CHARACTERISTIC OF DIFFERENT COMPONENTS DEVELOPMENT OF PSYCHOLOGICAL READINESS TO PROFESSIONAL ACTIVITIES FOR STUDENTS WITH SOMATIC DISORDERS

Liudmyla Serdiuk, Nadiia Petruchenko
Open International University of Human Development "Ukraine", Kyiv, Ukraine

Abstract

The paper presents the main results of empirical studies aimed at determining characteristics of psychological readiness to professional activities for students with somatic defects. The study involves 238 students, 96 of them have different physical disabilities. 10 questionnaires and techniques were applied. Results are presented according to an eight-component structure of psychological readiness to professional activities proposed by the authors. The study results are presented in comparison with healthy students' results as well as in terms of certain indexes dynamics during university learning for various components of psychological readiness. The obtained results can become a basis for psychological activities aimed at such readiness formation.

Key words: *psychological readiness, professional activities, students with somatic disorders.*

Introduction

Presently professional development of persons with somatic disabilities is an actual problem for different fields of psychology. Given the urgent needs of social practice, psychological phenomena of this category of people are increasingly drawing attention of scientists and psychologists.

The main social and psychological issues that arise for individuals with somatic disabilities include: their alienation from the world, absence of demand at labor market, social isolation. As a result, there are significant difficulties in their active social life forming, low "confidence in the world", tendency to perceive social environment as hostile, a lowered level of aspiration and lowered self-estimation (Камінська, 2010; Лебедева, 2009; Томчук, Комар, & Скрипник, 2005). Modern scholars emphasize that providing high school training for students with somatic disorders is an extremely important interdisciplinary problem which solution requires combined efforts of psychologists, health workers, sociologists, social

workers, legislators, public administrators, etc. (Таланчук, Кольченко, & Нікуліна, 2004; Тищенко, 2010; Томаржевська, 2007; Хорошайло, 2008).

In particular, current scientific challenge is to develop a scientific basis for forming such students' psychological readiness for future careers. We understand psychological readiness to professional activities of students with somatic disabilities as a multi-component dynamic system, which consists of eight interrelated components (motivational, cognitive, operational, personal, evaluating, aim setting, creative, good mood mobilizing) and psychologically enables such students to perform their professional activities in the future at a certain level of efficiency (Сердюк & Петрученко, 2011).

In this paper, we present main results of our empirical research aimed at determining the characteristics of psychological readiness to professional activities for students with somatic disorders.

Method

The study involved 238 full-time students of different specialities at the University "Ukraine" (Kyiv): social work, physical rehabilitation, psychology, management and law. Among them, 96 students had various physical disabilities. Of the entire sample, 85 tested persons were enrolled at the first academic year (35 people with somatic disorders and 50 healthy ones), 78 were at their third year (31 people with somatic disorders and 47 healthy ones), 75 were at their fifth year (30 people with somatic disorders and 45 healthy ones).

10 questionnaires and techniques were used during our studies: 1) the Ehlers' test of achievement motivation (Практическая психодиагностика, 2002), 2) the questionnaire for assessment of professional motivation, 3) the research technique of significant life orientations by D. Krambo and L. Maholik adapted by D. A. Leontiev (Леонтьев, 1992), 4) the test for communication and organizational skills determination – KOZ-2 (Фетискин, Козлов & Мануйлов, 2002), 5) the self-efficacy scale of R. Schwarzer and M. Yerusalem (Шварцер,1996), 6) the self-attitude tests of R. Pantileyev and V. Stolin (Пантилеев, 1993), 7) Cattel's 16-factor personality questionnaire 16-PF (Практическая психодиагностика, 2002), 8) the questionnaire of Kellermann and Plutchik (Практическая психодиагностика, 2002), 9) modification of the Kokun's questionnaire for students (Кокун, 2010), 10) the self-actualization test of E. Shostrom (Shostrom, 1964).

Results and Discussion

Findings were made during our empirical research that allowed us, according to our developed structure of psychological readiness to profession activities for students with somatic disabilities, to define peculiarities (compared to healthy students) and quantitative diagnostic characteristics of such readiness.

