

## Appendix 2

### SELF-PRESENTATION

#### 1. PERSONAL INFORMATION

- ✓ Name: **Ireneusz KOWALEWSKI**
- ✓ Address: 32-125 Wawrzeńczyce 500
- ✓ Current address and correspondence address: 38-606 Baligród, Kielczawa 14
- ✓ Telephone: 502 512 983
- ✓ Current place of work: The Pedagogical University of Cracow, named after the Commission of National Education, Faculty of Pedagogy, Chair of Psychology, Kraków, ul. Podchorążych 2
- ✓ Position: Head of the Psychosomatics Laboratory, adjunct

#### 2. EMPLOYMENT HISTORY

- ✓ Since 1983 – Military Medical Academy in Łódź. Year of completion - 1988, completed university studies at the Military Medical Academy at the Faculty of Medicine and obtained the title of a medical doctor entitling him to apply for Ph.D. and the licence to practice as a medical doctor in accordance with the legal provisions in Poland.
- ✓ Postgraduate internship completed on 16 July 1989 at the 5<sup>th</sup> District Military Hospital in Krakow.
- ✓ In the years 1990-1996 - medical doctor, assistant working in various Healthcare Institutions.
- ✓ 1997 to 2007 lecturer, adjunct, The Pedagogical University of Cracow, named after the Commission of National Education, Faculty of Pedagogy, Institute of Educational Sciences.
- ✓ In the years 2008-2013 - adjunct, The Pontifical University of John Paul II in Krakow, Faculty of Family Sciences.

- ✓ In 2012-2013 - employed at the State Vocational College in Sanok, Departments of Emergency Medical Sciences and Nursing (additional work).
- ✓ 2007 to date - employed at The Pedagogical University of Cracow, named after the Commission of National Education, Faculty of Pedagogy, Chair of Psychology, Head of the Psychosomatics Laboratory
- ✓ Head of Post-graduate Studies in the field of Socioterapy, Faculty of Pedagogy. The Pedagogical University of Cracow named after the Commission of National Education
- ✓ Owner and manager of private Medical and Dental Clinic "KAKAMED", 32 - 125 Wawrzeńczyce 500, registered number DG.II.6411/19/2004., 2000 to 2010, general practice, activity suspended since 2010 due to the author's decision regarding professional re-orientation towards pedagogical activity (pedagogy and andragogy of health) as well as scientific development in pedagogical sciences.
- ✓ **Author's clinical experience and own medical practice revealed lack of effectiveness of remedial medicine in social perspective. This fact was the reason for the professional and scientific re-orientation of towards health pedagogy. Studies in the field of pedagogy accompanied by his biological and medical background allows for competent scientific and didactic-educational activities in the Faculty of Pedagogy of the Pedagogical University in Cracow and may constitute interdisciplinary support for the development of pedagogical sciences. This has been the main goal of the author's professional and scientific work since he started working at the Faculty of Pedagogy.**

### 3. DIPLOMAS AND SCIENTIFIC DEGREES

- ✓ Year of graduation, Faculty, Academy  
**Registered medical practitioner, License No. 3351669** issued by the Military Chamber of Medicine in Warsaw, diploma number 3575 as of 21 December 2001.  
**Entry in the register** of the Military Medical Chamber on 21 December 2001, registration number, 72-11-3351669.

- ✓ **Post-graduate studies in the field of pedagogy**  
**Higher School of Pedagogy named after the National Education Commission in Crakow - Faculty of Pedagogy, Certificate of completion of post-graduate studies in the field of pedagogy, awarded with merit, 30 June 1997.**
  
- ✓ Polish Team for the Health, Polish Team for the Project 'School Promoting Health', **Certificate** of completion of the workshop, **Health promotion and health education at school**, Warsaw, 27 April 1996. Main Project Coordinator 'School Promoting Health' - prof. dr hab. Barbara Woynarowska.
  
- ✓ The Board of the Polish Red Cross, Center of First Aid Education PCK of the Main Board in Warsaw, 14 Mokotowska St., **instructor licence no. 177/2001**, emergency medical services, first aid, 2001.
  
- ✓ Date of obtaining doctoral degree, name of the institution granting the degree, names of promoter and reviewers, subject of doctoral dissertation  
**Military and Medical Faculty of the Medical University, Łódź, 27 April 2004.**  
**Ph.D. in medicine, specialization in public health**, degree granted by the resolution of the Council of the Military and Medical Faculty of the Medical University in Łódź on 27 April 2004. The degree was awarded based on the submitted doctoral dissertation and passed Ph.D. examinations as well as meeting all conditions required by the provisions of the Act of 12 September 1990 on academic degrees and titles,

Doctoral dissertation: *Kultura zdrowotna studentów i możliwości jej kształtowania w systemie dydaktyczno – wychowawczym szkoły wyższej*

Promoter: Prof. zw. dr hab. n. med. Jan Błaszczuk

Reviewers: prof. zw. dr hab. Tadeusz Aleksander,  
 prof. zw. dr hab. n. med. Andrzej Denys.

#### **4. INDICATION OF SCIENTIFIC ACHIEVEMENT**

As per article 16, paragraph 2 of the Act of 14 March 2003 on academic degrees and academic title as well as degrees and title in the field of art (Journal of Laws No. 65, 595 with later amendments)

**4.a.**(Author / authors, title / titles of publication, year of publication, publishing house),  
**Kowalewski I., *Klimat społeczny wybranych szkół wyższych w Unii Europejskiej a stan zdrowia i zachowania zdrowotne w percepcji studentów*, 2019, Wydawnictwo Naukowe Uniwersytetu Pedagogicznego w Krakowie, ISBN 978-83-8084-206-9, e-ISBN 978-83-8084-207-6.**

**4.b. Understanding subjective health condition through holistic approach and level of social climate of academic community in Poland and Europe. Educational support for students in developing: pedagogy, health pedagogy, andragogy of health, health education, health promotion, health prevention, public health.**

Introduction:

Health, education, culture and security are the basic elements shaping social and economic development of every country. A healthy body is one of the highest human values. Providing knowledge about health, shaping pro-health attitudes, habits and behavior patterns that enable maintaining and promoting health are the basic goals of social policies, including educational influences on individual and institutional levels. Shaping a pro-health lifestyle is a fundamental part of educational process. An academy is a unique place in the educational process. Formal education system provides numerous opportunities to enhance health of the young generation through promotion and implementation of health culture. These should get the highest priority in education. One cannot disregard cultural influences on health. Proper environment and implementation of health education should be the main pillars of educational program of every academy.

*Scientific projects carried out by the author develop and deepen achievements of pedagogy and andragogy of health, health education and medical prevention.*

*The primary goal of scientific research conducted by the author is to diagnose health condition and health safety of students and the conditions that academies create in order shape this value. The subject of the research is to examine the subjective health condition of students through holistic approach and define factors determining their health*

*behaviors. In addition, the author is interested in investigating social climate of an academy, conditions of education, program content and analysis of the education process in the field of health (promotion), disease (therapy), prevention (disease prevention) and health education, all of which allow for providing full diagnosis of the current state of affairs. Monitoring of subjective health condition, student behavior and level of social climate of an academy enables the author to prepare an updated pro-health programs addressed to the said institutions.*

The author's scientific achievements can be divided into the following groups:

*- attempts to holistically diagnose students' health condition, behavior and social climate, which can be the basis for creating projects enhancing educational and didactic work on higher education level as well as health education. Defining the shortcomings in promoting culture of health by an academy may, according to the author, allow to find ways how to improve health condition of academic community.*

*- development of health education methodology in academies by influencing teaching and health education processes in academic environment, researching and evaluating the process of upbringing and education aimed at improving health via holistic approach and teaching life skills conducive to the promotion of health and improving the quality of life, development of pro-health, academy-oriented programs.*

*- obtaining new cognitive abilities - through increasing the level of health literacy (theoretical and practical knowledge about health, the ability to understand health problems, insight into oneself and others when identifying health problems, self-awareness and ability of self-assessment of one's own health as well as others') in the academic and social environment of adults.*

For his scientific activity the author was honored in 2015 with a congratulatory letter from the Dean of the Faculty as the leader of scientific work within the Faculty of Pedagogy of the Pedagogical University named after the National Education Commission in Cracow. In 2018 the Dean awarded the author with a jubilee award for 35 years of professional work.

#### **4.1. Title of scientific achievement**

The author considers his greatest scientific achievement the monograph entitled:

##### **Social climate of selected European academies vs. health condition and health behavior in perception of students.**

Health is one of the most important human values, it determines family, professional and social life. Having a healthy and well-functioning body is one of the conditions for human happiness. Some interpret health as a lack of physical or mental discomfort. However, in its entirety, health is not just lack of disease. The holistic aspect of health includes a number of factors that affect health condition. Although apparently these elements do not affect health directly, in practice they prove to be strongly related to it.

*This research paper analyzes the entirety of human health based on the example of academic environment in selected European Union countries. It is an attempt to diagnose health by a holistic approach (socio-ecological perspective) of academic youth (a specifically selected group of academic youth, which in this paper are education, pedagogy and psychology students). Graduates of these faculties enjoy high social prestige. They perform educational, didactic and therapeutic work that has great social impact and significantly influence the young generation. They can be role-models and in this way shape the health culture. The author is convinced that these groups of professionals should become strong links in the promotion of health and health education in local environments.*

Academic studies should be spent i.a. on preparing for such expectations. The said period is a special time in one's life. From educational point of view, it is the most demanding and valuable period for students because it is then when the development initiating adulthood is optimized, which in the future will determine the opportunities for a mature way of life in social, family, professional, civic and health perspective.

The paper has been divided into two main chapters. In the first chapter the author presented an analysis of the literature on health and social climate. The chapter is a little bit unusual. Due to interdisciplinary nature of the subject it would be difficult to discuss the results of research in this area carried out by other authors, excess of results or lack thereof.

**Many years of scientific and didactic work at the Faculty of Pedagogy allowed the author to recognize the lack of basic knowledge and skills in the field of health pedagogy**

**and human health sciences, not only among students, but also academy employees.** This is the reason why the character of the first chapter is educational. According to the author, interdisciplinary character of the problems covered in the research requires defining terms concerning various scientific fields: pedagogical, psychological, medical and sociological. An attempt to discuss these contents makes the readers of the monograph aware of the importance of health issues on individual and social level in both academic and school environments. The second reason is the author's proposition to unify the terminology of scientific language within interdisciplinary discourse on health education. The second chapter describes the research methodology and research results. The dissertation ends with a summary of the research and conclusions.

It may seem that some of the issues raised in this research leave the reader with a lack of information to a certain extent. However, these are deliberately taken measures. They result from the necessity of adhering to the previously chosen concept, which sets a rigid framework for the analysis of the selected topic.

### **Objectives of the study and research questions, hypotheses**

Two main objectives of the presented paper:

- 1. Understanding health condition of students through their subjective perception in selected European Union countries.**
- 2. Showing correlation between social climate at academies vs. selected health indicators of students.**

The following research problems (questions) have been formulated:

1. How do the surveyed students assess the condition of their somatic and mental health?
2. What are the healthy and risky behaviors of the surveyed students in their opinion?
3. How do the surveyed students assess the material environment of their academies?
4. What is the social climate at academies in which research has been carried out in the opinion of the surveyed students?
5. Are there any, and if so, what are the differences in the assessment of health and health determinants of the surveyed students depending on gender and the academy?

6. Is there, and if so, what is the correlation between the student health assessment indicators and their health behaviors vs. the perception of social climate of the academy?
7. Which of the variables defined as dimensions of social climate are predictors of health assessment and health behavior of the surveyed students?

The next stage of a research procedure is formulation of hypotheses. A scientific hypothesis usually arises when for certain facts one cannot provide explanation based on any of the previously accepted and substantiated solutions. The hypothesis is subjected to a thorough verification process, because it is not a statement that explains or establishes correlations between variables<sup>1</sup>. However, it is not always justified and necessary to formulate hypotheses. In research aimed at making a description or getting to know someone's opinion, the necessity of putting forward hypotheses is unnecessary because the researcher is looking for an answer to the question "How is it" and does not seek to determine "Why". The basic condition for the formulation of a methodologically correct hypothesis is the initial recognition of a problem and the area of research, knowledge of literature on the subject. The correct formulation of working hypotheses is, according to the author, a difficult task requiring reliable knowledge on the subject of problems researched. It is necessary that all correctly formulated hypotheses meet the following conditions: they should be verifiable, they need to be clearly formulated, correlation between variables should be highly probable<sup>2</sup>.

