opportunity to rise to a qualitatively higher level of readiness for independent life and the ability to compete in the labor market as a qualified specialist.

Researchers (Andriushchenko, 2015; Lamanauskas & Augienė, 2019; Maksymchuk et al., 2020; Mikkonen et al., 2022; Sivkovych, Slyvka, & Hamerska, 2020) convincingly proved that health-preserving competence is acquired through the formation of knowledge about health, the development of a valuable attitude towards the one's own health preservation and the health of others, as well as the accumulation of skills of health-preserving behavior in the environment. In particular, the assimilation of a set of knowledge about health, the factors of its preservation, the basics of a healthy lifestyle is seen as a cognitive component; belief in the necessity for health preservation and the desire, encouragement and directing efforts to strengthen and protect one's own life and health and that of others – as an emotional and motivational component; formation of health-preserving behavior skills, when health is recognized as the most valuable, – as an activity-centered component.

Thus, based on the analysis of the literature, the justification of the problem of the formation of health-preserving competence in PEI teachers as an important task of the modern civilized world, as the development of a priority personal characteristic, and as a compulsory component of professional training was carried out. The working definition is taken as follows: health-preserving competence development in PEI teachers – is a process that involves the formation of personal qualities aimed at the assimilation of knowledge, the development of attitudes and the development of health-preserving skills, which is produced in the implementation of protection, preservation and strengthening of health in children (students) and the development of the same competence in them, and contributes to the professional growth as well. In the structure of the phenomenon of "health-preserving competence", the following structural components are distinguished: cognitive, emotional and motivational and

activity-centered, which will be taken as a basis for conducting an empirical study.

Methodology of research

Research tools. While conducting empirical study, the method of anonymous survey (questionnaire) was applied, which took place in an online format using the Google Forms service, by filling in the author's questionnaire "Self-reflection of health-preserving competence" (see link to Google Forms <https://forms.gle/EeU87pUevbhqPRrc6>). Its purpose was to find out the essence of problematic aspects regarding the formation of health-preserving competence in PEI teachers. The scientific works of J. Byrne et al. (2018), H. Hu et al. (2020), V. Lamanuskas & D. Augienė (2019), V. Llorent-Bedmar & V. Cobano-Delgado (2019), H. Sivkovych et al. (2020) were taken as the basis for the questionnaire development. It included 9 questions. The content of the questions is combined into three blocks according to the structure of health-preserving competence (cognitive, emotional and motivational, activity-centered components).

Data collection procedure and methods of analysis. The research took place in three stages: at the first stage (September – November 2022) – respondents filled out the questionnaire; at the second stage (December 2022) – collection of empirical data of the study was carried out, the processing of the obtained data, their quantitative and qualitative analysis was carried out; at the third stage (January 2023) – the results were shaped.

Study sample are described. Students of the first level of higher education (bachelor's degree) studying on educational and professional program (EPP) Preschool Education at Hryhorii Skovoroda University in Pereiaslav and Bohdan Khmelnytsky National University of Cherkasy (Ukraine), as well as course participants of advanced training on the specialty "Teacher of preschool educational institution" MEI "Cherkasy Regional Institute of Postgraduate education of Pedagogical Employees of the Cherkasy Regional Council" (Ukraine) were involved in the survey. The choice of such a research group is due to the fact that the participants involved in the empirical study either are receiving professional training for further work in PEI and working on the specialty at the same time or are taking an advance course.

The research group consisted of: students of the 4th year of dual mode of study (employed on specialty) – 38 participants (group A); students of the 4th year of the part-time mode of study, working by specialty (in the PEI) – 45 participants (group B) and students of advanced training courses – 53 participants (group C). The total number is 136 people.

Results of research

The conducted survey made it possible to find out the problematic aspects of health-preserving competence development in PEI teachers: respondents' awareness of the essence and structure of health-preserving competence (questions 1–3 of the questionnaire – *cognitive component*); motivation of teachers to preserve and strengthen their own health (questions 4–6 of the questionnaire – *emotional and motivational component*); focus on the implementation of health-preserving activities throughout life (questions 7–9 of the questionnaire – *activity-centered component*). Quantitative analysis of the conducted questionnaire results to determine the problematic aspects of the formation of health-preserving competence in PEI teachers is presented in Table 1.