The results concerning the ***motivational*** component of the readiness do not allow us to state clearly, in comparison with other researchers (Тищенко, 2010; Томчук, Комар, & Скрипник, 2005; Чайковський, 2006) significant lowering of a motivation level for students with somatic disabilities. For example, an "interest for learning" index is equal for both studied samples of students. Perhaps, this can be explained by the fact that in our study, in contrast to the above mentioned works, there were students with somatic disabilities from Kyiv, who, living in the capital, may have more opportunities for professional self-fulfilment than students studying at regional universities.

Index dynamics is also almost the same for both samples and close to typical dynamics described in the literature (Кокун, 2012), so for the I, III and V educational years the highest level of interest for learning is shown by the first-year students and the lowest one by the third-year students. Similarly, we also observed a significantly higher level ($p \leq 0{,}01$-$0{,}001$) among female students in comparison with male students.

Motivation to succeed, as a motivational index that has more general nature and does not directly describe learning motivation, was indeed significantly higher among healthy students ($p \leq 0{,}001$) in our study as well as in Skrypnyk's (Скрипник, 2006) work. Its average value for students with somatic disabilities equals 14,1 ($\sigma = 4{,}7$) and 16,2 for healthy people ($\sigma = 3{,}5$). There are no significant changes of this index for students of different educational years. This, in our opinion, shows that this indicator describes motivational feature as a relatively stable personal trait that is not subject to significant changes during university training.

The level of all four professional motivation components (motives of own labour, of social value of work, of self-esteem at work and of professional skills) differs significantly ($p \leq 0{,}01$-$0{,}001$) between healthy students and students with somatic disorders. Both samples have the most expressed index of "social significance of labour". But it is significantly higher among healthy students (Table 1).

Table 1
Levels of professional motivation components for healthy students and students with somatic disabilities

No	Motives	Students			
		healthy		with somatic disabilities	
		M	σ	M	σ
1	Own labour	10,3	1,31	12,2	1,25
2	Social value of work	16,1	1,34	13,7	1,15
3	Self-esteem at work	14,8	1,28	11,9	1,05
4	Professional skills	6,0	1,16	9,1	0,93

Also, in comparison with students with physical disabilities, healthy students have substantially higher motives of "social significance of work" and "self-esteem at work". The former, compared with healthy students, have more expressed motives of "own labour" and "professional skills". Thus, social and personal motivation dominates for healthy students, but content-professional motivation is more important for students with somatic disorders. However, no significant differences are observed at the level of professional motivation component expression for students of different years of study.

As for the ***cognitive*** component of psychological readiness for professional work, it was found out that healthy students' self-estimation of own knowledge about profession conditions and peculiarities is nearly the same as self-estimation of students with somatic disorders, but the self-estimation of professional knowledge and skills by students with somatic disabilities is currently significantly "more modest" in comparison with healthy ones ($p \leq 0{,}01$). This suggests that students with somatic disabilities consider themselves much less professionally prepared for future careers.

Table 2 shows the results obtained through an additional question, which in the questionnaire version intended for students with somatic disabilities described the cognitive component of their psychological readiness to professional activities. These results indicate that universities must pay more attention to inform students with somatic disorders on possibilities to compensate for individual functional limitations during their profession performance as well as to form practical skills for such compensation.

Evolution of the students' cognitive component of psychological readiness to professional activities is positive. The self-estimation level of own knowledge about professional conditions and peculiarities and of professional knowledge and skills among both healthy students and students with physical disabilities is growing during training years, significantly rising from

the I to the V years of study ($p \leq 0,01$). The self-estimation of own knowledge about ways of individual functional limitations compensation during professional activity performance by students with somatic disabilities also tends to increase. However, it is not so pronounced and it statistically is only at the level of trend ($p \leq 0,1$).

Table 2
Students' with somatic disabilities self-estimation of knowledge about their functional limitations compensation during future professional activities

No	They know about their functional limitations compensation during future professional activities	Number
1	Nothing	-
2	Little	28%
3	About half	33%
4	A lot	34%
5	Nearly everything	5%

Table 3 shows the results for the following ***operational*** component indicators: a level of communication and organizational skills for both studied samples.