In this paper the hypotheses were formulated in reference to research problems **No. 5 and 6**.

**Hypothesis to problem number 5:** There are significant differences in the evaluation of indicators related to health and health behavior among the surveyed students from four countries and the surveyed women and men.

**Hypothesis to problem 6:** There is moderate correlation between the indicators of health perception and health behavior of the surveyed students vs. the assessment of the social climate of the academy.

### **Variables and indicators**

In order to specify the research problems, variables and indicators were distinguished.

The main independent variable was the following:

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<sup>1</sup>Łobocki M. *Metody i techniki badań pedagogicznych*. Wydawnictwo IMPULS Kraków 2003, p. 26

<sup>2</sup>Brzeziński J. *Metodologia badań psychologicznych*. PWN Warszawa 2007, p. 225



*Evaluation of level of social climate in academies in selected EU countries on three levels: interpersonal relations, personal development conditions and organizational system.*

Independent intervening variables include:

*Academy in selected EU countries;*

*Gender of respondents.*

The questionnaire contains yet other intervening variables, but due to the extent of the study they will be used in another paper.

The following intervening variables related to health condition and health behaviors can be included (not distinguished directly in the analyzes): parents' education, social and living conditions, place of permanent residence and place of residence during studies.

The following variables were assumed as dependent variables:

*The level of subjective health perception and evaluation of selected health behaviors by academic youth in selected European countries.*

It consists of a number of component variables:

- **subjective perception of physical health of students** (general self-assessment of health, occurrence of chronic diseases, occurrence of long-term diseases, occurrence of somatic problems, self-assessment of physical fitness, BMI of students under study),

- **subjective perception of mental health of students** (general self-assessment of psychological condition, self-assessment of coping skills in daily life, self-assessment of their ability of coping with emotions, self-assessment on dealing with anger, frequency of anxiety, frequency of feeling irritated, frequency of feeling tension, frequency of feeling fear, frequency of feeling hopelessness, occurrence of depression, suicide attempts, frequency of occurring difficulties in concentration, frequency of reduced mental performance, frequency of memory disorders, frequency of fatigue),

- **subjective perception of selected health behaviors of students** (frequency of intense physical activity per week, number of hours of sleep, getting enough sleep (as reported by students themselves), quality of sleep as per students' assessment, feeling tired after waking in the morning, number of meals consumed during the day, breakfast consumption, second breakfast, dinner, afternoon tea, supper, slimming diet, sexual initiation, types of family planning methods, types of natural methods used, dental check-ups),

- **subjective perception of selected risky health behaviors** (frequency of drinking beer, wine, vodka and other alcoholic beverages, frequency of bingeing, smoking, age of starting to smoke tobacco products, frequency of smoking, number of cigarettes smoked per

week, fastening safety belts in a car, using a helmet while cycling, frequency of taking sedatives, frequency of sleeping pills use, permanent sexual partner).

### **Method and research tools**

The research was carried out in accordance with quantitative research paradigm. The method applied was a diagnostic survey by means of anonymous questionnaire survey technique. Two original questionnaires were the research tools:

#### **Questionnaire examining selected elements of health condition and health behavior of students; Scale to study social climate at academies.**

Survey questionnaires were developed by the author based on standardized tools used in Polish and European scientific research. The first one in terms of the structure of questions is based on epidemiological indicators from the surveys carried out by the Central Statistical Office<sup>3</sup> and on research on health behavior and subjective health of school children of HBSC (Health Behavior in School-aged Children, A WHO Collaborative Cross-national Study)<sup>4</sup>. Some of the questions in the questionnaire were modified by the author. Some of the questions are entirely original, they were developed based on own research. Due to the nature of the work and **lack of a research tool concerning study of social climate in academic environment**, the second tool was also created by the author. The author adapted the scale of R. Moss (Social Climate Environment Scale) modified to match Polish conditions by L. Pytka<sup>5</sup> with the purpose of measuring social climate of educational institutions and environments. In own research a three-level division of Social Climate Scale was used: interpersonal relations, personal development and organizational system. The subscales, reference indicators, proposed by R. Moss were omitted. Adoption of a different tool, definition of social climate different from its original meaning, focusing on three main categories only, was dictated by the author's conviction about the main role of these categories in shaping social climate at academies.

As the questionnaires have been worked on for a significant period of time, the author did not omit any of the problems he was interested in. The author has been trying for years to construct a research tool of a screening nature that can be used scientifically, especially in

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<sup>3</sup> Szymborski J., Jakubik K. ed. *Zdrowie dzieci i młodzieży w Polsce*, Published with the cooperation of the Central Statistical Office, Biuletyn RPO, book no. 62, Warszawa 2008, Agencja Reklamowo-Wydawnicza Arkadiusz Grzegorzczak

<sup>4</sup>Wojnarowska B., Mazur J. ed., *Wyniki badań HBSC 2010. Tendencje zmian zachowań zdrowotnych i wybranych wskaźników zdrowia młodzieży szkolnej w latach 1990-2010*, Warszawa 2012, Sowa – print on demand

<sup>5</sup>Pytka L., *Pedagogika resocjalizacyjna, Wybrane zagadnienia teoretyczne i metodyczne*, Warszawa 2008, Akademia Pedagogiki Specjalnej

health pedagogy. Sometimes the author has to use certain generalizations when posing questions, which may raise some doubts from the scientific point of view. The proposed diagnosis is, however, aimed at **capturing health problems** of young adults, such as students, which can be **re-educated**. Therefore, the author believes that this type of tool should not only diagnose the health condition in a positive but also in a negative aspect. This information, complemented by the diagnosis of social climate in academies, can provide a sufficient, broad framework of topics educational and promotional activities should be based on. The result analysis of the diagnosis may also help in determining which institutions should take part in the preventive activities carried out in Polish and European academies.

### **Subjects and organization of research**

The procedure of selection of academic youth sample group in Europe was the multistage team draw method. The research was carried out in four academies:

- Pedagogical University of Cracow named after National Education Commission, Faculty of Pedagogy - 220 students,
- Charles University in Prague, Faculty of Education (Univerzita Karlova) - 315 students,
- University of Paris, Faculty of Psychology (Universite Paris - Descartes, Sorbonne) - 320 students,
- University of Padua, Faculty of Psychology (Universita Degli Studi Di Padova) - 310 students.

The study in selected European countries commenced in May 2012 and ended in November 2014.

Survey results of 1114 students were analyzed, including 208 respondents from Poland, which is 18.7% of all respondents, 295 from the Czech Republic (26.4%), 305 from France (27.4%) and 306 from Italy (27.5%). The vast majority of respondents in the group of Poles, Czechs and French were women, of whom there were over 80%. In the Italian group, the differences are much smaller, as 53.6% of women and 46.4% of men were surveyed. The average age for the whole group (M) is 22.02, standard deviation (SD) - 4.46.

### **Description of the statistical methods**

A comparative analysis of the results obtained from the surveyed students from four countries was carried out using the  $\chi^2$  test, U Mann-Whitney test or nonparametric analysis of

Kruskal-Wallis variance. The choice of significance test was determined by successive conditions: data type (qualitative and quantitative), equipotence of groups, measurement scale of independent variable, normal distribution of independent variable, fulfilled condition of uniformity of variance of independent variable.

The assumptions of normal distribution of independent variable in case of social climate assessment at individual scales were checked using the Kolmogorov-Smirnov test, which applies to groups of more than 100 people.

In case of categorical variables, numbers and percentages were determined, while in the case of quantitative data - arithmetic average and standard deviation. Reliability of measuring scales in the case of social climate dimensions was assessed by calculating Cronbach's alpha coefficient.

In order to confirm whether the results of the assessment of social climate in particular scales are correlated with results of variables concerning the assessment of selected elements of health condition measured on the ordinal scale, the Kendall tau-b correlation coefficient was applied.

In order to determine whether and to what extent the variables defined as social climate subscales are predictors of self-assessment of selected aspects of mental health of the surveyed students (variables measured on the nominal scale), a logistic regression analysis was applied. All calculations were made using the SPSS 22 program.

### **Analysis and interpretation of results**

**The results of the presented research revealed many phenomena and problems that have hitherto been partially known, but some of them are new data that may be used in health education, preventive programs and preventive activities not only in Polish School but also in France, Italy and the Czech Republic.**

#### Perception of somatic health condition by surveyed students

Most students from four countries, both women and men, assessed their health condition as good or very good and claimed that they did not suffer from long-term illnesses. The surveyed men assessed their health condition slightly more favorably compared to women. The occurrence of chronic diseases is reported by a fairly large percentage of respondents, especially from France (50.7%). Somatic disorders in the opinion of the

respondents usually do not occur, but when so, much more women than men report such problems.

Physical fitness was assessed by most students only as average, with more women than men, especially from the Czech Republic and France, claiming that their fitness is good or very good.

Normal body mass calculated on the basis of the BMI index is reported by about  $\frac{3}{4}$  of the respondents from four groups. The highest number of students from Italy (81.8%) in comparison with other respondents, according to their own assessment, have normal body mass. In total, more women than men are underweight, while more men are overweight.

#### Assessment of mental health condition by the surveyed students

Much higher number of surveyed students from France (72.2%) than from other groups (least from Poland - 41.3%) assess their psychological well-being as good. Every third woman and every third man declare that they often feel unwell.

Most of the students, both women and men, declare they cope well when faced with everyday life problems. A lot more men than women do well as far as their emotions are concerned, students from France assess their skills the worst. Students from the Czech Republic handle the feeling of anger best, students from Italy the worst, both women and men. The state of anxiety is most often experienced by students from France and the least often by Italian students. Anxiety is more common in women than in men. A sense of increased irritation and tension is declared in the highest percentage by respondents from Italy and France, a comparable number of women and men. In turn, irritability and tension is declared least often by students from Poland. The feeling of anxiety is experienced more often by students from France in comparison with the respondent from other groups, significantly more often by women than men. The sense of hopelessness is most frequent in responses of women from Poland (91.6%) compared to groups of men and women from other countries in which research was conducted.

Depression occurs significantly more often in women (21.4%) than men (13.4%), almost in every fourth person from the Czech Republic and France. Suicide attempts were undertaken by nearly 6% of respondents, most often by students from France.

The highest percentage of students from Poland and Italy have difficulties concentrating compared to other surveyed groups. The occurrence of reduced mental fitness is most often declared by students from Italy (63.64%) and least frequently from the Czech Republic. Very frequent memory disorders are reported by the highest percentage of students

from France in comparison with other groups. The feeling of tiredness occurs in more than 90% of respondents from Poland and France, more often in women than men.

Differences between women and men regarding their ability to cope with everyday problems and emotions such as anxiety, irritability, tension and fear are statistically significant. Also, women are the group more prone to having a depression episode and more often experience feeling of fatigue.

#### Selected health behaviors of surveyed students

Health behaviors usually include all habits, activities, attitudes and values recognized by members of a given society, which relate to health. These include: regular physical exercise, adequate amount of sleep, proper nutrition, sexual behaviors, regular check-ups, avoidance of stimulants and the ability to cope with stress.

Students from the Czech Republic are much more physically active compared to other groups. 38% of the respondents claimed that they get 3 to 7 hours of vigorous-intensity activity per week. Such activity is more often performed by men than women. Also, the highest number of students practising morning exercise were from the Czech Republic and Italy. The majority of respondents from Poland think that their physical activity is insufficient.

In the opinion of vast majority of students from the Czech Republic and Italy their sleep pattern is correct. They usually sleep 7 to 8 hours, but they say that the amount of sleep is insufficient, they have serious difficulties falling asleep and feel tired after waking up in the morning.

