



Ministy of Health of Ukraine Ministry of Education and Science of Ukraine Zhytomyr Medical Institute Zhytomyr Polytechnic State University Zhytomyr Ivan Franko State University Zhytomyr Trade-Economic Professional College KNUTE Municipal Institution of Higher Education "Volyn Medical Institute"

VII REGIONAL SCIENTIFIC STUDENTS' INTERNET-CONFERENCE

"BUILDING PROFESSIONAL LINGUISTIC COMPETENCE OF FUTURE SPECIALISTS" OF FUTURE SPECIALISTS"

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Ministry of Education and Science of Ukraine
Zhytomyr Medical Institute
Zhytomyr Polytechnic State University
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### VII REGIONAL STUDENTS' SCIENTIFIC INTERNET-CONFERENCE

# "BUILDING PROFESSIONAL LINGUISTIC COMPETENCE OF FUTURE SPECIALISTS"

Book of Papers (November 25, 2021)

**Z**hytomyr

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The conference abstracts deal with a wide range of research problems in the spheres of health care and medical sciences, information computer technologies, economics, law, engineering and humanities. Knowledge and best practice sharing were the motivations behind the conference, and each year we see a huge increase in the level of engagement.

The publication is aimed at researchers, students, masters, post-graduate students.

The Editional Board is not responsible for the views, opinions, results and conclusions of the authors' articles.

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## SOCIAL FACTORS OF INCREASING THE AGE OF WOMEN WHO GIVE BIRTH FOR THE FIRST TIME

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Relevance of the problem. Fertility, one of the main demographic processes that predetermine the re-creation of the population, is influenced by many factors, or so-called indirect determinants - social, economic, cultural, environmental. The level of fertility represents the realized childbearing activity of the population with the embodiment of the totality of the conditions of its life activity. The specifics of this demographic indicator lies in its significant dependence on the qualitative characteristics of the population (health, educational level, professional composition) and institutional factors (traditions, values, lifestyle norms) [3].

Keywords: fertility, reproductive behavior, maternal age at first birth, postponement of first-born, social factors

The most favorable age for the birth of the first child is considered to be between 20 and 30 years old. The process of shifting the age of motherhood to an older age is associated with changes in the socio-economic sphere. In European countries, the average age for women having their first child continues to rise (29.5 years on average). It is believed that the increase in the average maternal age at childbirth in Ukraine began two decades later than in European countries. Ukraine has the lowest values among European countries, despite a significant increase in the indicator - for conditional generations from 24.5 years (all birth order) in 1996 to 27.4 years in 2016. The age of birth of the first child in rural areas is on average 1.7 years earlier than in urban areas.

The method of demographic analysis of deferred births developed by T. Sobotka, K. Zeman, R. Lestage, T. Freykoi, studies postponing and catching up births as aggregate concepts that neglect individual motivation and reasons for postponing childbearing to older age

The issues of demographic behavior of young people, peculiarities of the phenomenon of late motherhood, changes in the age of childbearing were studied by S. Y. Aksenova, I. O. Kurilo, V. S. Steshenko, V. P. Dumanska.

According to V. N. Arkhangelsky, O. N. Kalachikovoj, women who have higher education, work, high wages and live-in large cities give birth later. A diploma of higher education postpones the birth of a child for 3-4 years, having a job - for 2-3 years. It is known that a woman's salary also postpones the birth of a child. Postponing the birth of a child by one year by a woman increases her work experience by 6%, income by 9%

According to the International Federation of Gynecology and Obstetrics (FIGO) recommendation, a woman who is pregnant for the first time at age 35 or older is considered an "older woman in labor," and a woman who is 35 or older at the time of delivery is also considered an "older woman in labor. The frequency of this group of women in different regions varies from 2.75% to 22% of all women giving birth. The course of the gestational process depends on many factors, among which age is of great importance. To this there is no single thought about whether the age of a woman over 40 years is a risk factor. Most authors indicate that pregnancy in women over 40 years is pathological, and childbirth is accompanied by a number of severe complications for both mother and child [5].

Social and demographic processes are extremely closely intertwined in the present time, so it is almost impossible to establish exactly what was the cause and what was its consequence. The main values of modern generation are global awareness, possibility of choice, refusal to blindly follow the prescriptions, technical literacy, individualism, aspiration for lifelong learning, informality of views and perception of multivariantism, search of emotions and fear, pragmatism, hope for oneself, sexual equality. Such values create a foundation for raising the educational level, for professional growth and self-realization through career building, and the desire to first create the necessary conditions, and then to give birth and bring up children [4].

What is it that pushes a woman to postpone having a child on an individual level? In general, a woman's decisions about marriage, childbirth, education and career are interrelated, and these decisions are influenced by the same characteristics of women. Even in adolescence, a woman decides whether she wants to be a housewife and raise children or pursue higher education and build a career. These two types of women can differ in many ways, including their reproductive intentions.

The purpose of the study is to analyze the social factors increasing the age of women who give birth for the first time. According to the International Federation of Gynecology and Obstetrics (FIGO) recommendation, a woman who is pregnant for the first time at age 35 or older is considered an "older woman in labor," and a woman who is 35 or older at the time of delivery is also considered an "older woman in labor. The frequency of this group of women in different regions varies from 2.75% to 22% of all women giving birth. The course of the gestational process depends on many factors, among which age is of great importance. To this there is no single thought about whether the age of a woman over 40 years is a risk factor. Most authors indicate that pregnancy in women over 40 years is pathological, and childbirth is accompanied by a number of severe complications for both mother and child [5].

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Study results. The main factors in the transition to later motherhood (i.e., increasing the average age of the mother at the birth of her first child) are considered to be the spread of education, increased employment for women, economic uncertainty and unstable forms of employment, low affordability and high housing costs, postponed and unstable marriage, and individual values (approval of voluntary childlessness) [1].

For women who gave birth to their first child at age 30 or older, it is relatively more important to obtain education, continuous professional development, independence, and having one child; it is less important to live their family in a registered marriage and have three children. The age at childbearing also depends on the age of first marriage. Women who married at a later age are more likely to postpone having children.