Table 3
Levels of communication and organizational skills of healthy students and students with somatic disabilities

No	Level	Communication skills		Organizational skills	
		healthy students	students with somatic disorders	healthy students	students with somatic disorders
1	Low	11%	16%	3%	6%
2	Lower than average	24%	55%	11%	44%
3	Average	25%	15%	32%	28%
4	High	25%	8%	36%	14%
5	The highest	14%	6%	18%	8%

Our results for the scale of communicative abilities slightly differ from the results obtained in the study of Tomarzhevska (Томаржевська, 2007). We also confirmed a significantly lower level of communication skills for students with somatic disabilities ($p \leq 0,001$). Similar results were obtained by Tishchenko (Тищенко, 2010). As it was found out, such correspondence is observed for the organizational skills level among healthy students and students with somatic disabilities – the latter have this level significantly lower, on average ($p \leq 0,001$).

It should also be noted that clear development of such important components of psychological readiness to professional activities as communication and organizational skills was not observed among tested students during learning process from the I to the V year ($p \geq 0,1$), which corresponds with the study of Kokun (Кокун, 2012). We agree that it is due to absence of purposeful development of these qualities during professional training and it is a big disadvantage.

Let us analyse the results obtained according to the self-efficacy scale by Schwarzer and Yerusalem (Шварцер,1996) that characterizes such an integral indicator of the operational component of psychological readiness to future specialist's profession as self-efficacy (in this case – academic self-efficacy). Index comparison for both studied samples is presented in Table 4.

Table 4
The level of academic self-efficacy for healthy students and students with somatic disabilities

No	Academic self-efficacy	Students	
		healthy	with somatic disabilities
1	Low	1%	8%
2	Lower than average	7%	18%
3	Average	30%	41%
4	Higher than average	44%	29%
5	High	18%	4%

The results indicate that the level of academic self-efficacy among students with physical disabilities is also much lower than the level among healthy students ($p \leq 0{,}001$). In our view, it is quite logically consistent with previous results, as, for example, communication skills, which are lower on average for students with somatic disabilities, substantially determine person's self-efficacy level in various fields. It should be noted that progressive improving of academic self-efficacy from the I to the V educational years ($p \leq 0{,}05$ at comparing the I and the V years) were observed in both study samples.

As in the case of the self-estimation of their professional knowledge and skills, students with somatic disabilities are much inferior to healthy students in self-estimation of readiness for independent professional work ($p \leq 0{,}001$). This confirms once again our above mentioned conclusion that students with somatic disabilities are significantly less likely to consider themselves professionally prepared for future careers.

Additional question to students with somatic disabilities revealed that the level of practical skills development for individual functional limitations compensation during professional activity performance is still below the level of knowledge about the ways of such compensation.

Dynamics of two above indicators are positive in both studied samples, it is evidenced by their gradual increase during training ($p \leq 0{,}05$ at comparing the I and the V years).

It was determined that the relationship of students with somatic disabilities with classmates and teachers are somewhat more polar than relationship of healthy students. As for readiness formation, in our view, attention should be paid to students who evaluate their relationships with classmates and teachers as "mediocre" and worse. It was found out that these students constitute more than a third of all tested persons.

We begin analysis of the ***personal*** component of psychological readiness with comparison of results describing surveyed students' self-attitude (Table 5).

The results from the above table show that the majority of indicators characterizing self-attitude differ significantly for healthy students and students with somatic disabilities (from $p \leq 0{,}05$ to $p \leq 0{,}001$).

Students with somatic disabilities, on average, have a significantly lower level of "integral self-attitude", which describes the cumulative level of this personal phenomenon. This indicates a much pronounced tendency among these students in comparison with healthy ones to form internal undifferentiated feeling "against" rather than "for" themselves. They have significantly lower values for such important indicators of positive self-attitude as "self-respect", "self-sympathy" and "attitude expected from others". It indicates that students with somatic disabilities have lower levels of such important personal components of psychological readiness for professional work as faith in their own strength and skills, ability to be a "master" of own life, positive self-estimation, self-approval, self-consistency, self-understanding, expectation of positive attitude to themselves from others.