Majority of students from all groups declared that they eat 3 or 4 meals every day. Students from Poland rank highest as far as proper number of meals is concerned because 20.7% of them consume 5 meals a day. Most of the respondents eat breakfast every day, students from Italy do so most often and from France least often. It is disturbing, however, that the vast majority of the surveyed students (68.8% from Poland to 80.0% from France) declared daily consumption of sweets and sweetened drinks. However, about 90% of people from all groups claimed that they also eat fruit and vegetables every day. Majority of the respondents also declared that they do not follow any slimming diet.

Vast majority of students declared being sexually active. Sexual initiation took place before the beginning of studies in most cases. A significant number (48.6%) of the respondents from Italy claimed that they do not use any contraceptive methods. Women use contraception much more often than men in general. Drugs, hormonal, mechanical and natural contraceptive methods are preferred by students from France. The highest percentage of the

respondents from the Czech Republic and the lowest from Italy declared that they did not have a permanent sexual partner despite being sexually active.

Students from all groups in vast majority claimed that they have not got any medical check-ups in the last 12 months, neither in a student clinic nor in any other healthcare facility. The highest activity in this area, probably due to easy accessibility of students' clinics, was declared by students from the Czech Republic, as one fifth of this group said they underwent such a procedure. Regular dental check-ups are most often declared by students from the Czech Republic whereas students from France get them the least. 49% of Czech students get such check-ups every 6 months and only 13.9% of students from France do the same.

#### Selected risky behaviors of students

Risky behaviors (in other terms problematic or self-destructive) most often include, i.a., bad eating habits, lack of physical activity, smoking, abuse of psychoactive substances, aggressive behavior and passive attitude to environmental hazards.

First the frequency of consumption of various types of alcohol was analyzed. It turned out that beer and wine are mostly drunk by students from Italy, while vodka and alcoholic drinks – by students from Poland. Among the surveyed Poles there were 4.6% of people who say they consume vodka or alcoholic drinks on a daily basis. One in ten of the surveyed man declared so and certainly this phenomenon is quite disturbing. Also, a significant percentage of Polish students experienced the state of intoxication. 6.9% of both sexes got drunk more than ten times and 41.2% were under significant influence of alcohol 2-3 times in life. The greatest moderation in the consumption of alcohol is declared by students from France and Italy because over 40% of them stated that they have never been in a state of intoxication. Smoking is the least common habit among Polish students and the most common among the respondents from France and Italy. The degree of prevalence of drugs is the highest among students from Italy. In their opinion, they use drugs on rare occasions.

Safety belts are most often fastened by students from the Czech Republic and from France and the least often from Poland. When riding a bicycle Czech students use helmets most often. One in seven students use helmets at all times and one in three say they use it often. Such behaviors are more preferred by men than by women in each group.

The use of sedatives is declared twice as often by women then men. This is the case with the respondents from Poland and France. Sleeping pills are more often used by students from Poland and France than those from the Czech Republic and Italy. However, over 90% of respondents declared that they do not use them at all.

### Evaluation of the material environment of the academy

The surveyed students also assessed the material environment of their academies, that is, the availability of medical treatment at student clinics, measures taken by the academy in order to increase physical activity and the access to academy sport facilities. By far, most students from all groups declared that they did not require treatment at the student clinic (highest percentage - Italian students - 95.7%). In turn, the best access to such treatment is declared by students from France. The reasons for non-use are very different. The lack of physicians with suitable specialization was most often indicated by students from France, difficulties with getting to a doctor were indicated by students from Poland and greater trust in their family doctor was declared by respondents Czech Republic and France.

The surveyed students negatively evaluate measures taken by academies aiming at increase of physical activity. Almost half of each group stated that such actions do not take place. Unlimited access to sports facilities at the academy are declared by one in five students from Poland and slightly more than 40% say that they can access these facilities with little difficulty. In turn, nearly half of the surveyed students from France stated that there are no such opportunities at all.

### Social climate in academies

It can be stated that the surveyed women and surveyed men (irrespective of the country) assess the social climate at their academies in the light of "interpersonal relations" on average. Men and women do not differ in the assessment of the social climate in this dimension. In turn, when taking into account the results obtained by students from four countries (irrespective of gender), there is some variation in this assessment. The best social climate in the light of "Interpersonal relations" are indicated by respondents from the Czech Republic and the worst by students from France. A similar situation occurs when it comes to assessing interpersonal relationships by women and men from four countries. Students from the Czech Republic rate social climate the highest, while respondents from France rate it the lowest.

The assessment of social climate in the next scale "Conditions for personal development" is much more positive in the group of women than in men. However, the assessment of this social climate dimension is lower than in the case of interpersonal relations assessment. The average results of the surveyed students from four countries differ significantly. Students from the Czech Republic evaluate climate on this scale the highest and students from Italy the lowest. Also, when comparing the results of the surveyed women from



four groups and the surveyed men, a significant difference appears. Students from the Czech Republic assess this social climate very highly, while the lowest rate is indicated by respondents of both sexes from Italy.

As far as the the social climate scale "Organizational system of the academy", the assessment of the surveyed women and men (irrespective of the country) is similar and can be considered only slightly higher than the average. The social climate in this dimension is rated the highest by the surveyed students from the Czech Republic in comparison with other groups. This dimension of social climate was rated the highest by the surveyed men and women from the Czech Republic. The lowest rating was given by students from France.

The assessment of social climate of their academies was evaluated significantly higher by the surveyed women than men (irrespective of the country). In turn, when taking into account the results of the surveyed students from four groups (irrespective of gender), it can be stated that the social climate is rated the highest by students from the Czech Republic and the lowest by Italian respondents. The worst social climate is generally reported by women from Italy and men from France ( $M3 = 196,57$ ).

Summing up, it can be stated that the social climate in all dimensions is rated the highest by the Czech students, both women and men. The surveyed women and surveyed men (irrespective of the country) only slightly differ in their assessment. A slightly higher rating was given by women. In turn, the social climate in all dimensions scores lowest in the view of the respondents from Italy and France.

#### Correlation between indicators of health perception of students and their health behaviors vs. social climate of an academy

Analyzing the correlation between selected indicators of health perception and health behaviors of the surveyed students, some very weak dependencies can be found. A very low positive dependence occurs between the assessment of difficulties with concentration and the assessment of the social climate in the "conditions of personal development" by the surveyed students (irrespective of gender). Also, when analyzing the correlation between the men's assessment regarding difficulty concentrating and the assessment of social climate in the "personal development conditions", a very weak positive correlation can be found. When analyzing the results of the surveyed students from Poland, two very weak positive correlations were noticed. These correlations are between the assessment of frequency in difficulties with concentration vs. the assessment of the social climate in the dimension of "interpersonal relations" and vs. general dimension.

When analyzing the correlation between the results of the surveyed students from the Czech Republic regarding the assessment of selected aspects of their health perception and health behaviors vs. the results in particular social climate scales, a very weak positive correlation between the self-assessment of skills in dealing with emotions and the assessment of social climate in the "organizational system of the academy" dimension can be found.

In case of results of the surveyed students from France, one can notice a very weak positive correlation between general self-assessment of health and the assessment of the social climate on the "personal development conditions" scale.

There was also a very weak positive correlation between the overall assessment of the health condition and the results on the "personal development conditions" scale.

Summing up, correlation results between the assessment of selected aspects of health and health behaviors of students vs. the results in particular scales of social climate of the academy are very weak or do not occur at all. Only in a few cases slim or low positive correlations appeared, which indicates the presence of very weak correlations. In other cases, one cannot state that the assessment of social climate by the surveyed students is definitely related to their selected aspects of health and health behaviors.

#### Predictors of health condition perception and health behaviors of the surveyed students

By means of logistic regression analysis it was evaluated whether and to what extent the results in subscales of social climate determine the self-assessment of psychological well-being of the surveyed students. The following subscales were taken into account: the standard of social life, selected elements of the didactic process, students' influence on living conditions at the academy, the impact of students on the content of courses, the impact of academic teachers on student personal development, observance of rules of study by students and academic teachers, as well as attitudes and behavior of academic teachers and other university employees. Due to redundancy the model does not include the main scales because their results are the sum of individual subscales.

When summing up the results of logistic regression analysis, it should be noted that self-assessment of selected aspects of mental health of the surveyed students is determined by the occurrence of several predictors related to the assessment of the social climate in different subscales.

Predictors determined by logistic regression analysis proved to be significant, but not very strong. A change in result in the test regarding the assessment of the social climate of the academy by 1 point allows to predict an increase or decrease in the assessment of selected

aspects of mental health by 2% to 5%. Communicability of the odds ratio improved after applying the change by the value of one standard deviation, but the strength of the predictors is still low and ranges from only 15% to 34%.

### **Conclusions**

The data on subjective health assessment and health behaviors of the surveyed students from four countries, the social climate of academies and the relationships between these variables presented in this paper allow for the following conclusions:

1. **The state of somatic health** in the assessment of students **is not satisfactory**, because almost half of the respondents from each group declared the occurrence of chronic diseases, and one in three persons stated that they suffer from several somatic problems.
2. It can be stated that **physical fitness of the respondents** from all groups is not satisfactory, because most students rated it as only sufficient. Abnormal body weight (underweight or overweight) is reported by  $\frac{1}{4}$  of the surveyed women and men.
3. The **assessment of psychological state** by the surveyed students is disturbing, because quite a lot of them (especially Poles) expressed the opinion that **it was bad**.
4. **The occurrence of depressive episodes and suicide attempts** as declared by the respondents is also quite a disturbing phenomenon, mainly in the case of students from France.
5. It can be stated that the surveyed students are **not physically active enough** because in the majority of cases they declared lack of any physical activity or exercising for 1 or 2 hours a week only. Most of the respondents rated their physical effort as insufficient.
6. Students **do not eat properly** as the consumption of five meals a day was declared by a small percentage of respondents.
7. Among risky behaviors the most disturbing phenomena are (for a significant number of respondents): lack of a permanent sexual partner, non-use of methods of contraception and frequent consumption of alcohol in various forms.

8. Students **do not properly take care of their health and teeth**, because less than  $\frac{1}{4}$  of respondents get regular check-ups. In most cases the reason is the limited access to doctors, mainly specialists, in student clinics.
9. **The activities of academies to increase physical activity** and accessibility to sports facilities are far from sufficient in the assessment of the respondents.
10. Analysis of research results revealed that the correlatio<sup>s</sup> between selected aspects of health self-assessment and health behaviors vs. the assessment of social climate of the academy are very slim, weak, or do not occur at all.
11. It can also be stated, after evaluating the results of the logistic regression analysis, that the assessment of social climate of academy in various dimensions has little predictive value for self-assessment of selected aspects of mental health and health behaviors of the students from four countries.
12. Although the results of the presented research in this paper (10, 11) do not show a strong connection between the assessment of social climate of the academy vs. health condition and health behaviors of the surveyed students, such a correlation can be seen. The occurrence of weak dependencies may be the result of a short-term impact of the academy environment, which is a 3-5 year period of students' presence at the academy. In the author's opinion further in-depth research in this area should be carried out, involving larger groups of students and by means of a more complicated research apparatus .

**Health condition of the majority of academic youth is unsatisfactory**, and the range of pathologies and abnormal behaviors has its characteristics, thus probably also its causes. By determining the correlation between state of health, living conditions and students' everyday lifestyle one can prepare and implement an optimal health promotion program. Activities falling within the scope of health promotion are considered one of the most effective alternative methods to conventional medicine, which cannot face up to modern health threats. **Creation of proper conditions and the implementation of health promotion should be the main pillars of educational program of an academy.** Thanks to various programs implemented at schools, i.a. high schools and universities, young generation is better prepared for living in a changing world, is entrepreneurial, knows how to learn, how to sieve through information. In addition, young people cope well with information technology,

speak several languages, etc., but cannot properly take care of their health, even if they have knowledge about health. It is less conspicuous when young people live with their parents, however, the situation changes when they start an independent life, away from their family.