In today's society, values regarding the family have changed; Western traditions are prevalent in Ukraine, where a woman is oriented not only toward the family, but also toward her career. There is every reason to believe that women who have higher education and good jobs do not have time to realize their reproductive plans.

The state can stimulate fertility by reforming the labor market and creating more flexible working conditions for women. The course of fertility support should be reoriented from material measures that promote a combination of parenthood and employment at the same time.

Conclusions. Postponing first births leaves fewer opportunities for births of higher order, affects the number of births, and therefore negatively affects the process of reconstitution of the population. Economic factors (level of welfare) and socio-cultural factors (transformation of the system of norms and values, family relations, increase in the level of education) play a role in the growth of postponement of births.

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#### ALZHEIMER'S DISEASE

V. Bondarchuk, Bachelor student L.Rybak, educator of higher qualification category, language advisor Zhytomyr Medical Institute Alzheimer's disease is a progressive neurologic disorder that causes the brain to shrink (atrophy) and brain cells to die. Alzheimer's disease is the most common cause of dementia — a continuous decline in thinking, behavioral and social skills that affects a person's ability to function independently. [1]

A large number of factors has been associated with increased risk of AD, but among those, cerebrovascular disease and it antecedents are the most consistently reported. A history of diabetes, hypertension, smoking, obesity, and dyslipidemia have all been found to increase risk. Interestingly cerebrovascular disease, including large cortical infarcts, single strategically placed infarcts, multiple small infarcts, cerebral hemorrhage, cortical changes owing to hypoperfusion, white matter changes and vasculopathies, are all antecedents to dementia in general. [2]

When Alois Alzheimer met Auguste Deter in 1901, he could not have suspected that her sad story would make his name a household word throughout the world. Dr. Alzheimer was a young psychiatrist in his late 30s, a hard-working clinician committed to understanding the relationship between brain disease and mental illness. Following the death of his wife earlier that year, he had buried himself in his clinical work, caring for psychiatric patients at the Community Hospital for Mental and Epileptic Patients in Frankfurt, Germany. Auguste Deter (whom we would learn about as "Auguste D") was only 50 years old when her husband noticed her increasing memory problems. She soon became more fearful, paranoid, and aggressive, making it necessary to admit her to the psychiatric hospital at age 51. She remained an inpatient there until her death in 1906, although by then she was no longer under Dr. Alzheimer's care. He had since moved on to a research position at the Munich Hospital under the leadership of Dr. Emil Kraepelin, one of the most influential psychiatrists of his era. Alzheimer's former boss from Frankfurt, Dr. Emil Sioli, informed Dr. Alzheimer of his former patient's death. He sent her brain material to Alzheimer, who examined Ms. Deter's brain microscopically using new stains that revealed the presence of what we now call amyloid plaques and neurofibrillary tangles. Though it seems odd

now, Alzheimer's initial 1906 presentation linking this specific brain pathology to a clinical syndrome was met with limited enthusiasm by his peers.[3]

Alzheimer published his descriptions of several patients in 1909 and Kraepelin included Ms. Deter's case in the 1910 edition of his widely respected psychiatry textbook. It was Kraepelin who named this dementia after his junior colleague. Auguste Deter was not an elderly woman at the onset of her illness, and Alzheimer's disease was therefore regarded as a "presenile dementia" to distinguish it from the familiar "senile dementia" thought to result from aging-related vascular disease. Further investigation, however, showed that plaques and tangles were present in the brains of the majority of older adults with symptoms of dementia. In the late 1960's, the British psychiatrists Tomlinson and Roth described the importance of these plaques in older adults, and in 1970 Dr. Roth questioned the meaningfulness of the age criterion that distinguished Alzheimer disease from "senile dementia of the Alzheimer's type". [3]

In the early stages, the main symptom of Alzheimer's disease is memory lapses.

For example, someone with early Alzheimer's disease may:

- forget about recent conversations or events;
- forget the names of places and objects;
- have trouble thinking of the right word;
- ask questions repetitively;
- show poor judgement;
- become less flexible and more hesitant to try new things;
- there are often signs of mood changes.

Middle-stage symptoms:

- increasing confusion and disorientation;
- obsessive, repetitive or impulsive behavior delusions;
- feeling paranoid and suspicious about carers or family members;
- problems with speech or language (aphasia);

- disturbed sleep;
- depression and feeling increasingly anxious;
- difficulty performing spatial tasks;
- seeing or hearing things that other people do not (hallucinations).

In the later stages of Alzheimer's disease, the symptoms become increasingly severe and can be distressing for the person with the condition, as well as their carers, friends and family. Hallucinations and delusions may come and go over the course of the illness, but can get worse as the condition progresses.

A number of other symptoms may also develop as Alzheimer's disease progresses, such as:

- difficulty eating and swallowing (dysphagia);
- weight loss sometimes severe;
- unintentional passing of urine (urinary incontinence) or stools (bowel incontinence);
  - gradual loss of speech;
  - significant problems with short- and long-term memory;

In the severe stages of Alzheimer's disease, people may need full-time care and assistance with eating, moving and personal care. [4]

It is important to understand that none of the medications available at this time will cure Alzheimer's. But there are treatments that may change disease progression, and drug and non-drug options that may help treat symptoms. Understanding available options can help individuals living with the disease and their caregivers to cope with symptoms and improve quality of life. [5]

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## DEVELOPMENT OF CRITICAL THINKING IN PRIMARY SCHOOL STUDENTS IN ENGLISH LESSONS

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According to the concept of the New Ukrainian School, the main goal of the reform of general secondary education is the transition from the school of knowledge (mostly theoretical knowledge) to the school of competencies of the XXI century. Unlike the school of knowledge, the school of competence should teach the child not only knowledge, but also modern skills and abilities, as well as values that will help to form attitudes in different situations. The New Ukrainian school stipulates that a student must have ten key competencies to complete secondary school. Among them are those that are already to some extent formed by the modern school, such as knowledge of state and foreign languages.

Graduates of the New Ukrainian School should become integral and developed individuals who have innovative thinking and are patriots of their country, able to actively participate in its development. Such results can be achieved only by uniting the efforts of educators, teachers, parents and all those who care about the development of the young generation in Ukraine.

