Actualization of self-realization need of junior school children with limited health capacities when using informational-communicative technologies

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Abstract. In this article the question of personal results of education creation by means of junior school children with limited health capacities self-realization need actualization as a result of informational-communicative technologies usage is taken up. Such concepts as “self-realization” and “self-realization need” comprehension in foreign and national scientific literature are considered. On the bases of scientific literature theoretical analyses an attempt of junior school children with limited health capacities self-realization need actualization role as a mean of personal results of education creation definition is made. Self-attitude special aspects and studying reasons of are examined (42 people). 17% of test people have inflated self-esteem, 33% have reasonable self-esteem, most tested people have deflated self-esteem (43%) and 7% have low self-esteem. It’s found out that cognitive reasons predominate if talking about junior school children with limited health capacities with reasonable and deflated self-esteem. Social reasons predominate if talking about junior school children with limited health capacities with deflated self-esteem. Junior school children with limited health capacities having deflated self-esteem concentrate on their activity and behavior evaluation by others (parents, teachers). Results obtained give opportunity to suppose that self-realization need which determine self-development process as personal result of education is not actualized enough if talking about junior school children with limited health capacities. In this regard, self-realization need actualization process as a result of informational-communicative technologies usage can be considered as a component of junior school children with limited health capacities personal results of education creation problem.

1. Introduction
Junior school children’s personal results are clearly reflected in modern Federal State Educational Standard and are a complex of psychological newly formed structures which are created in teaching and educational process. During high modernization of Russian education the most important regulations of the main educational program of primary general education capture were chosen and tried out. And today personal results together with subject and metasubject results are the triangular structure of modern education planned results.

In the Federal State Standard of Primary General Education of Russian Federation personal results of education is readiness and ability to activity, axiological attitudes, social competences, personal qualities, civic identity maturity.

Scientists, teachers and psychologists dealing with a problem of personal results of education effectiveness improvement offered and offers different ways and models of its: through self-esteem
creation [1-3], during exploratory activity [4], through educational establishment as pedagogical [5] and so on.

In A.V. Khutorskoy researches [6] special aspects of personal results creation are; personal results’ proof of concept are found out by O.A. Karabanova [7].

In spite of having some deep research and theoretical works junior school children with limited health capacities personal results of education creation problem still remains and demands focused attention of scientists, teachers and psychologists. Junior school children with limited health capacities personal results creation is a difficult process and its effectiveness will be achieved together with self-realization need actualization that should be done to our point of view with the help of ICT too. The level of ICT usage in this process should be defined not only by the number of computers and other technical means but also quality indicators of their integration into educational process.

We think that before experimental work description some definitions of a term self-realization should be given.

In foreign psychology self-realization is person’s ability to choose his own way…(K. Jung); absolute realization of one’s own abilities…(K. Horney); person’s freedom condition, productive activity, ambition to take up certain society place (E. Fromm); ambition to one’s own abilities and skills realization … (C. Rogers).

In national psychology self-realization is considered as: purpose, mean, experience, result (L.A. Kostyleva); form of person’s self-organization (E.V. Galazhinskiy); translation of inner person’s abilities and skills into action (E.V. Selezneva).

By self-realization need in scientific literature is meant one of the deepest person’s needs which gives a source of his goal-oriented personal and social-productive activity [8].

Experience analyses available in foreign and national science and theoretical generalization of literature sources gave an opportunity to emphasize the following highlights about the fact that junior school child with limited health capacities self-realization is:

- complicated and multiple-stage process of one’s own abilities realization in different life aspects;
- conscious experience inseparably connected with divergence of I-ideal and I-real, self-esteem, self-consciousness encouraging self-development and self-improvement;
- the process of self-realization, search and claim of one’s one way in life and society connected with person’s motivation-need sphere. It’s possible only when there is a strong motivation.

Based on the above, by junior school children with limited health capacities self-realization need actualization we mean the highest motivation to self-realization which finally modifies into personal result of education – readiness and ability of self-development.

2. Methods, procedure and results of research

Our research purpose was to find out special aspects of junior school children with limited health capacities studying motivation with different levels of self-esteem and psychological-pedagogical conditions of personal results of education creation definition.

The research was made on the bases of the Lipetsk Region educational institutions in individual form. The whole number of tested people 42 junior school children with limited health capacities (muscle-skeleton disorder, hearing and speech disorders) (3, 4 forms).

For special aspects of junior school children with limited health capacities self-esteem research the method “Layers” by V.G. Shchur was used. Motivation sphere special aspects diagnoses were made with the help of “Motivation layers” method (A.I. Bozhovich, I.K. Markova).