**The results of the research allow the assumption that future pedagogues, teachers and psychologists cannot be considered as role- models in pro-health term. The level of social climate of the academy, rated by students as close to the average, is a bad result.** One can consider whether the environment, which should have an educational character, fulfills its role. **The unsatisfactory subjective state of health, behaviors, habits and attitudes presented in the author's research may indicate lack of knowledge and skills in the field of promotion and health education within academic community.** It is difficult to be an authentic and credible teacher, educator, psychologist, parent, human when one's own lifestyle and pro-health attitudes are in conflict with current guidelines and recommendations. **This requires re-education.** Academies are facing such a task. Due to deteriorating state of social health, this task is to be tackled today, not tomorrow. Academies, in the author's opinion, are obliged to complement gaps on health issues created by the family, environment, education. This requires the implementation of rapid actions from academy authorities and all entities to whom social and individual health is important. Due to the fact that the level of social climate in academies is poorly assessed by students (the assessment is close to average), it requires actions directed not only to students but also to all academy employees (research and teaching staff, administration and support staff). Therefore, it is necessary to create conditions that would enable re-education and would concentrate educational work of the academy on prevention and health promotion. Therefore, the most important task is to intensify actions supporting health education in academies. There are too few courses in curricula that cover health issues and students are not able to properly care for their condition because in a significant number of cases no proper pro-health attitudes have been developed. This applies to all aspects of health within academic community diagnosed by the author.

In addition, the authorities' actions should above all be focused on enabling easier access to student clinics and doctors of various specializations. It is also important to take measures to increase physical activity of students, that is, increase accessibility to sports facilities.

**In order to maintain and promote health of the academic community and to create optimal social climate a strategy for Polish and European academies should be developed.** According to the author, the strategy should include:

- ✓ Introduction of a universal Health Promotion program for all fields of study
- ✓ Introduction of health education in the form of a methodical subject for education, pedagogical, psychology and social work studies.
- ✓ Enabling full healthcare coverage for students and employees. Cooperation with academy healthcare facilities in health promotion programs. Re-orientation of healthcare institutions providing services for academic environments from curative treatment to prevention.
- ✓ Development and introduction of provisions obliging students to get check-ups (including dental check-ups) once a calendar year.
- ✓ Obliging physical education institutions to greater activity in the field of promoting health through sport. Physical education institutions should be obliged to broaden their offer, the possibility of practicing various forms of physical activity among students and staff. It is necessary to allow better access to sports facilities for students and academy staff
- ✓ Introduce sport scholarships for students and academy staff.
- ✓ Introduce courses in the field of mental health hygiene for students and academy staff. Classes should focus on: coping skills, interpersonal communication, human autonomy issues, personal development and social support.
- ✓ Improvement and optimization of institutional activities of the academy in terms of organizational system depending on the existing structure.
- ✓ Allowing and supporting all informal health promotion activities carried out at academies.

The author therefore proposes the **establishment and implementation of the Center for Prevention and Monitoring of the State of Health and Behavior and Optimization of Social Climate in every academy.** The Center would have the following objectives: diagnosis of subjective health of students, behaviors and the level of social climate at the academy, evaluation of health problems currently occurring within academic environment,

determination, selection and development of strategies to overcome problems, implementation of strategy, monitoring and evaluation of pro-health actions.

### Summary

Academic studies is a special time in life. From the educational point of view, it is the most demanding and valuable period for students.

*Pedagogy must include empirical analyses concerning life of academic environment through undertaking tasks of broadening the theory of pedagogy of an academy by health-related themes that form the basis for designing programs and activities aimed at supporting development in early adulthood.* Areas of potential analyses are broad, require constant diagnosis of health and social problems of academic youth and social climate of educational institutions such as academies.

**Strong convictions about the importance of research undertaken by the author have become an inspiration for the implementation of this type of tasks in his scientific works and in the presented monograph.**

### 4.2. Other scientific achievements

Education at an academy changes lives of many people entering adulthood in a fundamental way. In the period of progressive development health and social behaviors are embraced for life. Higher education is the last education level, giving an opportunity to provide students with knowledge and skills that will influence their views and behaviors, this is one of the last moments for **re-education**. Therefore, according to the author, a healthy educational environment should be a basic element of the educational program of every academy. In the biomedical model, man himself was an area of searching for health, today we search for health in an environment – human relation.

"The upbringing community fulfills the functions of confronting reality with the implementation of the announced norms. Otherwise there will be a discord between word and deed, between model and reality "(M. Demel). This will negatively affect the whole process of health education at the academy. In the course of the upbringing process we pass the basic knowledge about health, we create a system of values, habits, attitudes, we motivate to be responsible for our own health and other people's health. The aim is to improve students' health by shaping pro-health behaviors, minimizing risk factors and strengthening the body. There should be consistency between academic environment and the strategy of educational

and health-related activities of educational institution. The protection and promotion of health requires the creation of favorable environmental conditions, in all places where a person resides. Health education at academy and pro-health work environment will allow to increase the effectiveness of education and work at the academy and, most importantly, teach members of these communities how to make healthy choices from the options available. Each academy creates a local environment for young people and adults. **Comprehensive diagnostics of this environment will allow to take effective actions in order to remove health threats and will result in positive actions, promoting health among academy students and staff. The formal education system provides enormous opportunities to influence the health of the young generation through promotion and implementation of health culture.** According to the author, a precise understanding and use of the knowledge gained in the field of health culture at the academy will help in making rational decisions towards pro-health choices. Creation of conditions and implementation of health education at the academy should be the main pillars of the academy program. Understanding this fact by the entire academic community and the involvement of authorities is the task of the highest rank. All the author's publications listed below is an attempt to broaden and enrich the knowledge about human health, with particular emphasis on academic environment.

#### **4.2.1. Holistic diagnosis of student health condition, behaviors and social climate that can create the basis for projects optimizing educational and didactic work in higher education system as well as in health education and health pedagogy.**

Among dissertations attempting a holistic diagnosis of the subjective health condition of students one should distinguish a monograph entitled: *Zdrowie emocjonalne młodzieży*. (eng. Emotional health of youth). Emotional health of youth is one of the priorities of health promotion in the European Union. Mental health declaration assumed mental health and psychological well-being are essential to the quality of life, enabling people to experience life as meaningful, allowing them to be creative and active citizens. Emotions have always accompanied people. We feel them ourselves and show them to others. Emotions are not only an important factor shaping human behavior and affecting the results of one's actions - their importance extends to proper functioning of the whole organism, often determining its health (M. Krokowski, P. Rydzewski). Over 40% of children and young people have problems with emotions, proper behavior and social functioning (J. Bomba).



The monograph consists of three chapters. The first chapter presents and explains i.a. concepts related to emotional health, emotions, behavior, factors that trigger emotions, types of emotional disorders and others. The second chapter is devoted to methodological concept of research, which shows its objectives, specifies research problems and characterizes the method and technique used. This chapter also presents characteristics of the place of research, the population surveyed and the course of research. The third chapter presents statistical analysis of research results.

The results presented in this study were obtained through a survey on a group of 220 students studying at the Faculty of Pedagogy of the Pedagogical University named after National Education Commission in Cracow. The research goal was to study subjective emotional health of a chosen group of academic youth, namely students of education, pedagogy and psychology faculties. The comparison of emotional health condition was made between younger students entering adulthood and commencing their academic studies vs. senior students from higher years of studies and people living in family homes vs. people living in other places, such as dormitories, rented rooms or flats.

#### Assessment of emotional health by the surveyed students

The results of the analyses revealed that the vast majority of the surveyed students positively assess their abilities to cope with everyday life problems and difficult emotions. Students assess their ability to control certain emotions or the ability to deal with them constructively as low. The greatest difficulty is to cope with aggression and jealousy whereas hatred and anger is a little bit easier to handle. Out of all students who noticed the occurrence of various negative emotional states, every fourth respondent often feels hopelessness in life and almost half of them feel so from time to time. Many respondents often have difficulty concentrating, suffer from memory problems and anxiety. Mental fatigue is periodically experienced by over half of students, slightly fewer report the occurrence of a nervous breakdown and sense of anxiety. Vast majority of respondents feel increased irritability, states of increased mental tension, anxiety and bad mental mood.

#### Differences in the assessment of emotional health between results of younger students starting their studies vs. older students from higher years of studies

Younger students feel emotional states such as anxiety, difficulty concentrating, mental fatigue, reduced mental fitness, increased irritability and a sense of hopelessness in life more often than older students. The analysis also showed that the respondents from both

groups have similar skills in dealing with everyday life problems, feelings of anger and aggression. As far as frequency of memory problems, states of increased mental tension, nervous breakdown and anxiety there are no significant differences between the responses of younger and older students. The students from the first group (younger, first and second year of studies) have more difficulty coping with unpleasant emotions, feelings of hatred and jealousy in comparison with older students. The analysis also showed that respondents from both groups have similar skills in dealing with everyday life problems, feelings of anger and aggression.

#### Differences in the assessment of emotional health between students living with families and students living in other places

Fewer students living with their families experience negative emotional states and better cope with life problems and difficult emotions.

Analysis of research results revealed that students living with their families less frequently suffer from anxiety, difficulty concentrating, states of increased mental tension, increased irritability, nervous breakdown, anxiety and hopelessness. Respondents from both groups report similar level of memory problems, mental fatigue, a sense of reduced mental efficiency and bad mood. As far as coping with emotions such as anger, hatred and jealousy are concerned, responses of students from both groups were similar.

#### Correlations between age of respondents and their place of residence during studies vs. assessment of coping with life problems and difficult emotions

The assumption that age of students and their place of residence during the course of education significantly differentiate their assessment of emotional health was made. The results show that the hypotheses regarding correlation between age of the surveyed students and their place of residence during the study period were not confirmed in the research.

The research results reveal the need for further investigation into the determinants of the emotional life of young people. But the positive influence of a family in shaping personality and emotional life of every human being is worth emphasizing. The research results showed unequivocally that the students living with their family less often suffered from anxiety, difficulty concentrating, states of increased mental tension, increased irritability, nervous breakdown, anxiety and hopelessness. Does this mean that family gives support and a sense of security? It seems so. It is the basic and main environment that educates and fosters human development in various areas.

Second scientific paper worth mentioning is the monograph entitled *Alkoholizm wśród młodzieży. Kompendium wiedzy dla pedagogów i pracowników socjalnych*. (eng. Alcoholism among young people. A compendium for educators and social workers). The problem of addictions is becoming more and more common in the context of social life. A worrying phenomenon is that both in Poland and other European countries there are changes in the style of alcohol use among young people: lowering the age of alcohol initiation, drinking strong spirits, occurrence of benders, increase in alcohol consumption among girls, combining drinking alcohol with medicine and drugs (Cz. Cekiera). The dissertation consists of two parts. The first part is a compendium designed to share the knowledge of alcohol problems with the readers. The authors discuss the following topics: history of alcohol, somatic and psychiatric consequences of alcohol consumption, prenatal development of a child in the light of teratogenic effects of alcohol on the fetus, Alcohol Fetal Syndrome, the phenomenon of alcohol use among young people in the light of research, treatment, therapeutic work and prevention of alcohol abuse and alcohol disease.

The second part is of a scientific nature and concerns the phenomenon of drinking alcohol among young people. The results of research included data from master's theses conducted by students in 2012-2014 under the scientific supervision of co-authors. In the conclusion of the study, it can be stated that the youth have good knowledge on alcohol and alcohol related risks. They are aware of the effects of alcohol use and the consequences that alcohol-related behavior can cause. They are aware of diseases and disorders that may be caused by the consumption of alcoholic beverages. They know that uncontrolled and systematic drinking of alcohol can lead to addiction and compulsive drinking. Middle school students also realize that alcoholism is a disease that requires treatment. However, they do not know how to diagnose the disease and what the treatment is. Since their knowledge regarding their own body is little, they are not fully aware of the toxic effects of alcohol on their health. The vast majority of young people say that consumption of alcohol by a pregnant woman negatively affects the development of the fetus. The reasons why middle school students consume alcohol are most often the influence of their peers, curiosity, willingness to draw attention and be appreciated. A frequent motive is also the fact of alcohol consumption by their parents. Alcoholism of parents is a factor that very clearly affects children's psyche, destabilizes family life and deprives family members of sense of security. When analyzing alcohol behavior of young people one should pay attention to the age of alcohol initiation first. The vast majority of middle school students already have had this experience and this applies to both boys and girls. The age of initiation is usually between 12 and 15 years of age.