If we consider teaching a foreign language, then to achieve this goal it is important that the teacher properly organizes the learning process. Various, interesting and appropriate teaching methods that will develop different types of imagination, memory and thinking of children. When considering in detail the development of children's thinking, the development of critical thinking is very important.

Critical thinking is a complex phenomenon that has many levels. Critical thinking is the free use of high-level mental strategies and operations. It is needed to formulate reasonable conclusions and judgments and make decisions.

From a pedagogical point of view, critical thinking is a set of mental operations characterized by human ability: to analyze, compare, synthesize, evaluate information from any source; identify problems, ask questions; make hypotheses and evaluate alternatives; make an informed choice, make a decision and justify it. In order to create favorable conditions for the development of critical thinking of students, the school must systematically change all elements of the educational process.

The task of the lesson - the formation of students' thinking operations at a high level and appropriate value orientation - confidence in the results of their own mental efforts, intellectual courage, openness to different opinions - should be part of the lesson, regardless of the topic student's study.

To do this, remember that critical thinking is the impartial study of an object or problem. At the beginning of the lesson, students should recognize: what they already know; what they have to learn; what questions to the topic of the lesson.

Then the teacher must organize the learning process so that students can freely disclose the facts, consider solutions to the problem and, finally, come to a factual understanding of their position on the issues.

The teacher is able to successfully combine work on the subject material with the development of critical thinking of students. However, building such a lesson requires considerable knowledge and skills from the teacher. Yes, it should create an atmosphere of positive interaction of students to understand which forms

and methods of teaching are more effective at a particular stage of the lesson and, in principle, to think critically.

Usually, to learn the technology of development of critical thinking, it is not enough to get acquainted with it in the methodological literature. To obtain the necessary practical skills, it is important to get acquainted with them in practice, so it is possible through special trainings, courses for modeling classes on the development of critical thinking using certain methods, techniques and more. Usually during such training, the organization of own activity and the organization of lessons which really promote development of critical thinking occurs more consciously [1].

Therefore, it is very important to use technologies for the development of critical thinking in working with younger students. They can manifest as "Brainstorming" "Associative bush", "Mutual questions", "Student - student" "Reading in pairs / composing" "Short translation in pairs" and others.

For example, a teacher may also use one of the following critical thinking techniques, which includes [4, 14]:

#### 1. Challenge.

This is the formation of the individual interest of the child to obtain certain information. Children need to think and pass on to others what they know about a topic. So acquired knowledge earlier, become the basis for the acquisition of new knowledge. The teacher has a task - to summarize all the knowledge of students, to help everyone to reveal "their knowledge" and the main goals for new ones

For example: Exercise "Association" and exercise "Right / Wrong".

Exercise "Association" is used to determine the topic of the lesson. Thanks to this exercise, children develop imagination and intuition. Children talk about their options, what will be the topic, lesson objectives and learning objectives. The discussion should be based on 1 word related to the topic. For example, the word "fog" for the topic "Weather".

Exercise "Right / wrong" the teacher asks prepared questions to students about the topic of the lesson. All questions should begin with "Is it true that...?". The answer can be "yes" or "no".

#### 1. Comprehension.

The main goal of this stage is to give children the opportunity to search for information and analyze it.

Children need to be guided by what they understand. If students do not understand something, they write in the form of questions. This is necessary in order to then fill in these "white spots".

After reading the information, each student should say which words or phrases helped them understand the information and which ones confused them.

For example, the exercise "Sequence".

The teacher gives the children excerpts from a text, quote, event. Children combine passages or record sequentially.

Reflection.

At this stage, children comprehend what they have learned and how it is possible to add new concepts to their ideas. For example, write an essay on a proposed topic.

Before applying, the teacher must be well prepared. First, the teacher determines what his goal and topic is. Next, what the teacher knows about it, and what needs to be better prepared. What will be useful? What do you need to perform? The teacher finds all the necessary information and systematizes it.

It can be concluded that the teacher in English lessons in primary school should organize the learning process so that children develop their thinking. Critical thinking is very important. Because with the help of critical thinking the child understands everything originally, based on their own thoughts, and not through other people's thoughts, decisions or arguments.

Critical thinking enables a child to use their knowledge to solve a creative, non-standard problem. The child can easily compare and analyze.

The teacher should make a lot of effort to achieve the development of critical thinking in children. In this he will be helped by a large number of groups of exercises for the development of critical thinking. To choose the appropriate exercises for the development of critical thinking in primary school children in English lessons, it is important for the teacher to adhere to certain conditions, types of these exercises and successfully combine them to get a positive result.

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# PSYCHOLOGICAL AND BEHAVIOR DISORDERS AMONG STUDENTS OF EDUCATIONAL INSTITUTIONS AND ITS PREVENTION

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Relevance of problem. The urgency of the problem of preserving the mental health of educational process participants is due to the demands of practice, society's strategy to guarantee the human right to learn in a safe educational environment, ensuring successful interaction of all participants in educational space – students, teachers, administration, parents, specialists (psychologists, speech therapists, medical staff, defectologists, etc.). The results of research conducted in recent years show that the most pronounced deterioration of children's health occurs at the age of 7 up to 17, that means during school. The level of health of kids at this age largely depends on the studying conditions, the nature of the educational process, lifestyle.

In Ukraine, the incidence of mental and behavioral disorders (MBD) of children aged 0-14 in 2017 was 24,626 of new cases (3.81 per 1000 children). The age structure was dominated by adolescents, where 4382 cases of MBD were detected for the first time (40.6 per 1000 of the relevant population); among children aged 6 to 14 - 12,706 (3.76 per 1000 children). Zhytomyr region is among the leaders of the first identified MBD (8.09 per 1000 children). Children account for up to 8.0% of disability associated with mental disorders [1].

In the school environment, in addition to the acquisition of new knowledge, there is also communication between coeval and adults, testing the ability to adapt to different situations and requirements. According to the WHO, mental health disorders are most common in children who suffer from insufficient communication with adults and their hostility, as well as children who grow up in conditions of family discord. Emotional instability and imbalance of students is one of the most common and serious psychological and pedagogical problems.

The aim of the study. Identify the role of school nurses, teachers, and public health professionals in implementing a system of measures to prevent mental disorders among students.