Self-esteem development level was determined in points according to the stage in the work sheet with painted layers chosen by junior school child. 1 point – inflated self-esteem, 2-3 points – reasonable self-esteem, 4 points – deflated self-esteem, 5-6 points – low self-esteem.
The survey resulted in the identification that 17% of tested people have inflated self-esteem. Inflated self-esteem may indicate that junior school children with limited health capacities don’t have proper appreciation of their activities results and can’t compare themselves to other people. These pupils can be insensitive about their mistakes and failures, teachers’ and other people directions. 33% of tested children have reasonable self-esteem. It can be said that students created positive attitude to themselves, they appreciate themselves, their behavior and activities in a right way. A huge number of tested children have deflated self-esteem (43%). It can be assumed that this fact is connected with certain psychological family problems, studying problems, interpersonal relationships. Such children can’t appreciate themselves, their abilities and activity enough. There are also tested children with low self-esteem (7%). Low self-esteem shows that junior school children with limited health capacities underestimate themselves and demonstrates personal development disadvantage.

Based on these findings we have united tested children into three groups: 1 experimental group (EG1) – tested children with reasonable self-esteem (14 people), 2 experimental group (EG2) – tested children with inflated self-esteem (7 people), 3 experimental group (EG3) – tested children with deflated self-esteem (21 people).

As a result of “Motivation layers” method usage junior school children with limited health capacities was found out the following studying motivation (table 1).

Table 1. Junior school children with limited health capacities with different self-esteem levels studying motivation division.

| EG1, n=14 | Key studying motivation | EG2, n=7 | Key studying motivation | EG3, n=21 | Key studying motivation |
|-----------|-------------------------|----------|-------------------------|-----------|-------------------------|
| 1         | I study to get good marks | 1        | I study to know everything | 1         | I study to make my parents happy with my success |
| 2         | I study to know everything | 2        | I study to get good marks | 2         | I study to get good marks |
| 3         | I study to make my parents happy with my success | 3        | I study to solve problems my myself | 3         | I study to make my parents happy with my success |
| 4         | I study to solve problems my myself | 4        | I study to make my parents happy with my success | 4         | I study to be useful to people |

Research analyses results showed that junior school children with limited health capacities with reasonable and inflated self-esteem have knowledge motivation dominating. Junior school children with limited health capacities with deflated self-esteem have social motivation dominating.

We found out that junior school children with limited health capacities with deflated self-esteem concentrate on their activity and behavior evaluation by others (parents, teachers). Teaching and learning
motivation “I study to solve problems by myself” and procedural motivation “I study because I like studying process” are in last place of ranking list.

The process of junior school children with limited health capacities self-realization need actualization is impossible without ICT usage in modern society. For junior school children with limited health capacities it’s vitally important to use informational technologies for making visual contacts (standard images and animation from Clipart Gallery, MS Power Point presentations, video clips and films and so on), communication technologies made in written forms (e-mail, mailing lists, electronic message boards, chats) both in and out of learning activity.

In this regard learning and upbringing work organization should be done according to intensive use of ICT.

3. Conclusion

Thus, our first research results show that more than 50% of junior school children with limited health capacities have deflated and low self-esteem and concentrate on other people evaluation. Learning motivation is not developed enough and is in last place of ranking list. It can be assumed that self-realization need determining the process of self-development as personal result of education is poorly actualized.

In this regard the process of self-realization need actualization can be considered as a component of junior school children with limited health capacities personal results of education creation problem.

Reasonable self-esteem and learning motivation development are to our point of view one of the main psychological and pedagogical conditions for junior school children personal results of education actualization.

These conditions creation is possible when using informational-communicative technologies (ICT) both in and out of learning activity that will provide junior school children with limited health capacities personal results of education actualization which finally modifies into personal result of education – readiness and ability of self-development.

We do not exclude the possibility that junior school children with limited health capacities personal results of education creation proceeds as they gain social and cultural experience during studying activity as a result of age development of learning psychological processes.

Motivation-need sphere changes with age, motivation hierarchy rebuilds and self-esteem is created. But we will mention that external and internal factors influence junior school children with limited health capacities personal results of education creation.

Among internal factors we can emphasize self-realization need which being in good conditions modifies into readiness and ability in self-development as junior school children with limited health capacities personal results of education.

Positive external factors are self-esteem development and learning motivation of studying as one of the most important psychological and pedagogical conditions.

Thus, we can make a conclusion that for junior school children with limited health capacities personal results of education process realization as a result of self-realization need actualization it’s important to create didactic system including ICT which will provide junior school children with limited health capacities personal self-realization conditions creation during learning and upbringing process at school.

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