There is a noticeable trend of lowering age of first contact with alcohol. Young people drink because alcohol is easily accessible. This is in spite of ban on sale of alcoholic beverages to persons under the age of 18, thus raising great concern. It is clear this provision is not obeyed. Middle school students and older teenagers reach for various alcoholic beverages. Young people drink beer (most popular among boys) and wine (most popular among girls), but it does not mean that they do not consume high-alcohol drinks. Place and circumstances of alcohol consumption are different. Usually it takes place during social meetings in the peer group, family events, school and out-of-school events. In pubs, restaurants, cafes, discos, parks, squares and other less accessible places. The fact that the family home is often a place of initiation or drinking alcohol by young people is particularly disturbing, unfortunately with passive acceptance and consent from parents or guardians. Young people drink because of poor mental or physical condition, problems at school or in the family, conflicts with their peers, conflicts with law. The popularity of alcoholic beverages, its prevalence and accessibility is disturbing. This is due to the fact that, among other things, middle school students approve of drinking alcohol by their peers. It is surprising that only one in five students declare that they have negative attitude towards alcohol and therefore they neither drink nor tolerate alcohol consumption by other people.

The alcohol addiction syndrome is a social disease that affects all people in every age group. Sad is such high prevalence of alcohol use among adolescents, who are most sensitive to the destructive influence of alcohol on the body and the rapid emergence of addiction. This may be evidence of low effectiveness of preventive actions. Information and educational activities should be supported in order to create social climate and conditions motivating young people to refrain from drinking alcohol. The goal of education is a mature person, the goal of prevention is to compensate for educational inadequacies (Z. B. Gaś). Therefore, according to the author, there is a need to intensify the broadly understood educational and preventive activities in the family and at school aimed at counteracting alcohol addiction.

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**4.2.2. Development of methodology of health education in academies through influencing the processes of teaching and learning about health in the academic environment, research and evaluation of education and training process aimed at improving health in a holistic approach and life skills conducive to promotion of health and improving the quality of life.**

The monograph entitled *Promocja zdrowia i bezpieczeństwo w szkole wyższej*, (eng. Promotion of health and safety in academy), in which health education program dedicated to academies educating future teachers, pedagogues and psychologists was developed, deserves to be distinguished from the above range of publications.

Health promotion is the entirety of human activities that enable reproduction of health in a person and society through changing habits, attitudes and behaviors, lifestyle and modifying determinants affecting health. Lack of healthcare at school poses new challenges for teachers. The most important issue is to ensure health safety of the entire school community, and especially students. Therefore, health education and providing all teachers with knowledge on pre-medical assistance are the basic challenges every educational institution must meet.

Based on diagnostic study of student environment regarding subjective, holistic health condition of students, health behaviors, social climate level and analyses of study programs including subjects covering health problems, the author presented the program: **Promotion of health and safety in academy**. The author believes that the scope of the proposed program content should include the following modules: general issues (lecture part) and basic course of providing pre-medical assistance (first aid, training). General issues should include the following: Health promotion and education at school; Health problems in different stages of life with particular emphasis on school age; Environmental determinants of health at school; Ergonomics and hygiene of work at school; Selected pro-health behaviors (nutrition, physical activity, risky behaviors); Mental health; The structure of modern health system in Poland and knowledge how to benefit from healthcare services.

According to the author, the implementation of the proposed program should be preceded by a diagnosis of student health culture. Conclusions resulting from research should determine the content of the modular program. Students and academy staff should be included in the preparation the program. It is important to use modern education methods depending on the objectives and content of education planned: activating methods, boosting students' creativity, learning through experience, treating students as conscious participants of the learning process who, with the help of class scenarios and the educator, conduct classes independently or in a group, creating a favorable climate for the presentation of sensitive and controversial topics, organizing practical classes in a real or staged situations, introducing elements of group games and psychological and motor exercises. Evaluation of education results.

Academy graduates will always play an important role in local communities, not only as teachers, but also as decision makers with a significant impact on health of the society.

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Kowalewski I., *Anatomia i fizjologia człowieka, Biomedyczne podstawy małżeństwa z elementami seksuologii, Naturalne metody planowania rodziny, Pierwsza pomoc przedmedyczna, Zdrowie i bezpieczeństwo dziecka, Edukacja seksualna z naturalnymi metodami planowania rodziny, Edukacja zdrowotna, Ratownictwo* (in:) Kierunek Nauki o Rodzinie, Katalog przedmiotów 2009/10, Wydawnictwo Naukowe Papieskiej Akademii Teologicznej, Kraków 2009, pp. 83-84, 85-87, 114-116, 148- 149, 187-188, 199-200, 209-211, 240-241, ISBN 978-83-7438-214-4.

Kowalewski I., *Edukacja zdrowotna w środowisku akademickim w wybranych uczelniach wyższych w Europie, (in:) Na pograniczach. Problemy społeczne i wyzwania dla edukacji,* (ed.) J.K. Karolczak, Państwowa Wyższa Szkoła Zawodowa im. Jan Grodka in Sanok, Sanok 2016, pp. 175-192, ISSN serii Na Pograniczach Kultur i Narodów: 2451-2982, ISBN tom VI: 978-83-61802-15-0.

#### **Scientific publications in international and national journals:**

Kowalewski I., *Dostępność świadczeń lekarskich oraz wykonalność badań profilaktycznych w środowisku akademickim,* (in:) Annales Universitatis Mariae Curie - Skłodowska sectio D Medicina, Promocja zdrowia w hierarchii wartości, Akademia Medyczna Lublin, Lublin 2005, pp. 84-87, ISSN 0066- 2240.

Kowalewski I., *Edukacja do zdrowia – podstawowym prawem każdego ucznia,* Recenzja monografii: Gabriela Piechaczek – Ogierman: Postawy zdrowotne uczniów i ich socjokulturowe uwarunkowania, Wyd. Adam Marszałek, Toruń 2009, (in :) Nowa Szkoła, Miesięcznik Społeczno - Pedagogiczny, Grudzień 2010, 10 (688), pp .48 - 53, INDEX 366781.

**4.2.3. Acquiring new cognitive abilities - through increasing the level of health literacy (theoretical and practical knowledge about health, the ability to understand health problems, insight into oneself and others when identifying health problems, self-awareness and knowledge of self-assessment of health, responsibility for one's health and others') in academic and social environments.**

This part of the author's scientific work is regarding promotion of knowledge and skills in the field of health pedagogy, education and health promotion, social medicine, sanology.

The most important publications in this field include the author's monograph entitled: *Zespół uzależnienia od alkoholu wśród dorosłych* (eng. Alcohol addiction syndrome among adults) and two self edited monographs: *Wybrane zagadnienia medycyny społecznej w pracy socjalnej, Tom I* , *Wokół człowieka w aspekcie psychosomatyki, Tom II*. (eng. Selected problems of social medicine in social work, Volume I, Man in the aspect of psychosomatics, Volume II).

In the monograph '*Alcohol addiction syndrome among adults*' the author described the phenomenon of the second half of the twentieth century, which is alcoholism. It is so significant due to its range of epidemic proportions and effects of social derailment and is an exceptionally difficult medical and educational problem in Poland and around the world. The inspiration to write the book was an insufficient number of publications describing this addiction from the medical point of view. Most of them were psychological and pedagogical handbooks. Hence objective of the monograph is to present alcohol addiction syndrome among adults in medical aspect, with particular emphasis on diagnostics, symptomatology and pathomechanism of destructive influence of alcohol on somatics, psyche of the addicted person and their family. The paper consists of seven chapters.

First chapter presents terminology related to the phenomenon of toxicomania. It also contains information on types of modern toxicomania and causes and effects of taking toxic substances. The second chapter describes the alcohol addiction syndrome. Difficulties in diagnosis and treatment of alcohol addiction are included in the third chapter. Early diagnosis and instant implementation of treatment is the greatest challenge that each of us faces in the situation of alcoholism epidemic currently widespread. The chapter contains information on how to identify the alcohol addiction syndrome and how important it is for anyone living in an addicted person's environment to be involved in the diagnosis process. In many cases it is the family who motivate the patient to undertake treatment and to seek

help. The fourth and fifth chapter discuss the majority of somatic diseases and disorders and mental disorders occurring in alcohol-abusing patients and in addiction syndrome. The sixth chapter describes the most frequent life-threatening conditions and the ways of providing pre-medical assistance (first aid). The last, seventh chapter is devoted to problems of alcoholism in the family, the characteristics of Adult Children of Alcoholics and specific problems of alcohol dependence syndrome in case of women. The book was written for three groups of readers. The first group are people struggling with alcohol addiction syndrome and are unable to make a decision about undertaking treatment. They think that the problem of addiction does not concern them, they have difficulties with reliable self-assessment of their health. The second group are families of people addicted to alcohol, often people with a syndrome of co-addictions who do not know what to do to help not only the addicted family member but also themselves. The third group are professionals: pedagogues, psychologists, health educators, doctors, social workers who should have specific knowledge and the ability to respond effectively in the situation of alcohol epidemic.

As the head of the Psychosomatics Laboratory in the Faculty of Pedagogy and as part of his scientific work, the author initiates a publishing series. So far, two volumes of the series have been published: '*Selected problems of social medicine in social work*', **Volume 1**, 2013 and '*Man in the aspect of psychosomatics*', **Volume II**, 2015. The third volume (in preparation) is entitled: *Behawioryzm człowieka*. (eng. Behaviorism of man).

In volume I health pedagogy and social medicine problems are presented. The main task of health pedagogy should be diversified educational activities aimed at maintaining and reproducing health in various social groups, interpersonal communication networks, but also on individual level. Since this concerns various social environments, it has an interdisciplinary dimension. The main objective, as an editor, was to learn about selected elements of health on social and individual levels, determine the causes of selected diseases and the scope of activities aimed at maintaining health, increasing biopotential and preventing somatic, mental and social dysfunctions. Collected works have been included in three chapters. First chapter contains papers on human sexual health problems. Second one was devoted to scientific dissertations describing health risks of progressive development. The last chapter compiles papers of researchers presenting health problems occurring during the period of maturity. The multithreading of authors' works is a great value of this publication. It is addressed not only to students of the Faculty of Pedagogy but to those interested in human health in various periods of life. The editor believes that the publication will be important for

readers from professional point of view and **will be an inspiration to expand knowledge in the field of health pedagogy and social medicine.**

The second volume, *Man in the aspect of psychosomatics*, 2015, also reflects scientific interests of the author and the employees of the Psychosomatics Laboratory of the Faculty of Pedagogy of the Pedagogical University in Cracow. Psychosomatics is a holistic approach to the problems of a sick person. The term was introduced into medicine in 1818 by J. Ch. Heinroth. Psychosomatics explores correlations concerning influence of psychic factors on human body. In the pathogenetic model psychological factors of somatic diseases are investigated. Such factors are the following: personality, environment and situational factors - adaptive effort - caused by life changes, psychophysical effort that can lead to disease due to accumulation of changes and adaptive process overload, stress in the context of Richard Lazarus and Susan Folkman theory. According to them, stress is a certain reaction between a person and their environment, which is assessed by this person as aggravating or exceeding their resources and threatening.

The main objective of abovementioned work was to study psychological, situational and environmental factors impacting human organism during his life. Collected scientific works are presented in three chapters: the first presents issues covering the progressive period of development - adolescence, the second chapter is adulthood - covering the period of transvolution in human life. The third part of the monograph covers the last period of human life, the regressive period, that is, old age. Statistical data at the turn of the 20th and 21st centuries indicate a significant extension of the average life expectancy. Thus, the duration of old age is prolonged. In contemporary society new problems arise regarding the broadly defined existence of the elderly. The world is getting older and Poland has also joined the countries described as demographically old.