Materials and methods. Scientific publications on maintaining the mental health of schoolchildren, creating a healthy and safe educational environment, prevention and early detection of mental illnesses and behavioral disorders. Information-analytical method.

Research results. Often the inconsistency of the educational load with the capabilities of the child's body causes tension in the mechanisms of adaptation, increases the likelihood of psycho-emotional breakdown and other health disorders: neurotic and neurosis-like disorders are found in 60-70% of students; increased level of anxiety – in 80% of adolescents; Attention Deficit Hyperactivity Disorder – 13% of primary school children and 25% of adolescents; emotional disorders (fear, mood deterioration, aggression) – almost 40% of children [3]. It is extremely important to recognize a child's mental illness at an early stage and prevent its further development.

Among the measures of prevention and early detection of mental diseases and behavioral disorders there are adequate distribution of workload in schools according to hygienic standards; minimization of risk factors for the development of children mental illnesses (creating a comfortable psychological climate, ensuring the normal integration of each student in the team); early detection of pathological conditions (observation by a school nurse, regular work with a school psychologist, psychological testing); creating comfortable conditions for inclusive education of children with special needs; conducting educational interviews by school nurses with students and their parents, that will be aimed at raising their awareness of mental illnesses and behavioral disorders, factors of their development, early manifestations, methods of correction [2].

The specific of a school nurse work is that most of the time is spent on preventive measures. The school nurse carries out mandatory mental health activities:

- assessment of the student's mental health;
- providing first and emergency care, if necessary, referring the student for a consultation with a specialist;

- individual counseling of the student on issues related to health, healthy behavior;
- advising students on self-control training depending on the state of health and implementation of the treatment plan prescribed by a doctor;
- advising teachers in the learning process, in the organization of educational work, as well as the implementation of the rehabilitation plan of the student or a treatment plan prescribed by a doctor;
- work with the student, parents, public health professionals, and school staff to prevent frequent illnesses and health problems;
- distribution of scientifically based information materials related to health problems [4].

A number of activities require knowledge of the initial manifestations of mental illnesses, the mental and behavioral disorders and methods of treatment, as well as the special needs of the learning process related to health, ways to create a safe educational environment. The skills of school nurses to establish partnerships with school staff, public health professionals, and parents are important.

The nurse should act as a counselor and distributor of knowledge to make some contribution to preventing students' mental and behavioral disorders.

Measures to reduce psycho-emotional stress and improving the activity of students' nervous system should be aimed at normalizing the daily routine and nutrition, optimizing physical activity, the use of non-drug treatments.

Activities that can be carried out in educational institutions include: training in muscle relaxation during short breaks for physical training, elements of self-training in the room of psychological relief, the influence of colors in school and functional music at different times, lessons of psychophysical self-regulation.

It is advisable to teach parents the methods of proper pedagogical influence, which help to harmonize the emotional background of the child.

Prevention and health programs should be harmoniously integrated into the educational process, providing long-term medical and pedagogical support to the

child, which will prevent the development of mental and behavioral disorders and improve the quality of life.

Conclusions. The role of the school nurse in preventing mental health problems is to assess students' mental health and the school environment in collaboration with teachers, school psychologists, public health professionals; advising students and their parents on healthy behavior; participation in decision-making that affects the mental health of students; development and implementation of preventive and health programs for the formation of a safe educational environment.

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### THE USAGE OF MODERN MOBILE TECHNOLOGIES DURING ENGLISH CLASSES

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Undoubtedly, the presence of mobile technologies becomes more and more noticeable in the field of education. We can know it from numerous publications from methodological publications. Deeply this problem is considered in works of Bukov, Gurevich, Nichkalo, Sysoeva, Travneva and others. We can't imagine modern specialist without foreign language. It became One of the most important task in develop countries. Nowadays it's impossible to achieve proper success without usage of mobile technologies.

Abroad they are gain more and more confidence in teaching foreign languages, while in Ukraine this topic only studies. Therefore, it's considerable scientific interest.

The purpose and objectives of this publication is to analyze foreign experience of mobile phone's usage in foreign language studying with it's subsequent introduction into the system of training future specialists in our country. Today, there are several types of mobile technology. One of the reasons for the growing popularity of mobile phones is the fact that when we use mobile phone we don't need to create classroom, equipment or separate tutor. Most modern phones have many services, which means that tutors and students can share information.

The range of research of mobile phone's usage in teaching foreign language is constantly expanding. For example, P. Kernan and K. Aizawa describe the use of mobile phones for the exchange of electronic massages in order to teach certain structure [4]. Recently, there have been more and more studies examining the usage of mobile phones to increase vocabulary in the process of foreign language's learning. For example, S. Brown gives a thorough overview of the environment in which they create dictionary flash cards on a computer and then use them on their mobile phones during learning process. This author points out the advantage of such study of vocabulary, as it is available at any time and in any place. [1].

Another example of mobile phone's usage was described by P. Thornton and Students are encouraged to download video about English idioms, S. Hauser. study them, and then, during lesson perform exercises where these idioms are used. Such materials are extremely positive perceived by students. They are considered not only useful but also interesting [3]. The use of mobile phones was also investigated by N.S. Chen, S.W. Gsieg [2]. They offered their students study vocabulary by SMS. Futher analysis showed that these messages really helped students to learn new words. To determine of such activities, P. Thornton and S. Hauser compared the results of study new vocabulary in print and in message. The last had significantly better results during the current testing. It is also possible to use mobile phones outside the classroom to perform exercises based on the audio material listened at class. As J. Stockwell in his works notes, it is advisable to develop software for the usage of mobile phones [4]. This program allows to perform different types of exercises. The usage of mobile phones has it's disadvantages. Such as: screen size, keyboard, learning conditions, etc.

Today the mobile phones as educational tools aren't common as computers, but lately they will become traditional form of studying.

Therefore, it is necessary to encourage students to use mobile phones with educational purposes. We should adapt educational materials to the available means of mobile communication.

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## RISK FACTORS FOR COMMON DENTAL DISEASES OF THE WORKING POPULATION

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**Abstract.** The main risk factors for dental diseases of the working population are presented in the article. It has been determined that careless attitude of people to their own health, lifestyle, bad habits contributes to the development of oral diseases. As well as social insecurity and economic instability create the prevalence of these risks.