Table 5
Self-attitude indicators for healthy students and students with somatic disabilities on the base of R.Pantileyev and V. Stolin questionnaire (Пантилеев, 1993)

No	Self-attitude scale	Students				p
		healthy		with somatic disorders		
		M	σ	M	σ	
1	Scale S (integral)	74,7	19,7	66,8	22,1	0,01
2	Scale I – self-respect	59,7	25,2	53,5	28,4	0,05
3	Scale II – self-sympathy	61,2	23,1	55,3	24,3	0,05
4	Scale III – expected attitude from others	53,5	27,2	40,6	26,9	0,01
5	Scale IV – self-interest	72,9	25,4	70,4	24,9	-
6	Scale 1 – self-confidence	55,9	25,2	49,6	23,7	0,05
7	Scale 2 – attitudes of others	56,6	27,3	45,4	26,3	0,001
8	Scale 3 – self-acceptance	68,1	22,5	60,3	25,4	0,01
9	Scale 4 – self-leadership, self-consistency	57,4	23,4	58,9	25,7	-
10	Scale 5 – self-accusation	50,1	26,4	49,9	26,7	-
11	Scale 6 – self-interest	64,3	26,4	57,7	27,8	0,05
12	Scale 7 – self-understanding	58,5	25,3	54,4	26,4	-

As for the major scales, both studied samples did not differ significantly, only by the scale IV – self-interest.

The results of seven "internal" scales developed to reveal deepness of drive to certain internal actions toward the testee's "I" led us to the conclusion that students with somatic disabilities have significantly lower indexes on such scales as "self-confidence", "attitude of others", "self-acceptance", "self-interest".

Comparison of results characterizing significant life orientations between samples of healthy students and of students with somatic disorders is presented in Table 6.

Table 6
Significant life orientations of healthy students and of students with somatic disorders, technique of D. Krambo and L. Maholik adapted by D. A. Leontiev (Леонтьев, 1992)

No	Self-attitude scales	Students				p
		healthy		with somatic disorders		
		M	σ	M	σ	
1	General indicator	111,8	26,9	92,4	19,8	0,001
2	Sub-scale 1 (purposes)	30,5	7,4	29,5	7,3	-
3	Sub-scale 2 (process)	30,5	5,9	27,9	6,5	0,001
4	Sub-scale 3 (result)	23,3	4,0	23,2	5,0	-
5	Sub-scale 4 (locus of control – I)	20,5	5,2	18,4	4,7	0,01
6	Sub-scale 5 (locus of control – life)	30,1	6,6	27,4	7,1	0,01

These data indicate presence of sufficiently expressed specific life orientations of students with physical disabilities compared to healthy ones. Thus, the first group of students has significantly lower indexes (from $p \leq 0,01$ to $p \leq 0,001$) on three subscales of the Significant life orientations test: "process of life or interest and emotional richness of life", "locus of control-I (I am a master of my life)" and "locus of control – life, or life handling" (and a lower

general indicator as a result). At the same time, group mean indexes of the surveyed samples are virtually identical for two subscales ("purposes in life" and "life results").

According to subscale interpretation, it indicates that students with somatic disabilities tend to perceive life process as interesting, emotionally rich and full of meaning in a lesser degree in comparison with healthy people, they are dissatisfied presently by their lives. Also they have less confidence in their ability to control events of their own life and rather believe that a human life is beyond conscious control and freedom of choice is illusory and it is pointless to guess at the future.

At the same time, students with somatic disabilities are virtually indistinguishable from healthy people as for presence of life goals in the future, that provide awareness, focus and temporal perspective for life. The same is for positive estimation of their past, sense of its productivity and meaningfulness.

Also quite typical results were obtained as for specifics of self-actualization of students with physical disabilities (Table 7).

Table 7

Self-actualization indicators of healthy students and students with somatic disabilities by Self-actualization test of E. Shostrom – SAT (Shostrom, 1964)

No	Self- actualization scales	Students				p
		healthy		with somatic disorders		
		M	σ	M	σ	
1	Time competence (Tc)	7,4	3,0	6,6	3,1	0,05
2	Support (I)	43,4	9,9	41,1	8,4	0,05
3	System of values (SAV)	11,3	3,0	10,7	3,0	0,1
4	Flexibility of behaviour (Ex)	11,5	3,6	10,6	3,1	0,05
5	Sensitivity to oneself (Fr)	6,8	2,6	6,1	2,0	0,05
6	Spontaneity (S)	7,0	2,3	6,3	2,1	0,01
7	Self-respect (Sr)	9,0	3,0	8,1	3,0	0,05
8	Self-adoption (Sa)	9,7	3,3	8,8	3,1	0,05
9	Views on human nature (Nc)	5,5	1,6	5,6	1,7	-
10	Synergy (Sy)	4,2	1,3	4,0	1,6	-
11	Acceptance of aggression (A)	7,7	2,4	7,4	2,4	-
12	Rapport capability (C)	8,1	2,8	8,0	2,5	-
13	Cognitive needs (Cog)	4,9	1,8	4,9	1,7	-
14	Creativity (Cr)	6,4	2,6	6,1	2,0	-