**The author's scientific interests regarding the regressive period are presented in this part of the publication.** Recently, studies on the activity of older people have been published more and more often. There are questions about various aspects related to the quality of their lives. The first scientific dissertation written by the author and co-author entitled *Aktywność osób starszych* (eng. Seniors activity) is part of this trend. The authors ask what forms of activity dominate in the daily life of a senior citizen? What forms of spending free time are most popular in the group of older people? These questions are answered through secondary analysis of numerous scientific studies conducted in recent years in Poland. One of the most serious problems of older people is deteriorating health. The period of human life after the age of 60 called old age or autumn of life is often associated with

deteriorating body functions and decrease in cognitive functions, which are considered a normal process. Deterioration of health triggers mental problems, which is considered as a reaction to the deteriorating physical and social condition.

The next two dissertations were written by the same authors: *Zdrowie psychiczne i najczęstsze zaburzenia zdrowia psychicznego okresu regresywnego w aspekcie działań opiekuńczych i pielęgnacyjnych* (eng. Mental health and the most common mental health disorders of the regressive period in the aspect of caring and nursing activities) and *Powszechność depresji w okresie regresywnym, poradnik skierowany do pedagogów i pracowników socjalnych* (eng. Depression in the regressive period, a guide for pedagogues and social workers). Mental health is part of general health and is not merely understood as a lack of disorders or mental diseases, but also as having mental potential (personal and social skills and attitudes). Old people are the social group of increased risk of disorders and diseases. The course of diseases and disorders in this period of life is specific. Characteristics in the clinical image, subjective and objective symptoms are of a different nature than those in earlier periods of life. Hence, learning about the specificity of mental health potential and the course of the most common disorders and mental illness occurring in old age can prove to be valuable for all professional groups involved in healthcare: pedagogues, psychologists, social workers, doctors and nurses. **The author's auxological interest does not apply to the regressive period only. Analyses and research on progressive development and adulthood are present in other author's publications, some of them are listed below.**

**Author's monography:**

Kowalewski I., *Zespół uzależnienia od alkoholu wśród dorosłych*. Wydawnictwo Naukowe UP, Krakow 2016, p. 166, ISSN 0239-6025, ISBN 978-83-7271-961-4

**Collection editor:**

Kowalewski I. (ed.), *Wybrane zagadnienia medycyny społecznej w pracy socjalnej, Tom I*. Wydawca UP-Międzynarodowa Fundacja "Scientia, Ars, Educatio", druk Wydawnictwo UKIP, Krakow 2013, p. 384, ISBN 978-83-60837-76-4.

Kowalewski I., Abramciow R.,(ed.), *Wokół człowieka w aspekcie psychosomatyki, Tom II*, Wydawnictwo SCRIPTUM, Krakow 2015, p. 277, ISBN 978-83-65432-03-2.

### Scientific dissertations in peer-reviewed collections:

Kowalewski I., Krawczyński R., *Zdrowie i jego promocja w ujęciu różnych nauk. Rozważania terminologiczne*, (in:) Edukacja w społeczeństwie „Rzyka”. Bezpieczeństwo jako wartość, 2, Edukacja XXI wieku 11; (ed.) Matylda Gwoździcka - Piotrowska, Andrzej Zduniak, Wydawnictwo Wyższej Szkoły Bezpieczeństwa, Poznań 2007, pp. 29-30, ISBN-10: 83-922909-6-8, ISBN -13: 978-83-922909-6-4.

Kowalewski I., *Badania profilaktyczne w rodzinie* (in:) Silna rodzina, (scientific editing:) Bożena Gulla, Małgorzata Duda, Wydawnictwo Św. Stanisława BM, Kraków 2009, pp.221-243, ISBN 978-83-7422-225-9.

Kowalewski I., *Nauki o zdrowiu. Cięża ryzykowna i związane z nią zagrożenia płodu* (in:) Nowe kierunki w badaniach i naukach o edukacji w XXI wieku; (ed.) Sławomir M. Mazur, Wydawnictwo UKiP JD Gębka, Gliwice 2009, pp. 136-140, ISBN 978- 83-60837-23-8.

Kowalewski I., *Nauki o zdrowiu. Związki przyczynowe poronień spontanicznych* (in:) Nowe kierunki w badaniach i naukach o edukacji w XXI wieku, (ed.) Sławomir M. Mazur, Wydawnictwo UKiP JD Gębka, Gliwice 2009, pp.146-154, ISBN 978-83-60837- 23-8.

Kowalewski I., *Prenatalny rozwój dziecka w świetle teratogennego działania alkoholu na rozwijający się płód* (in:) Alkoholowy zespół płodu. Teoria. Diagnoza. Praktyka; (ed.) Marek Banach, Wyższa Szkoła Filozoficzno-Pedagogiczna "Ignatianum" Wydawnictwo WAM, Kraków 2011, pp. 135-146, ISBN 978-83-7614-070-4 (Ignatianum), ISBN 978-83-7505-851-2 (WAM).

Kowalewski I., *Leksykon haseł: Kultura zdrowotna, Zdrowie, Choroba, Wstrząs, Centralizacja krążenia, Złamanie, Stłuczenie, Skręcenie, Zwichnięcie* (in:) NOWE KIERUNKI W BADANIACH I NAUKACH O EDUKACJI I BEZPIECZEŃSTWIE W XXI WIEKU, Zeszyt Naukowy nr 2 / 2012, (ed.) Sławomir M. Mazur, Monika Ostrowska, Wydawnictwo UKiP J & D Gębka, Ruzomberok - Kraków 2012, pp.553-554, ISBN 978-83-60837-64-1.

Kowalewski I., *Prostyucja, rozważania terminologiczne* (in:) **Wybrane zagadnienia medycyny społecznej w pracy socjalnej, Tom 1**, (ed.) Ireneusz Kowalewski, Wydawnictwo UKIP, Krakow 2013, pp.55 - 73, ISBN 978-83-60837-76 4.

Kowalewski I., *Działania ratownicze w schizofrenii* (in:) **Ratownictwo w systemie bezpieczeństwa państwa**, (ed.) Elżbieta Cipiora, Wydawnictwo Państwowa Wyższa Szkoła Zawodowa Sanok 2014, pp. 71-88, ISBN 978-83-61802-64-8.

Kowalewski I., Abramciow R., *Psychosocial functioning of people suffering from schizophrenia*, (in:) **Socjalni pedagogika ve svetle spolecenskeho, institucionalniho a individualniho ohrozeni**, (red.) S. Neslusanowa, M. Niklova, E. Jarosz, Institut mezioborovych studii, Brno 2015, pp. 732-746, ISBN 978-80-88010-04-3.

Kowalewski I., Lubińska-Bogacka M., *Stan zdrowia psychicznego dziecka w sytuacji emigracji zarobkowej rodziców*, (in:) **Socjalni pedagogika ve svetle spolecenskeho, institucionalniho a individualniho ohrozeni**, (ed.) S. Neslusanowa, M. Niklova, E. Jarosz, Institut mezioborovych studii, Brno 2015, pp. 746-755, ISBN 978-80-88010-04-3.

Kowalewski I., Banach M., *Seniors activity*, (in:) **Wokół człowieka w aspekcie psychosomatyki**, (ed.) I. Kowalewski, R. Abramciow, Wydawnictwo SCRIPTUM, Kraków 2015, pp. 205 – 228, ISBN 978-83-65432-03-2.

Kowalewski I., Banach M., *Mental Health and the most common mental Health disorders of the regressive period in terms of care measures and nursing*, (in:) **Wokół człowieka w aspekcie psychosomatyki**, (ed.) I. Kowalewski, R. Abramciow, Wydawnictwo SCRIPTUM, Kraków 2015, pp. 229 – 260, ISBN 978-83-65432-03-2.

Kowalewski I., Banach M., *Knowledge of teachers and young people's about Fetal Alcohol Syndrome*, (in:) **Wokół człowieka w aspekcie psychosomatyki**, (ed.) I. Kowalewski, R. Abramciow, Wydawnictwo SCRIPTUM, Kraków 2015, pp. 129 – 142, ISBN 978-83-65432-03-2.

Kowalewski I., Banach M., *The universality of depression during regressive period; mini-tutorial directed to pedagogues and social workers*, (in:) **Wokół człowieka w aspekcie psychosomatyki**, (ed.) I. Kowalewski, R. Abramciow, Wydawnictwo SCRIPTUM, Kraków 2015, pp. 261 – 277, ISBN 978-83-65432-03-2.

Kowalewski I., *Charakterystyka wybranych zachowań zdrowotnych w okresie regresywnym*, (in:) **Współczesne wyzwania – wokół interesariuszy pomocy społecznej**, (ed.)

J. Matejek, E. Zdebska, Wydawnictwo SCRIPTUM, Krakow 2016, pp. 265 - 298, ISBN 978-83-65432-37-7.

#### **Scientific publications in international and national journals:**

Kowalewski I., Urbanek J., *Motyw zdrowia i jego promocja w prozie polskiej na wybranych przykladach*, (in:) Aktualne trendy w wychowaniu zdrowotnym, Roczniki Państwowego Zakładu Higieny, Kwartalnik, Tom 57 suplement 2006, (Scientific Committee :) Andrzej de Tchorzewski, Barbara Woynarowska, Zofia Żukowska, Ewa Kałamacka, Marian Kapica, Ewa Mędreła-Kuder, Państwowy Zakład Higieny, Kraków 2006, pp. 83-89, RPZHAW 57 SUPPLEMENT 2006.

Kowalewski I., *Zaburzenia rozwoju ruchowego dziecka przed startem szkolnym*, (in:) Rocznik Komisji Pedagogicznych, Volume LXVII, Kraków, 2014, pp. 15-30, PL ISSN 0079-3418.

#### **Articles in magazines:**

Kowalewski I., Banach M., *Burnout among social workers - theoretical analysis*, (in :) Rocznik Naukowy No. 1/2016, Homo et Societas, Wokół Pracy Socjalnej, Uniwersytet Pedagogiczny w Krakowie, Wydawnictwo Petrus, Krakow 2016, pp. 46-57, ISSN 2543-6104.

Kowalewski I., *Schizofrenia – studium przypadku*, (in:) Gestalt. Magazyn o psychoterapii, Czasopismo Instytutu Terapii Gestalt Krakowskiego Polskiego Stowarzyszenia Psychologów Praktyków, Kraków 2015, pp.45-51, ISSN 1230 – 1558, IND 331309.

#### **4.2.4. Participation in scientific conferences**

##### **Participation in foreign, international and nationwide conferences**

1. Kowalewski I., active participation with paper: *Social climate and work environment at an academy* - Pedagogical Academy named after the National Education Commission, Nowy Sącz branch, Conference, Nowy Sącz 2004.
2. Kowalewski I., participant, *"Mother and child above all"* - scientific conference under the honorary patronage of the Speaker of the Parliament of the Republic of



Poland Włodzimierz Cimoszewicz, Column Chamber of the Parliament of the Republic of Poland, 30 May 2005.

3. Kowalewski I., active participation, two presentations: ***Health situation of students in light of their current health problems and defects***, Biała Podlaska, "Correction and compensation of disorders in the physical development of children and adolescents" University of Physical Education, Warsaw, Department of Physical Education - Biała Podlaska, 20 - 21 May 2005.

3.1. ***Health situation of students in the aspect of physical health***, Biała Podlaska, "Correction and compensation of disorders in the physical development of children and adolescents" University of Physical Education, Warsaw, Department of Physical Education - Biała Podlaska, 20 - 21 May, 2005.

4. Kowalewski I., active participation, two papers: ***Availability of medical services and feasibility of preventive medical examinations in academic environment***, "Health promotion in the hierarchy of values" International Scientific Conference, Medical Academy, Lublin, 27-29 May 2005.

4.1. ***The use of medical produce and the prevalence of drugs in the academic environment***, "Health promotion in the hierarchy of values" International Scientific Conference, Medical Academy, Lublin, 27-29 May 2005.

5. Kowalewski I., active participation, two presentations: ***Physical education of students of selected academies in Cracow***, "Health-oriented lifestyle - social conditions". Conference, Academy of Physical Education, Gdańsk, 19-20 July 2005.

5.1. ***Sexual life of students***, "Health-oriented lifestyle - social conditions". Conference, Academy of Physical Education, Gdańsk, 19-20. 07.2005.