What are the reasons for such a paradox, the manifestations of which are the crisis in the organization of medical care? There are many causes, but first of all, they should be considered according to the conditional classification of groups of risk factors and their approximate contribution to the assessment of public health. The most influential reasons for the deterioration of dental health are the conditions and lifestyle of citizens, which, due to scientific studies, affect up to 55% of the general health of population. Dental health is 80-90% determined by

lifestyle and 20% by human behavior, and only 10-20% by the organization of dental care [1].

It is convincingly proven that both non-communicable and oral diseases have a number of common risk factors, such as unhealthy nutrition, smoking, alcohol abuse, which in both cases are associated with human behavior; the prevalence and intensity of dental diseases depend on oral cavity hygiene, internal and external risk factors [2].

The main risk factors: smoking, decreased physical activity, and high consumption of sugar and salt contribute to the development of various chronic diseases, including illnesses of oral cavity. Oral diseases are associated with diabetes, cardiovascular disease, premature birth, low birth weight and other conditions. Epidemiological data confirm the role of tobacco smoking as a major risk factor for the development and progression of marginal periodontitis. More than 50% of periodontal diseases are caused by tobacco smoking and occur within people under the age of 45 [3]. With complete smoking cessation, the frequency of periodontitis can be reduced by 30-60%. The risk of developing a cancerous tumor in the oral cavity is 15 times higher with a combination of two provoking factors: smoking and excessive alcohol consumption. Another important reason is the unsatisfactory level of health education, which is generally declarative, vague, and therefore often ineffective. Socio-economic determinants are also common: living conditions, poverty, education, cultural traditions. According to the assumption of psychologist Abraham Maslow (1943), human behavior is determined by a wide range of needs, which he or she divides into five categories and arranges them in a certain hierarchy. At the bottom of this hierarchy there are the most pressing needs (food, water, housing), and at the top – higher individual requests (recognition, self-expression). According to Maslow, man is "an animal that constantly wants something". When the needs of the lowest level are satisfied at least partially, a person aims to meet the needs of another and not necessarily the next level of the hierarchy [4].

Catastrophically threatening reduction of state allocations for medical needs; shifting the cost of medicines and medical care on the society itself; economic instability of society, which leads to deteriorating living and working conditions; the presence of constant nervous tension associated with social insecurity, uncertainty about tomorrow; fear of falling ill and remaining a beggar; the threat of production closure and dismissal; lack of savings on a "rainy" day due to constant crises in the economy, all these lead not only to dissatisfaction with their minimum needs, but also to a careless state of health, prevalence of harmful risk factors. According to scientific sources, we have also established that the state of dental health of the working age population is influenced by other important factors, for instance, nutrition. High sugar consumption is a leading risk factor in the caries and diabetes occurring. Particular attention should be paid to carbohydrates consumed in combination with other food components, which are also monitored in the individual diet of the patient when assessing the risk of caries and depending on the composition of the diet, in particular colonies of Lactobacillus spr [5].

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# UNDRESTANDING ACTIVE INGREDIENTS IN PERSONAL CARE PRODUCTS

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Admission: There are millions of different skin care products on the Ukrainian market, all with different combination of ingredients. The key ingredients present in most cosmetics include water (aqua), emulsifiers, preservatives, thickeners, moiturisers, colours and frangrances. All cosmetic ingredients can be either naturally occurring or artificial, but any potential impact on our health depends mainly on the chemical compounds they are made of. Ukrainian consumers increasingly care about the validity, safety and stability of personal care products.

**Aim of the study:** to identify and analyze the latest ingredients in skin care products that may benefit our skin and health.

The research methods and material: Ingredients in today's skin care products are an excellent example of how discoveries in chemistry are part of our day-to-day lives. The scientific literature and personal care market in Ukraine and other sources relevant to a particular problem were examined and compared. On the basis of this research the ingredients of the Ukrainian brands' skin care products (Biokon, Farmak, Irenen Bukur, Elfa Pharm) were analyzed.

In our research cosmetics is defined as "anything intended to be applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance without affecting the body's structure or functions." The word "cosmetics" derives from the Greek word meaning "technique of dress and ornament". In fact, just reading the composition of any common cosmetic can become a chemistry class: water, emulsifiers, preservatives, thickeners, pH stabilizers, dyes and fragrances, combined in different ratios, for different purposes.

Many cosmetics that are marketed nowadays often contain antioxidants as the active ingredients. It is known that oxidation reactions could produce free radicals, which can start chain reactions that will damage skin cells. Increasing the amount of free radicals could initiate the wrinkling, photoaging, elastosis, drying, and pigmentation of the skin. Topical antioxidants could terminate the chain reactions by removing the free radical intermediates and inhibit other oxidation reactions by being oxidized themselves; this could defend the skin against the environmental stress caused by free radicals.

Skin care products containing alpha-hydroxy acids (glycolic, lactic, tartaric, and citric acids) have become increasingly popular in recent years. Creams and lotions with alpha-hydroxy acids may help with fine lines, irregular pigmentation and age spots, and may help shrink enlarged pores. To help avoid skin irritation, start with a product with a maximum concentration of 10% to 15% AHA.

Salicylic acid removes dead skin and can improve the texture and color of sun-damaged skin. It penetrates oil-laden hair follicle openings and, as a result, also helps with acne. There are many skin care products available that contain salicylic acid.

Retinol is derived from vitamin A and is found in many over-the-counter "anti-aging" skin care products.

Here's why skin responds to skin care products with retinol: vitamin A has a molecular structure that's tiny enough to get into the lower layers of skin, where it finds collagen and elastin. Retinol is proven to improve mottled pigmentation, fine lines and wrinkles, skin texture, skin tone and color, and your skin's hydration levels.

Besides, many skin care products on the Ukrainian market today boast vitamin C derivatives as an ingredient (magnesium ascorbyl phosphate or ascorbyl palmitate, for example), but L-ascorbic acid is the only useful form of vitamin C in skin care products. With age and sun exposure, collagen synthesis in the skin decreases, leading to wrinkles. Vitamin C is the only antioxidant proven to stimulate the synthesis of collagen, minimizing fine lines, scars, and wrinkles.