Students with somatic disabilities have on average significantly lower indexes than healthy students ($p \leq 0,05$) for both basic scales of the test – "time competence" and "support". Although we can see from the table above that the absolute values of this difference is not gross and is only present as a trend. In particular, it shows that students with physical disabilities are less able to live in the present time (to experience a current life moment in its wholeness, not just as a fatal consequence of past or preparing for future "real life"), to feel the continuity of past, present and future (to see life as whole) than healthy students. These students are, on average, less independent in their actions, more subject to external influences.

Analysis of additional scales is more interesting. Thus, students with somatic disabilities have significantly lower indexes ($p \leq 0,05$-$0,01$) on both scales that form a "value block" – "system of values" and "flexibility of behaviour". It means that they share in a lesser degree the values

that are inherent to a self-actualizing person and exercise lesser flexibility in implementation of their values at behaviour and interaction with others, they have lesser ability to respond quickly and adequately at changing situation. Similarly, these students have significantly lower indexes for the "senses block" scales ("Sensitivity to oneself" and "Spontaneity") and for self-perception scales ("Self-esteem" and "Self-acceptance"). This suggests that these students are less able, to some extent, to be aware of their needs and feelings, feel and reflect on them, are less able to behave naturally and relaxed, show their emotions to others. It also shows their lesser ability to appreciate their merits and advantages, accept themselves as they are.

However, significant differences between the studied samples for three blocks and corresponding six scales: 1) "concept of man" ("views of human nature" and "synergy" scales), 2) "interpersonal sensitivity" ("acceptance of aggression" and "rapport capability" scales), 3) "attitude to knowledge" ("cognitive needs" and "creativity" scales) were not revealed.

It shows (on the base of the first block above) that students with somatic disabilities have roughly the same views on human nature, on the dichotomies of masculinity-femininity, rationality-emotionality as healthy students. They have the same capacity for holistic perception of the world and people and for understanding of unity of opposites. The second block shows that both studied samples have the same ability to accept their irritation, anger and aggression, to subject-subject communication, to establish rapidly deep and close emotionally rich human contacts. The third one shows that both samples have the same desire to acquire knowledge about the world (we will return to the latter scale – "creativity" – in more detail during analysis of a creative component of psychological readiness).

As for indexes of Cattle's 16-factor personality questionnaire 16-PF, students with somatic disorders have almost the same levels as healthy students for the next factors: "intelligence", "restraint", "sensitivity" and "self-control". This indicates that both investigated samples have no differences in quick understanding, ability to analyse situations, ability to make meaningful conclusions, intelligence, general cultural development, expressivity, sensitivity, cautiousness, responsibility, discipline, consistency in social demands compliance, controlling their emotions and caring for their reputation.

At the same time, healthy students have significantly higher levels ($p \leq 0,05$-$0,001$) for "emotional stability", "courage" factors and significantly lower figures for the "assurance-anxiety" factor ($p \leq 0,001$). This suggests that students with somatic disabilities, compared with healthy ones, have the next distinctions: greater intolerance, impatience, irritability, susceptibility, tendency to anxiety, to avoiding complex issues resolving; lesser courage, vigour, activity, willingness to take risks and cooperate with strangers in unfamiliar circumstances, lesser ability to make independent, creative decisions; they are less cheerful, light-hearted, self-confident, cool-headed, calm.

It was revealed according to the Kellermann-Plutchik questionnaire (Практическая психодиагностика, 2002) that the highest intensity of psychological defences among students is observed for such mechanisms as "denial of reality", "compensation" and "reaction formation." Thus, the studied samples have significantly different levels for three mechanisms — "denial of reality", "rationalization" and "reaction formation" ($p \leq 0,05$-$0,001$). Students with physical disabilities have higher levels for all three mechanisms.

In our opinion, it seems quite logical. After all, for a person who has physical disability, it is natural to maintain personal integrity, self-esteem, social adaptation and "deny reality" to a certain extent – with background reluctance to recognize certain facts of reality that can, if they admit, be too painful – and sink into emotionally pleasant dreams and fantasies. On the other hand such person tries to interpret certain situations rationally and depreciate needs they cannot fulfil.