6. Kowalewski I., active participation with paper: ***Characteristics of social climate of academies in Cracow***, "Teacher-Identity-Development" Conference at the Pedagogical Academy, Institute of Educational Sciences, Krakow, 8-9 December 2005.

7. Kowalewski I., active participation, three papers: ***Culture and health education - a proposal for the content of courses for academy students***, "Current trends in health education", National Scientific Conference under the honorary patronage of Dean

prof. dr hab. Janusz Zdebski and Małopolska Superintendent of Education, Józef Rostworowski MA, Academy of Physical Education in Krakow, Cracow, 19 June 2006

7.1. *Drinking alcohol in selected academic environments of Cracow*; "Current trends in health education ", University of Physical Education in Krakow, 19 June 2006.

7.2. *The theme of health and its promotion in Polish prose on selected examples* "Current trends in health education", Academy of Physical Education in Krakow, 19 June 2006.

8. Kowalewski I., active participation with three papers: *Social climate and work environment at an academy* „Education in a risky society” IV International Scientific Conference: „Education of XXI century”, Security College in Poznań, 25-27 October 2006.

8.1. *Health and its promotion in the context of various sciences. Terminological considerations*, „Education in a risky society”, Security College in Poznań, 25-27 October 2006.

8.2. *Violence at school as a threat to security*, "Education in a society of risk", Security College in Poznań, 25-27 October 2006.

9. Kowalewski I., active participation, two papers: *Child Health Safety at School*, Scientific Conference "Smolarnia", University of Poznan, 05-06 December 2007.

9.1. *Idea of safety in education*, Scientific conference "Smolarnia", University of Poznan, 05-06 December 2007.

10. Kowalewski I., active participation, poster: *Rescue in education of pedagogues*, "Health promotion - myth or reality, between theory and practice", 17 European Symposium on Somatherapy and Psychosomatic Education, Krakow 2007.

11. Kowalewski I., active participation with paper: *Prenatal development of the child in the light of teratogenic effects of alcohol on the developing fetus*, International Scientific Conference, "Fetal Alcohol Syndrome, Theory, Diagnosis, Practice", "Ignatianum" University of Philosophy and Education in Krakow, University of Ruzomberok, Krakow City Hall, Krakow, 28 May 2010.

12. Kowalewski I., active participation with paper: *Safety of academic youth in the aspect of health*, International Scientific Conference of the Krakow Academy. Named after Andrzej Frycz Modrzewski, "State, Economy, Society", Krakow, 14-15 June 2010.
13. Kowalewski I., participation in the international conference in Lithuania, "Special Education: From Defectology Towards Inclusive Education", AT Siauliai University (Lithuania), 28 October 2010.
14. Kowalewski I., active participation with paper: *Social climate of the academic community*, "Adult education towards individuals and disadvantaged groups", Scientific conference of the University of Pedagogy, Institute of Educational Sciences, State Academy of Sciences, Krakow, 18-19 October 2011.
15. Kowalewski I., active participation with paper: *Emergency rescue in psychiatry*, 1st International Scientific and Training Conference "MEDICAL SURVEILLANCE of the Carpathian Euroregion", State Higher Vocational School in Sanok, Sanok, 23-24 November 2012.
16. **Participation in the Scientific Committee** of the 4th Scientific and Training Conference "Nursing and emergency care - past and present", State Higher Vocational School in Sanok, Sanok, 27 June 2013.
17. Kowalewski I., moderator in section VII, active participation with paper: *Threats in the work of social workers*, International Scientific Conference: "Universalism of Human Work - Contemporary Connotations", Institute of Social Work and the Institute of Pre-school and School Pedagogy, University of Pedagogy in Cracow named after the National Education Commission, Krakow, 29-30 May 2014.
18. Kowalewski I., active participation with paper: *The most common health risks in regressive period*, National Scientific Conference: "Social Welfare Beneficiaries ", University of Pedagogy named after National Education Commission in Krakow, Cardinal Stefan Wyszyński University in Warsaw, Kraków, 19 March 2015.
19. Kowalewski I, active participation with paper: *Psychosocial functioning of people suffering from schizophrenia*, Social pedagogy vs. social, institutional and individual risks, IMS (Institut mezioborovych studii) Brno Institute of Interdisciplinary Studies,

Czech Republic, Univerzita Mateja Bela v Banskej Bystrica, pedagogicka fakulta, Banska Bystrica, 14-15 April 2015.

20. Kowalewski I., active participation with paper: ***Mental health condition of the child in the situation of parents' economic emigration***, Social pedagogy vs. social, institutional and individual risks, International Scientific Conference, IMS (Institut mezioborovych studii) Brno Institute of Interdisciplinary Studies, Czech Republic, Univerzita Mateja Bela in Banská Bystrica, pedagogicka fakulta, Banska Bystrica, Brno 14 – 15 April 2015.
21. Kowalewski I., active participation with a presentation: ***Psychosocial, medical and legal effects of domestic violence against children***, Social pedagogy vs. social, institutional and individual risks, International Scientific Conference, IMS (Institut mezioborovych studii) Brno Institute of Interdisciplinary Studies, Republic Czeska, Univerzita Mateja Bela in Banská Bystrica, pedagogicka fakulta, Banska Bystrica, Brno 14 - 15 April 2015.
22. Kowalewski I., active participation with paper: ***Family environment as a pathogenic factor of Internet addictions***, I Interdisciplinary International Conference of Student Scientific Clubs and Young Scientists, "REARING AND EDUCATION OF THE 21TH CENTURY. DURABILITY AND CHANGE. QUESTIONS ABOUT FAMILY.", Polish College in Kielce, Branch in Myślenice, Myślenice, 8 – 9 May 2015.
23. Kowalewski I., active participation with paper: ***Health education in the academic environment in selected academies of Europe***, International Scientific Conference, "On the borderlands of cultures and nations. Culture - art - education ", PWSZ Sanok, Sanok, 24-26 September 2015.,
24. Kowalewski I., participation in the VII Conference on Narrative Psychology "Narration and Development ", University of Warsaw, Kazimierz nad Wisłą, 27 – 29 September 2018.
25. Kowalewski I., active participation with paper: ***Asperger's syndrome in perception of students of teaching studies at the University of Pedagogy in Cracow***, National Scientific Conference, "EDUCATION - reflections, problems and perspectives ", University of Humanities, Fundacja Tygiel, Warsaw, 25 October 2018.

### **4.3. Participation in international and national organizational committees of scientific conferences**

Name of the conference, year, venue, role (e.g. Chairman of the organizational committee, secretary of the committee, organization of thematic section, etc.)

1. IV Scientific and Training Conference "Nursing and emergency care - past and present", 2013, State Vocational College in Sanok, Sanok, participation in the Scientific Committee - organizer of thematic session.
2. International Scientific Conference "Universalism of Human Work – Contemporary Connotations", 2014, Social Work Institute and Institute of Pre-school and School Pedagogy, the University of Pedagogy in Cracow named after the National Education Commission, Kraków, organizer and moderator of the thematic section VII.
3. Deputy chairman of the Organizing Committee of section *Contemporary challenges of theory and practice of security*, XVIII International Scientific Conference "State, economy, society", Kraków, Andrzej Frycz Modrzewski Academy, Kraków 11-12 June 2018, and the organizer of the thematic session – Diseases of affluence in XXI century.
4. Deputy chairman of the Organizing Committee of section *Education for security - experience, current state, perspectives*, XVIII International Scientific Conference "State, economy, society", Kraków Andrzej Frycz Modrzewski Academy, Kraków 11-12 June 2018, and the organizer of the thematic session - Health security of the academic environment in the aspect of education.

### **4.4 Managing international and national research projects and participation therein:**

1. Researcher. Research title: Teacher in the educational reform process - development, improvement and professional self-improvement, name of subject: *Evaluation of classes as a source of professional teacher development*, 2000, no. BS - 178 / p / 2000, funded by the Ministry of Science and Higher Education. Task settled. Pedagogical Academy in Kraków, Faculty of Pedagogy.

2. Co-author of the proposal of the curriculum, title: *Curriculum of "Health education" course in pre-graduate education of teachers and pedagogues*, Department of Social Services and Welfare, Ministry of National Education, Department of Biomedical and Educational Development, Department of Education, University of Warsaw, Medical Education Center, Spartańska St., project duration 1999-2001, participant and co-author of the proposal for curriculum of the subject "Health education". Kowalewski I., *Propozycja programu nauczania przedmiotu „Edukacja Zdrowotna” w kształceniu przeddyplomowym nauczycieli i pedagogów* (in:) Teoretyczne podstawy edukacji zdrowotnej (ed.) B. Woynarowska, KOWEZ, Warszawa 2001, pp..204-224, ISBN 83-914656-7-5.
3. Researcher. Research title: Teacher in the educational reform process - development, improvement and professional self-improvement, Title: *Evaluation of classes as a source of professional teacher development*, 2001, no. BS - 128 / P / 2001 funded by the Ministry of Science and Higher Education. Task settled. Pedagogical Academy in Krakow, Faculty Pedagogical.
4. Researcher. Research title: Optimization of teacher education system in the course of pedagogy with the specialization of defense and physical education, Title: *Assessment of quality of defense education in secondary schools*, 2005, no BS - 24 / P / 2005, funded by the Ministry of Science and Higher Education. Task settled. Pedagogical Academy in Kraków. Faculty of Pedagogy.
5. Researcher. Research title: Student's life orientations, Title: *Axiological foundations of life of academic youth*, 2005, no. BS - 164 / p / 2005, funded by Ministry of Science and Higher Education. Task settled. Pedagogical Academy in Kraków. Faculty of Pedagogy
6. Researcher. Research title: Poland in the European Union - selected aspects of security policy in educational activity, Title: *Problems of safety in school education*, 2005, no. BS - 165 / p / 2005, funded by the Ministry of Science and Higher Education. Task settled. Pedagogical Academy in Kraków. Faculty of Pedagogy.
7. Researcher. Research title: Student's life orientations, Title: *Axiological foundations of life of academic youth*, 2006, no. BS - 151 / P / 2006, funded by the Ministry of

Science and Higher Education. Task settled. Pedagogical Academy in Kraków.  
Faculty of Pedagogy

8. Subject manager. Research title: Health and functioning of youth, Title: ***Behavioral addictions in the academic environment***, 2008, BS - 192 / P / 2008, funded by the Ministry of Science and Higher Education. Task settled. Pedagogical Academy in Kraków. Faculty of Pedagogy.
9. Participation in the EU project - participant: participated In Leonardo da Vinci Partnerships Project "Creation of the Ideal Model of Vocational Counseling for Children and Youth with Special Educational Needs "(Project number LLP-LdV-PRT-2010-LT-0203) In Siauliai, Lithuania, 25-30 October 2010. Task settled.
10. Subject manager. Research title: Health vs. functioning of youth, title: ***Health security of students in Europe***, 2011, no BS - 150 / p / 2011, funded by the Ministry of Science and Higher Education. Task settled. Pedagogical Academy in Kraków. Faculty of Pedagogy.
11. Leader of research team in 2014, research title: ***Epidemiological threats, epidemiological education and prevention, education and prevention*** as part of a research task - Preparing management staff for management in crisis situations, No. WNoB / DS / 1/2014 funded by the Ministry of Science and Higher Education. Task settled. Krakow Academy Named after Andrzej Frycz Modrzewski,. Faculty of Security Sciences.
12. Leader of research team in 2015, title: ***Sense of security of Cracow residents in the aspect of health and healthcare*** within the framework of research task - Sense of security of Cracow residents, No. WNoB / DS / 3/2015 funded by the Ministry of Science and Higher Education. Task settled. Cracow Academy. Faculty of Security Sciences.
13. Researcher. Research title: Intergenerational transmission of behaviors, attitudes and values, Title: ***Intergenerational transmission of values - study of parents and their adult children***, 2017, no. BS - 129 / P / 2017 funded by the Ministry of Science and Higher Education. The task has been settled. The University of Pedagogy in Cracow. Faculty of Pedagogy.

14. Participation in the EU project - participant: European Echo of Generations, The German - Polish Day of Generations. Project KID, INSTITUT FÜR GERONTOLOGIE, UNIVERSITÄT HEIDELBERG, 12 – 14 September 2018.