Table 1 Quantitative analysis of the survey “Self-reflection on the formation of health care competence” (according to structural components) (made by Authors)

n=136

Cognitive component																		
question	1 question						2 question						3 question					
respond	yes		partially		no		yes		partially		no		yes		partially		no	
group	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
A (n=38)	29	76.3	9	23.9	-	-	21	55.2	12	31.6	5	13.2	26	68.4	10	26.3	2	5.3
B (n=45)	38	84.4	7	15.6	-	-	28	62.2	14	31.1	3	6.7	26	57.8	15	33.3	4	8.9
C (n=53)	45	84.9	8	15.1	-	-	31	58.5	17	32.1	5	9.4	38	71.7	12	22.6	3	5.7
Emotional and motivational component																		
question	4 question						5 question						6 question					
respond	yes		hard to say		no		I myself		example of other people		doctors		yes		hard to say		no	
group	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
A (n=38)	38	100	-	-	-	-	10	26.3	28	73.7	-	-	5	13.2	31	81.5	2	5.3
B (n=45)	45	100	-	-	-	-	15	33.3	27	60.0	3	6.7	8	17.8	32	71.1	5	11.1
C (n=53)	53	100	-	-	-	-	24	45.3	20	37.8	9	16.9	9	16.9	41	77.4	3	5.7
Activity-centered component																		
question	7 question						8 question						9 question					
respond	yes		going to		no		yes		going to		no		yes		going to		no	
group	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
A (n=38)	8	21.1	19	50.0	11	28.9	7	18.4	13	34.2	18	47.4	4	10.5	9	23.7	25	65.8
B (n=45)	11	24.5	19	42.2	15	33.3	9	20.0	15	33.3	21	46.7	4	8.9	8	17.8	33	73.3
C (n=53)	15	28.3	26	49.1	12	22.6	9	16.9	26	49.1	18	34.0	6	11.3	8	15.1	39	73.6

Conventional signs: n – absolute index (number of people); % is a relative index

The obtained results made it possible to carry out a qualitative interpretation of the problematic aspects of the formation of health-preserving competence in PEI teachers.

Thus, the majority of respondents (76.3% from group A, 84.4% from group B and 84.9% from group C) gave an affirmative response to the *first question*: “Are you aware of the essence and structure of health-preserving competence?” A less number of the respondents (23.7% from group A, 15.6% from group B and

15.1% from group C) indicated partial awareness. No negative responses were recorded.

Responses to the *second question*: “Do you possess knowledge of modern and traditional health-preserving technologies?” demonstrated that 55.2% of respondents from group A, 62.2% from group B, and 58.5% from group C are confident in their knowledge, while 31.6% from group A, 31.1% from group B, and 32.1% from group C expressed insufficient confidence. It is a positive fact that only 13.2% from group A, 6.7% from group B and 9.4% from group C admitted that they do not have information about health-preserving technologies.

Analysis of the responses to the *third question*: “Do you know anything about health-preserving life skills?” proved that 68.4% of respondents from group A, 57.8% from group B, and 71.7% from group C are aware of health-preserving life skills. 26.3% of respondents from group A, 33.8% from group B, and 71.7% from group C consider themselves insufficiently informed. It is encouraging that only a minimal percentage (namely: 5.3% of respondents in group A, 8.9% in group B, and 5.7% in group C) have no idea about health-preserving life skills.

Thus, we can make the following generalizations regarding to the formation of the cognitive component: all respondents (both students and teachers of PEI) are, to one degree or another, familiar with modern and traditional health-preserving technologies and are aware of what life skills contribute to the human health preservation. Absolutely everyone understands the essence of health-preserving competence, and therefore, no problematic aspects in the formation of health-preserving competence have been identified.

We consider it important for research to determine the influence of motivation on the formation of health-preserving competence. Responses to the *fourth question*: “Do you consider your own health one of the priority life values?” presented the unanimity of the respondents’ opinions. All the participants – 100% – perceive health as a value.

The dynamics of responses to the *fifth question*: “Who motivates you to preserve and improve your own health?” seemed interesting with the following variants of responses: 1. I myself. 2. The example of other people. 3. Doctors. Thus, for 73.7% of students of dual mode of study (group A), the motivator is the example of other (significant for them) people, and only 26.3% of them are guided by their own desire to be healthy. 60% of part-time students (group B) also rely on the example of other people. However, the share of respondents increased – 33.3%, who are motivated to self-maintain health, and 6.7% follow the doctor’s advice. At the same time, among PEI teachers (group C), the largest percentage of people (45.3%) who motivate themselves for health-preserving activities were found. For 37.8% of respondents, the example of others is important, and for 16.9% – recommendations of doctors.