Hyaluronic acid is often touted for its ability to "reverse" or stop aging. This substance occurs naturally in humans and animals, and is found in young skin, other tissues, and joint fluid. Hyaluronic acid is a component of the body's connective tissues, and is known to cushion and lubricate. Diet and smoking affect your body's level of hyaluronic acid over time. Skin care products with hyaluronic acid are most frequently used to treat wrinkled skin.

Also, copper peptide is often referred to as the most effective skin regeneration product. Studies have shown that copper peptide promotes collagen and elastin production, acts as an antioxidant, and promotes production of hyaluronic acid. Studies have also shown that copper-dependent enzymes increase the benefits of the body's natural tissue-building processes. The substance helps to firm, smooth, and soften skin, doing it in less time than most other anti-aging skin care products.

Parabens are commonly used as preservatives in cosmetics. The parabens used most commonly in cosmetics are methylparaben, propylparaben, butylparaben, and ethylparaben. Scientists continue to review published studies on the safety of parabens.

Conclusions: The cosmetics and personal care market in Ukraine witnessed strong growth for a considerable amount of time. Price becomes the most influential factor in purchasing decisions for many consumers, as well as the main platform for competition in all market categories. Brand owners must convey the value of new ingredients, formulas and products through clear language, with explanations of benefits based on scientific studies or other trials. Consumers and producers are becoming more open to the usage of natural cosmetics. At this time, scientists do not have information showing that parabens as they are used in cosmetics have an effect on human health. The results suggest that on the market of cosmetic products, health and environmental awareness will be a significant trend for both producer and consumer behavior, even in the future.

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#### RICHTIGE DIAGNOSE IST RICHTIGE BEHANDLUNG

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Um eine richtige Diagnose zu stellen, müssen Sie viele wichtige Etappen durchgehen. Zuerst sammelt der Arzt eine Krankengeschichte (die Anamnese).

Die Anamnese basiert auf dem Gespräch mit dem Patienten. Der Arzt muss das Vertrauen des Patienten einstreichen. Im Gespräch mit dem Arzt erzählt der Patient über seine Beschwerden. Durch Fragen versucht der Arzt, ein möglichst genaues Bild zu bekommen. Das Gespräch ist sehr wichtig. Ist sein die Krankheit vielleicht mitverursacht durch psychisches Leid. Die Art, wie der Patient redet, gibt häufig schon Einblick in die Gemütslage des Kranken [2, c. 561].

Dann untersucht der Arzt den Patienten am Krankenbett, um die klinischen Symptome festzustellen. Das sind Beobachtung (Hautfarbe, Schwellung), Palpation (schmerzhafte Stelle, Verhärtung), Perkussion (heller Klopfschall über den Lungen, dumpfer über dem Herzen), Auskultation (Herztöne, Atemgeräusche, Darmgeräusche, Gefäßgeräusche), Fühlen (Hauttemperatur, Hautfeuchtigkeit), Puls-, Blutdruck- und Fiebermessen [1, c. 94].

Wichtig in der Diagnose sind Laboruntersuchungen (Blutbild, Serumwerte, Urinbestimmungen) und weitere Untersuchungen (Röntgen, EKG, Spiegelungen, Biopsien). Sie geben uns das genaueste Bild [5, c. 188].

Anhand der Krankengeschichte, der klinischen Symptome und der Untersuchungsbefunde stellt man die Diagnose fest. Findet der Arzt bei der Untersuchung keine krankhaften Veränderungen, obwohl der Patient über Beschwerden klagt, liegt die Ursache im psychischen Bereich. Es handelt sich dann um eine Störung, das heißt, eine psychische Belastung führt zu körperlichen Symptomen. So kann z. B. Kopfweh, Magenweh oder Asthma auch psychisch bedingt sein [4, c. 143].

Nach der Diagnose verschreibt der Arzt eine Behandlung. Es gibt viele Behandlungen und Arten von Medikamenten. Das sind verschiedener Abkochungen, Aufgüsse, Emulsionen, Extrakte, Pasten, Pulver, Salben, Schleime. Pillen ist universell Arzeneimittel. Sie bestimmen gegen Mehrkrankheiten.

Nach der Diagnosestellung kann die Behandlung, der Verlauf und die Prognose mit dem Patienten besprochen werden. Gerade bei schweren Erkrankungen mit schlechter Prognose ist die Zusammenarbeit zwischen Patient und Arzt sehr wichtig. Eine gute, ehrliche Information hilft in den meisten Fällen gemeinsam die schwierige Lebenssituation ertragen [3, c. 300].

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### MEDICL SPECIALIST INTTERCULTURAL COMPETENCE IN THE STRUCTURE OF PROFESSIONAL COMPETENCE

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**Introduction.** Modern health care professional should be ready for intercultural interaction and intercourse in modern multicultural environment, be competent and successful in intercultural communication. Intercultural competence in the structure of professional competence is an essential basis for advance in intercultural interaction and for the full performance of professional duties by health professionals.

The topic under investigation attracted attention of scientists in various fields of research: British psychologist John Raven; Polish scientists M. Armstrong, G. Filipovich, M. Gebanovsky, V. Zlichinsky, P, Garney, M. Kensi, D. Kzhevinskaya, T. Oleksin, A. Pochtovsky, M. Sidor-Zhadkovskaya; Russian investigators V. Adolf, K. Adishirin-Zade, O. Sadokhin, H. Lezhnina, A. Petrov, I. Puchkova, K. Yushchak.

Amomg Ukrainian researchers should be mentioned A. Libas, T. Branitska, I. Perkhodko, O. Rezunova and other. The professional competence of health specialist covers the field of interests of S. Bukhalska, O. Holik, H. Kulish, Y. Kulbashna, M. Mruga, I. Radzievska, K. Khomenko, A. Shcherbakova.

The purpose and Objectives of the Study. The aim of the study is to research intercultural competence in the structure of professional competence of medical specialists. Objectives of the study are the following: to analyze and summarize scientific interpretations of the concept of medical health specialist professional and intercultural competence; to prove that intercultural competence is an important compound of the professional competence of modern competitive medic; to define the health professional intercultural competence concept and content.