**Own research:**

15. Subject leader, title: *Health education of students and possibilities of its shaping in the didactic and educational system of an academy*, 2004, No. BW - 119 / P / 2004 funded by the Ministry of Science and Higher Education. Task settled. The University of Pedagogy in Cracow. Faculty of Pedagogy.
16. Subject leader, title: *Emotional health of the youth*, 2013 - 2014. funded by the Ministry of Science and Higher Education. Task settled. The University of Pedagogy in Cracow. Faculty of Pedagogy.
17. Subject leader, title: *Emotional health in the cycle of life*, 2013 -2015. funded by the Ministry of Science and Higher Education. Task settled. The University of Pedagogy in Cracow. Faculty of Pedagogy.
18. Subject leader, title: *Health security of students in the Eurokarpacki Region*, 2016 - 2017 funded by the Ministry of Science and Higher Education. Task settled. The University of Pedagogy in Cracow. Faculty of Pedagogy.

**4.5. Participation in editorial committees and magazine Scientific Councils**

- Scientific editor of the magazine Gestalt - Magazine about Psychotherapy, Journal of the Institute of Gestalt Therapy of the Krakow Branch of the Polish Association of Practicing Psychologists, in the years 2014-2016.

**4.6. Membership in international and national organizations and scientific societies**

- **Ordinary member of the Gestalt Therapy Institute** of Cracow Branch of the Polish Association of Practicing Psychologists in Krakow.
- **Member of the Military Medical Chamber in Warsaw.**



#### **4.7. Scientific patronage**

- Supervisor in 2008-2018 of 108 undergraduate and 18 Master's theses in the field of health education, health pedagogy and public health at Faculty of Pedagogy in University of Pedagogy
- Supervisor in 2007-2012 of 40 undergraduate and 20 Master's theses in Faculty of Theology, Family Sciences at the Pontifical University of Theology in Krakow
- Supervisor in 2006-2011 of 40 undergraduate and 14 Master's degree theses at National Security Department of the Krakow Academy
- Supervisor in the academic year 2012/2013 of 14 bachelor's thesis in the field of emergency medical services (PWSZ Sanok, Medical Institute).

#### **4.8. Mentoring Ph.D. students as a scientific supervisor or auxiliary promoter**

- By the resolution of the Council of Security Sciences Faculty at Andrzej Frycz Modrzewski Krakow University No. 58/2019 of 27 February 2019, regarding the registration for the Ph.D, approval of dissertation thesis and appointment of a promoter for Aleksandra Klimek-Lakomy, M.A., dissertation thesis "Juvenile delinquency as a threat to public safety by the example of Śląskie Voivodeship after local administration reform in 1999 ", Ireneusz Kowalewski was appointed an **auxiliary promoter.**

#### **4.9. Internships in foreign and domestic scientific or academic centers**

- **Cooperation with the Institute of Psychology - Center Henri Pieron, University of Sorbonne, Paris**, within the framework of Health education and psychology of health, on May 16 - June 3, 2009, **scientific internship**
- **Cooperation with the Institute of Psychology - Cattedra di Etologia e Psicologia Evolucjonistica, Universita Degli Studi Di Padova Dipartimento Di Psicologia Generale University in Padua**, as part of health education and psychology of health, completed scientific internship in September 2010.

## **5. Achievements in teaching and popularization of science and art**

### **5.1. Achievements in popularization of science and art**

The author has lived in Bieszczady since 2010. In this region he is voluntarily popularizing knowledge in the field of health, education and preventive care. He works in Sanok schools and at the Brother Albert Association in Sanok in this field. His school work is focused on supporting pro-health preventive measures in the School Complex in Dobra and in the Primary School in Tyrawa Wołowska. He is the initiator and organizer of formal classes in the field of health threats in children and youth, recreation and physical activity and hygiene of mental health. As part of pro-health education the author conducted classes on health risks for children and adolescents in grades 1 to 8. He was also hosting meetings with parents discussing prevention and pro-health education. The meetings were held periodically from September 2016 to December 2018. In addition, the author voluntarily conducted classes on pro-health education in grades 1-3 of middle school in the period from September 2010 to December 2015. The topics were selected to adhere to the core curriculum and the School Development Plan for 2010-2015.

In the Brother Albert Association in Sanok he is a member of the board.

As part of his social activity, he is the organizer and lecturer of classes in the field of education and health promotion and social medicine animated in two institutions of the association: Homeless Disabled Center of St. Brother Albert and the Palliative Care Center (NZOS). In both institutions, apart from educational and preventive activities, he also acts as educational and medical supervisor over residents and institutions.

### **5.2. Authorship or co-authorship of teaching programs**

The author, as one of the first educators in Krakow, introduced and developed the methodology and content of classes in the field of emergency medical services (first aid) for students of Social Sciences. The author is the First Aid Instructor ZG PCK (according to the agreement No. 177/2001, the Main Board of the First Aid Education Center of the Polish Red Cross). He introduced classes to the study programs at the Pedagogy Faculty at Pedagogy College - currently the University of Pedagogy in Krakow, Faculty of Family Sciences at the Pontifical University of Theology in Krakow and at the Faculty of Family Sciences and National Security of the Krakow Academy. Over a period of 8 years he trained about 1,000 students on first aid. Classes are taught at the aforementioned academies to this day.

Another didactic achievement is introduction of the subject **Health education** together with own syllabus of courses to programs of all pedagogical and teaching studies at the Faculty of Pedagogy of the Pedagogical Academy in 2000 (currently the University of Pedagogy in Krakow). The author was a member of the team, co-author of the program for "Health Education" course in pre-graduate education of teachers and pedagogues. In accordance with the Regulation of the Minister of National Education of February 15, 1999 on the core curriculum of general education (Journal of Laws 1999, No. 14, item 129) - "The head teacher is responsible for inclusion of educational paths in school curriculum. Teachers of all subjects are responsible for implementation of educational paths and they include contents of a given path to their own program." During the period of reformed school teaching health education was therefore a duty of every teacher. Pedagogues were also engaged through various forms of preventive, therapeutic and educational work in schools and other educational institutions. It was a very good proposition for pro-health work with young people. It is regrettable that at present a cross-curricular path on health education is not pursued.

Kowalewski I., *Propozycja programu nauczania przedmiotu „Edukacja Zdrowotna” w kształceniu przeddyplomowym nauczycieli i pedagogów* (in:) Teoretyczne podstawy edukacji zdrowotnej; (ed.). Barbara Woynarowska, KOWEZ, Warsaw 2001, pp.204-224, ISBN 83-914656-7 -5.

### **5.1.1. Pontifical Theological University in Krakow**

**Faculty of Social Sciences.** Co-author of the Family Studies program in the specialization of Counselling and mediation and in following fields: Counseling and mediation and Occupational therapy, author of didactic programs (syllabuses) in the following subjects: **Human anatomy and physiology, Biomedical basis of marriage with elements of sexuology, Social medicine with elements of hygiene, Natural methods of family planning, First aid, Health and safety of a child , Sexual education with natural methods of family planning, Health education, Rescue, Human development in life, Public health.**

Kowalewski I., *Anatomia i fizjologia człowieka, Biomedyczne podstawy małżeństwa z elementami seksuologii, Naturalne metody planowania rodziny, Pierwsza pomoc przedmedyczna, Zdrowie i bezpieczeństwo dziecka, Edukacja seksualna z naturalnymi metodami planowania rodziny, Edukacja zdrowotna, Ratownictwo* (in:) Kierunek Nauki o

Rodzinie,; Katalog przedmiotów 2009/10, Wydawnictwo Naukowe Papieskiej Akademii Teologicznej,, ISBN 978-83-7438-214-4, Krakow 2009.

### **5.1.2. The University of Pedagogy in Cracow**

#### **Faculty of Pedagogy**

Co-author of Pedagogy specializations in **Health Education and addiction prevention**, social work, bachelor and master studies, social assistance and school pedagogy, and within **the Faculty of Psychology** - author of didactic programs (syllabuses) in subjects dedicated to full-time and extra-mural studies:

Biomedical basics of human behavior (psychology, full-time master's degree studies).

#### **Biomedical basics of development and education for:**

Institutional care assistant - full-time and extra-mural studies.

Family Assistant - full-time and extra-mural studies.

#### **Health education and addiction prevention** - full-time and extra-mural studies.

Social work - full-time and extra-mural studies.

Social-Care Pedagogy - full-time and extra-mural studies.

Social counseling.

#### **First pre-medical assistance for:**

Social counseling.

Social-Care Pedagogy with school pedagogy - full-time and extra-mural studies.

#### **Social medicine for:**

Institutional Care Assistant - full-time and extra-mural studies.

Family assistant - extra-mural studies.

Social work - full-time studies.

**Preventive healthcare and first aid** - for all teaching specializations at the University of Pedagogy,

**Medical aspects of supporting child development and therapy** - Postgraduate studies  
Care and education pedagogy, diagnosis and therapy.

**First aid** - Postgraduate studies, Pedagogy.

**Work and safety regulations for student and teacher** - for all teaching specializations at the University of Pedagogy.

**Co-author of the Specialization: Health education and addiction prevention** implemented in the Faculty of Pedagogy by the Institute of Education. Author of the following course programs (syllabuses):

Health education.

Public health.

Basics of human anatomy and physiology.

Constructing, evaluation of pro-health programs.

Methodology of pro-health education.

Basics of toxicology.

**Co-author of program for course in Social Work - First-cycle and second-cycle degree studies, full-time studies, extra-mural studies:** author of the following course programs (syllabuses):

Health promotion.

Sexuality of the elderly and the disabled.

Basics of rehabilitation.

Child and family health.

**5.1.3. Faculty of Philology, The University of Pedagogy in Cracow (Speech therapy and Polish philology): First-cycle and second-cycle degree studies, post-graduate studies)**

Human genetics and embryology (postgraduate speech therapy).

Basics of human genetics and embryology (Polish philology and speech therapy).

Psychiatry and children's neurology (speech therapy).

Basics of human anatomy and physiology (speech therapy).

Neuropsychology (Polish philology, second-cycle degree).

Genetics and human embryology (speech therapy, post-graduate studies).

Basics of neuropsychology 1 and 2 (speech therapy, postgraduate studies).

Selected topics on human anatomy, physiology and pathology (post-graduate studies).

Basics of neurology and pediatric psychiatry (speech therapy, first-cycle degree).

Psychiatry. Pediatric neurology (speech therapy, postgraduate studies).

**5.2.4. Krakow Academy named after Andrzej Frycz Modrzewski**

**National Security Department.**

**Co-author** of programs in the field of Pedagogical Sciences, Family Sciences and Sciences on National Security (1st and 2nd degree studies).

**Leader of a team developing programs** on healthcare education, healthcare and pre-medical aid. Coordinator of the Department of National Security Sciences in the field of Security and Health education.

**Head of the Expert Team on raising teachers' professional qualifications,** education for safety in health education and pre-medical aid (carried out at the Krakow Academy in 2007 and 2008, commissioned by the Ministry of National Education and the Ministry of Health).

## **6. Plans for further scientific development**

**6.1** Edition of Volume 3 of publishing series by Psychosomatics Laboratory managed by the author, entitled: **Human behaviorism**.

**6.2.** Preparation of the author's monograph entitled: **Health behaviors of academic youth**.

**6.3.** Scientific research aimed at **studying subjective state of health, health behavior of students and the level of social climate of academic community in the Carpathian Euroregion** (includes the regions: Poland, Slovakia, Hungary, Romania and Ukraine). **Preparation of a monograph.**

### **6.4. Organizational and scientific activity**

Formation of a research center within the University of Pedagogy in Kraków - Center for Monitoring and Prevention of state of health, student behavior and social climate in the academic environment in Kraków.

**6.5.** Based on the results of research and conclusions contained in the monograph: *Social climate of selected academies in the European Union and state of health and health behaviors in the perception of students*, the author is in the process of preparing a dissertation entitled: **A pro-health program for European academies. A proposal to establish a European Center for Monitoring and Prevention of Health of the Academic Environment.**