The ***evaluation*** component of psychological readiness enabled us to see a very characteristic tendency: students with somatic disorders have significantly lower levels of self-assessment of their skill compliance with future profession requirements than healthy students ($p \leq 0,001$), which is understandable due to the presence of disorders, but at the same time, their desire to have a profession is higher than desire of healthy students ($p \leq 0,05$).

Doing result assessment we must pay attention to some students who have inadequate psychological readiness to professional activities. These are students that estimate their skills in comparison with future profession requirements as "inadequate" and their desire to have a chosen profession is "not very much" or "mediocre".

Also, there is an alarming fact that students' desire to have a chosen profession decreases gradually from the I to the III academic year and then to the V year (at a confidence level $p \leq 0,001$).

Indexes for the "self-esteem" factor according to Cattel's 16-factorial personality questionnaire 16-PF (Практическая психодиагностика, 2002) are significantly higher for healthy students ($p \leq 0,001$) – respectively, $M = 5,2$ ($\sigma = 1,4$) – and $M = 4, 1$ ($\sigma = 1,3$) for students with somatic disabilities.

The component of ***aim setting*** is defined by the index of desire to work within a chosen future profession. These indexes do not significantly differ for healthy students and for those with somatic disorders. But from the point of view of students' psychological readiness for professional activity (in this case, as clearly insufficient), we must pay attention to one-third of students who either are not going to work in a chosen profession or have not made up their minds yet. This index decreases from the I to the III year of study ($p \leq 0,01$) and then remains the same for the V year.

We used the "developed imagination" factor from the Cattel's 16-factor personality questionnaire 16-PF and the "creativity" scale of the Self-actualization test of E. Shostrom – SAT as indicators of the ***creative*** component of psychological readiness. Both of the above indexes do not differ for the studied samples of students. Average quantitative value for the "developed imagination" factor of healthy students is 5,7 ($\sigma = 1,5$), and 5,9 ($\sigma = 1,6$) for students with somatic disabilities. Indexes of the "creativity" scale for the first sample have a mean value of 6,4 ($\sigma = 2,6$), and 6,1 ($\sigma = 2,0$) for the second one. So creative orientation of students with somatic disabilities is not inferior that creative orientation of healthy ones, as it follows from the latter technique interpretation.

As for the ***good mood mobilizing*** component, students with somatic disabilities have such indexes as ability to work during day and week significantly less stable ($p \leq 0,001$). This indicates necessity to pay particular attention to these indexes of the good mood mobilizing component of psychological readiness for professional work at implementation of measures aimed at its formation.

These results show that students' with somatic disabilities views about their future life in general and about professional activities are not too optimistic. Only about 20% of these students are optimists. Almost half of the surveyed students feel uncertain in their perception of future. And about a third of students feel pessimistic. It also highlights the need to pay particular attention to these indicators of the good mood mobilizing component of psychological readiness of students with physical disabilities. It should be noted that these two indicators of professional and life optimism are linked sufficiently closely for these students. So for this category of students, professional future seems almost inseparable from the future life in general.

Conclusions

The results obtained during survey allowed us to define peculiarities of students with somatic disorders (compared with healthy students) and determine quantitative diagnostic characteristics of such readiness on the base of the psychological readiness structure developed by the authors.

The results for the *motivational* component of students' psychological readiness to chosen professions demonstrate that, despite a significantly lower level of motivation to succeed among students with somatic disorders, they are not inferior in terms of common interest in learning. Social and personal motivation (self-motivation to work and social significance of labour) is dominant for healthy students, but content-professional motivation (the motives of their own labour and professional skills) is more important for students with somatic disabilities.

The peculiarities of the *cognitive* component lie in the fact that, while having almost the same level of self-assessment of their own knowledge about chosen profession conditions and peculiarities as healthy students, students with somatic disabilities are significantly less likely to consider themselves prepared for future careers (in terms of their present professional knowledge and skills). Also, these students have insufficient knowledge about how to compensate for functional limitations during future professional activity performance.

For the majority of diagnosed operational component indexes, students with somatic disabilities show much lesser results then healthy students: they have lower levels of educational self-efficacy, communication and organizational skills, self-esteem of readiness for independent professional work. Their level of practical skills to compensate for their functional limitations during performance of future professional activities is still below the level of knowledge about such compensations. Their relationships with classmates and teachers are more polar than relationships of healthy students.