**Materials and Methods.** Theoretical analysis of literature, generalization of scientific views as to the intercultural competence as an important component of the medical specialist professional competence.

**Results.** The essence of competencies in general is represented by a hierarchical system, the levels of which are: key competencies (basic), general competencies for all specialties, special competences/ Competence approach in

professional, including medical, education is aimed not only at professional activities, but also at behavior, communication, formation of personal qualities of specialist, the desire for self-education [1, p. 86].

A doctor, a nurse, etc. accompany a person from birth to death. The circumstances of their professional activity cover extremely wide range of communication with people of different social and ethnic groups, personal and cultural attitudes. Therefore, it is necessary to have worldview, civic and multicultural basics of personality, given the traditionally active role of medical specialists in public life in the country and at the international level [7, p. 82].

The International Code of Medical Ethics, adopted by the UN General Assembly in 1949, states "I will not allow religious, racial, political or social motives to prevent me from fulfilling my duty to the patient ..." [3].

The professional competence of s health specialist includes not only a high level of special medical training, universal culture, but also socio-psychological aspects of his personality, value orientations, communicative literacy and communicative culture.

Among the components of medical specialist professional competence on the basis of research by Y. Kulbashna we distinguish:

- communicative competence, that characterizes the peculiarities of the specialist's interaction with the environment, the ability to conduct a dialogue,
- international competence, that characterizes the willingness of the specialist to adapt to a foreign society, to be tolerant to other nationalities and culture representatives,
- socio-psychological competence, that characterizes the ability of a specialist to professional interaction with others [2, p. 108].

Based on above mentioned, it is possible to make the following definition of the intercultural competence of a health care professional. Intercultural competence of medical specialist is a component of professional skill, personal and professional quality, that provides the ability to solve professional problems in the multicultural environment of modern world on the basis of gained knowledge, skills and formed professional and personal motives, values in real situations of professional intercultural interaction with representatives of different social groups, nationalities and religious denominations, provide the safe performance of the duties of the doctor, nurse, etc.

Besides, the intercultural competence of modern medical professional can be interpreted as an integrative personal and professional ability that allows an individual to self-develop, that ensures in solving tasks of multicultural communication, adaption and self-realization of a specialist in a foreign society.

The content of intercultural competence of medical staff is related to such aspects of professional activity as:

- awareness of cultural features of the professional environment, including patients and colleagues related to national- religious, age, gender, social and other affiliation, treatment of them with respect;
- ability to act in accordance with cultural characteristics of the subjects of professional medical activity, while maintaining their own cultural identity;
- the ability to establish constructive intercultural interaction in the work process and to use intercultural differences to enrich personal cultural experience;
- knowledge and consideration of psychological features of the persons perception and behavior caused by cultural affiliation;
- ability to provide cultural orientation of professional interaction, to predict, to prevent and to resolve intercultural conflicts in their professional activities [7, pp.. 87-88].

In a broader sense/ the intercultural competence of a health specialist is a set of professional abilities and personal qualities, as well as knowledge and experience that ensure successful professional activity in today's multicultural world [6, p. 88].

The list of competencies and learning outcomes in the specialization "Emergency Medicine" Professional Qualification "Paramedic" of the Standard of Higher Education of Ukraine includes "ability to constructive interaction with

other people, regardless of their origin and cultural characteristics, respect for diversity" ad one of general competencies [5, p. 41].

**Conclusion.** Thus, effective business intercultural communication is hardly possible in the absence of intercultural competence among the intercourse participants, and the intercultural competence presence in modern specialist makes them competitive in the international labor market [4].

According to Y. Kulbashna research, a compound of health professional competence is international competence, which characterizes the readiness of a specialist to adapt in a foreign society, to treat other nationalities and cultures representatives with tolerance and patience.

Intercultural competence of medical specialists is one of the key competencies that are multifunctional and cover professional functions and roles, requiring considerable intellectual development.

If intercultural competence usually belongs to the field of general social competencies that do not depend on modern man profession, the health professional intercultural competence content is broader than that of other professionals [7, p. 4].

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# THE INFLUENCE OF INFORMATION TECHNOLOGIES ON THE ECONOMIC SITUATION IN THE WORLD

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The aim of this study was to discuss the relevance of Information and Communication Technologies (ICT) for ecomomic growth in developing countries. This research would contribute to understand more about the contributions from the neoclassical and endogenous growth theory and empiric evidences for the link between ICT and economic growth, the paper clearly concludes that ICTs facilitate economic growth, principally by providing incentives for capital deepening and increasing productivity through rapid technological progress.

However, the impact on growth is more extensive from the long-term ICT use and networking that though requires appropriate ICT investment and complementary efforts in order that spillovers and productivity improvements are triggered and exploited totally.

This paper derives the key determinants and interacting factors that, in the corresponding correct synergic combination, promote ICT's impact on growth-generating processes. For a variety of reasons, the states of these factors in developing countries provide a less ICT- favourable environment for taking advantage from ICTs. These economies exhibit a lower stock of human capacities and per capital capital to trigger the productivity benefits from the ICT use. Therefore, the level of effort is higher than in the developed world to receive return on ICT investment. However, when they achieve to attract capital and knowledge by encouraging ICT investment and technology transfer supported by international openness, maintained financial and institutional systems, deregulation of markets and higher competition, they have the chance to benefit from adopting best practices and technologies from the industrialized world with complementary efforts in the reorganisation of business organisations and processes and enhanced human ICT-skills and management. [1]

There is something important to note here. Economies around the globe differ extremely regarding their rates of economic growth. The developed world steadily grows at high levels of national income. In some developing countries, e.g. Developing Asia, extraordinary high growth rates can be identified, in contrary to the rest - there is a widening economic divide.

The economic situation depends on the capabilities of an economy to produce valuable products and services efficiently. The general literature suggests that the key to accelerate economic growth is the creation of more productive labour. Theoretically, the substantial source of the long-term growth rate of real per capita economic output is the increase of the rate of productivity growth that primarily arises from technological progress and innovation. [2]

It is needed to mention, the economic situation depends on the capabilities of an economy.

Today, many developing countries are still far away from having fully exploited the benefits of ICT. In the current conditions of global fierce competition more investment is attracted by a country that specializes in the production and sale of high-tech products. After all, the final price of this type of product includes an extremely high level of added value.