While formulating the *sixth question*: “Are you confident in your own readiness to perform health-preserving activities throughout your life?”, we aimed to find out how conscious the respondents are about their own health and the health of other people. However, the absolute majority of participants – 81.5% from group A, 71.1% from group B and 77.4% from group C – chose the response option: “It’s hard to say”. An affirmative response was found in 13.2% of students from group A, 17.8% from group B, and 16.9% of teachers from group C. There were also negative responses – 5.3% in group A, 11.1% in group B, and 5.7% in group C.

The obtained responses focused us on such a problematic aspect as the respondents’ lack of motivation for the health-preserving competence. Thus, students of both dual and part-time mode of study are not aware of their own responsibility for preserving and improving health. As it turned out, PEI teachers become more responsible with the gaining of life and professional experience. The majority of those interviewed have not developed a desire to carry out health-preserving activities throughout their lives.

An important component of health care competence is the activity-centered component. The manifestation of its formation was determined by analyzing the responses to questions 7–9. Responses to the *seventh question*: “Do you self-educate to improve the level of health-preserving competence?” pointed out that the majority of respondents (50% in group A, 42.2% in group B and 49.1% in group C) only have in plans health-preserving self-education. Among the responses: “Yes” and “No” there was a slight difference between students and PEI teachers. In groups A and B, 21.1% and 24.5% of students chose “Yes”, respectively, and “No” – 28.9% and 33.3%. At the same time, the situation is the controversial among PEI teachers: “Yes” – 28.3%, and “No” – 22.6%.

Responses to the *eighth question*: “Do you use specific health-preserving technologies to improve your own health?” demonstrated that, unfortunately, only a small number of respondents – 18.4% of students from group A, 20% from group B and 16.9% of teachers from group C – actually apply health-preserving technologies. The majority of respondents do not implement health-preserving technologies in practice (47.4% of students from group A, 46.7% from group B and 34.0% of PEI teachers from group C) or only plan to do that (34.2% of students from group A, 33.3% from group B and 49.1% of PEI teachers from group C).

Responses to the *ninth question*: “Do you carry out a systematic analysis and self-assessment of your own health-preserving activities?” made it possible to determine that only 10.5% of respondents from group A, 8.9% from group B and 11.3% from group C are really conscious, who really analyze their own health-preserving activities. 23.7% from group A, 17.8% from group B and 15.1% from group C are going to do this. The maximum number of respondents

(65.8% from group A, 73.3% from group B and 73.6% from group C) do not carry out systematic analysis and self-assessment their own health care activities.

Thus, the conducted research proved that the respondents are aware of the main categories of health and the factors of its preservation. However, the majority are not sufficiently motivated for independent health-preserving activities throughout life and do not implement their knowledge about health-preserving technologies in practice to strengthen their own health. This position is identical to the scientific results of V. Lamanuskas, D. Malinauskienė, & D. Augienė (2021). Therefore, a powerful range of problems related to the formation of health-preserving competence of PEI teachers is concentrated precisely in the inactivated ability of students and practitioners to implement the existing knowledge on preserving and strengthening health in everyday activities.

Conclusions and discussion

The study of the issue of health-preserving competence development in PEI teachers revealed its multifaceted nature, in particular, its global importance in the world dimension, its role in personal growth, and its importance in professional training.

“Health-preserving competence” was interpreted as a phenomenon consisting in the presence of a system of knowledge about health and the factors of its preservation (cognitive component); conscious desire and motivation to lead a healthy lifestyle (emotional and motivational component); formation of health-preserving behavior skills in society (activity-centered component).

The analysis of the real state of the problem of the health-preserving competence formation in PEI teachers on the basis of a survey conducted among students of Ukrainian universities (majoring in Preschool Education and students of advanced training courses for preschool education specialists) demonstrated positive results regarding to the possession of theoretical knowledge of health among respondents and means of its preservation. However, for the formation of health-preserving competence in PEI teachers, the emotional and motivational and activity-centered components are to be strengthened.

However, the following issues remain debatable: ►How to organize comprehensiveness in the formation of health-preserving competence, improving the process of lifelong education in the Competences for LifeLong Learning system, which is consistent with the scientific positions of K. Mikkonen et al. (2022), V. Llorent-Bedmar & V. Cobano-Delgado (2019), H. Sivkovych et al. (2020). ►How to encourage students and teachers to consciously carry out health-preserving activities throughout life.

Prospects for further scientific work will consist in the implementation in the system of higher education and advanced training courses for preschool education specialists of the elective educational course “Formation of health-preserving competence in the subjects of the educational process” and determining the effectiveness of its implementation.

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