As for self-attitude, which characterizes *personal* component of psychological readiness to professional activities, students with somatic disabilities have significantly lower levels of "integral self-attitude" and positive components of self-attitude – "self-esteem", "self-sympathy", "attitude expected from others," "self-confidence", "attitude of others", "self-acceptance", "self-interest". It indicates reduced levels of such important component of psychological readiness for professional work as faith in their own strength and skills, ability to be a "master" of own life, positive self-estimation, self-approval, self-consistency, self-understanding, expectation of positive attitude towards themselves from others.

In terms of significant life orientation, students with somatic disabilities tend to think of their life process as less interesting, not so emotionally rich and full of meaning than healthy students, they are characterized by dissatisfaction with their present lives. They express lesser belief into their ability to control events of own life, and rather think that human life is beyond conscious control.

Self-actualization features of such students lie in the fact that they are able somewhat lesser than healthy students to live in the present, see life as a whole. These students are, on average, less independent in their actions, more subject to external influence, in lesser extent share values that are inherent to self-actualizing personality and exercise less flexibility in implementation of these values in their behaviour and interaction with others; their abilities to respond quickly and adequately to the changing situation are lower. They are less able to be aware of their needs and feelings, behave naturally and relaxed, appreciate own merits, accept themselves as they are.

As for Cattel's personal questionnaire 16-PF, students with somatic disabilities practically do not differ from healthy ones by the indexes of acumen, ability to analyse situations, ability to make meaningful conclusions, intelligence, common culture, expressivity, sensitivity,

cautiousness, responsibility, discipline, social demand performance, emotional control and care about their reputation. Students with disorder in comparison with healthy ones are more intolerant, restless, irritable, susceptible, tend to be anxious and avoid resolving complex issues; they are less courageous, persistent, active, less willing to take risks and cooperate with strangers, they have less ability to make independent, creative decisions; they are less cheerful, confident, and cool-hearted.

Students with physical disabilities have significantly greater degree of following three psychological defence mechanisms: "denial of reality", "rationalization" and "reaction formations".

Study of the *evaluation* component showed a characteristic trend: students with somatic disabilities have lower levels of the "self-esteem" index by Cattel's questionnaire and significantly lower self-estimation of their skills correspondence to future profession requirements than healthy students, which is understandable due to presence of such disorders, but at the same time their desire to have a profession is higher than desire of healthy students.

Healthy students and students with somatic disorders do not significantly differ in intention to work within chosen future profession as the index of *aim setting* component of psychological readiness for professional work shows. However, it should be noted that a significant number of tested students – a third – either are not going to work in a chosen profession or have not made up their minds yet.

Indexes of readiness *creative* component (the "developed imagination" factor by Cattel's questionnaire and the "creativity" scale by SAT test) show that a degree of person s' creative orientation of students with somatic disabilities is not inferior to that of healthy students.

As for the *good mood mobilization* component, performance during day and week of students with somatic disorders is significantly less stable. Attitude of students with somatic disabilities to their future life in general and to professional life is not optimistic: only about 20% of them have an optimistic attitude, almost half of them mark presence of uncertainty in their future, and about a third feels pessimistic. So for this category of students professional future seems practically inseparable from the future life in general.

In addition to studied comparative features of psychological readiness to professional activities, peculiarities of individual index dynamics for various components of psychological readiness should be also taken into account during implementation of measures aimed at readiness formation among students with somatic disorders.

Thus, the highest level of interest in academic training (motivational component) is observed during the first educational year and the lowest – during the third one.

The students' level of self-estimation of own knowledge about profession conditions and peculiarities and of present professional knowledge and skills (cognitive component) increases during training, significantly rising from the I to the V academic years. The level of self-estimation of own knowledge of ways for individual functional limitation compensation during professional activity performance also tends to increase among students with somatic disabilities, but it is not statistically significant.

Academic self-efficacy from the I to the V academic year improves progressively (operational component). Levels of readiness for independent professional work and practical skills for functional limitation compensation (students with somatic disorders) increase also.

Degree of students' desire to have a chosen profession gradually decreases from the I to the III academic year and then to the V year (evaluative component).

Intention to work within a chosen future profession (aim setting component) decreases from the I to the III years and then remains the same till the V year.

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