More recently, to calculate, discover and investigate the development of the country's ICT sector, and hence the level of informatization of its population, analysts of the International Telecommunication Union have created an IDI indicator. Correlation analysis has shown a strong link between per capita GNI and IDI - the higher the IDI, the higher the per capita GNI, and therefore ICTs have a direct impact on a country's well-being. [3]

About every 20 years or so the digital revolution morphs and brings us something qualitatively different. Each morphing issues from a set of particular new technologies, and each causes characteristic changes in the economy.

To sum up, five ways technology can help the economy:

# 1. Direct job creation

The ICT sector is, and is expected to remain, one of the largest employers. In the US alone, computer and information technology jobs are expected to grow by 22% up to 2023, creating 758,800 new jobs.

# 2. Contribution to GDP growth

Findings from various countries confirm the positive effect of ICT on growth. For example, a 10% increase in broadband penetration is associated with a 1.4% increase in GDP growth in emerging markets. In China, this number can reach 2.5%. The doubling of mobile data use caused by the increase in 3G connections boosts GDP per capita growth rate by 0.5% globally.

# 3. Emergence of new services and industries

Numerous public services have become available online and through mobile phones. The transition to cloud computing is one of the key trends for modernization. The government of Moldova is one of the first countries in Eastern Europe and Central Asia to shift its government IT infrastructure into the cloud and launch mobile and e-services for citizens and businesses. ICT has enabled the emergence of a completely new sector: the app industry.

# 4. Work force transformation

New "microwork" platforms, developed by companies like oDesk, Amazon and Samasource, help to divide tasks into small components that can then be outsourced to contract workers. The contractors are often based in emerging economies. Microwork platforms allow entrepreneurs to significantly cut costs and get access to qualified workers.

# 5. Business innovation

In OECD countries, more than 95% of businesses have an online presence. The Internet provides them with new ways of reaching out to customers and competing for market share. Over the past few years, social media has established itself as a powerful marketing tool. ICT tools employed within companies help to streamline business processes and improve efficiency. [4]

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# PSYCHOLOGICAL FEATURES OF THE DEVELOPMENT OF LEADERSHIP QUALITIES OF PRIMARY SCHOOL STUDENTS IN ENGLISH LESSONS

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Younger students include children from the time they start going to school (it is 6-7 years) to the end of primary school (10 years). This age is called the golden peak of childhood because the child still has a lot of childish qualities: she is frivolous, naive, look at an adult from the bottom up and more. But children are already beginning to lose their childlike spontaneity in behavior, there is a different logic of thinking, there is a reassessment of children's values. A child's school attendance means not only the beginning of the transition of cognitive processes to a new level of development, but also the emergence of new aspects for personal development.

This is a new stage in the formation of all the qualities that the child already has, and provides a basis for acquiring new ones. It is also worth noting that based on the above qualities; the child easily remembers a foreign language, thanks to the child's curiosity and the peak of cognitive interest. The main thing is not to lose the opportunity to motivate the child to learn English and do it in an interesting game form.

The perception of younger students is quite developed, but still poorly differentiated. In particular, children of this age are not yet able to carry out a purposeful analysis of the results of perception, to distinguish between the main and essential, children have a system of accumulation of knowledge and information that they hear and see in various lessons, including English lessons. A characteristic feature of age is insufficient voluntary attention. The focus is involuntary, focused on new, bright, unexpected and exciting objects. Therefore, the presentation of new words and information in English should take place in an interesting way, with sufficient clarity and preference for visual perception (but it depends on the type of perception that prevails in the classroom among students)

Character at this age is just being formed, so impulsive behavior, capriciousness, stubbornness is observed quite often. But at the same time, younger students are sensitive, inquisitive and direct in expressing their feelings, they do it better than adults. Children of this age are very emotional, but gradually they learn to control their emotions, become more restrained, there is a tendency to balance. The main source of emotions for children is play activities, which are leading at this age. In the early school years, moral motives of behavior develop significantly, one of which is the ideals, which at this age have certain features. Usually the ideals are specific; they are the heroes of Ukrainian fairy tales, movies, cartoon characters and books that parents read to children.

Relationships, including feelings of friendship, camaraderie, and duty, are factors in the formation of children's moral feelings. Over time, children become more self-critical and perceive the environment around them more critically and realistically. Gradually, the demands on themselves and others are growing, the

scope of awareness of their responsibilities in the school children's organization and children's team is expanding, there is an understanding of the need to perform certain actions, regardless of whether the child wants it or not. Such strong-willed traits of character as independence, self-confidence, endurance, persistence, etc. are formed. At this stage, we can begin to teach children how they can learn English step by step on their own. The teacher must gradually develop in children the embryos of all the new qualities for them in the context of the English language.

Experts have noticed that at this age the leader is the ideal. It is this person who is able to influence the situation with emotions, not logic. It is worth noting that at school age, children are dominated by emotions, so having a leader in the team is very important.

The effectiveness of the education of leadership qualities of students depends on how it is not interrupted (from class to class) it is carried out. It is not possible to cultivate leadership qualities in children if you lay the groundwork in primary school and forget about this topic in the middle grades. Then, if we return to this issue in high school, the result will be minimal or non-existent. Leadership qualities need to be nurtured taking into account the age-specific development of the child's processes. The teacher must remember that the process of developing leadership qualities must take place in all lessons. After all, if we lay the foundation only in the English lesson, and in all other subjects we ignore this direction, the development of a child's leadership will not be complete, one-sided only in the field of English. The child will not know how to connect leadership skills in a foreign language with other areas of his life - logic, literature and more.

The integration of these personal and individual qualities can be achieved by modifying the learning process and creating conditions for the systematic manifestation, interaction and consolidation of these elements. It is necessary to create naturally or artificially such situations in which the child will be able to show and master the received leadership qualities. Such situations can be working in groups. Children will have the opportunity to express themselves, work with the

whole team on a common task and show a great result. In constructing such situations, it is important to adhere to the following principles;

- The principle of humanization;
- The principle of awareness, activity and independence;
- The principle of subject-subject interaction;
- The principle of integrity;
- The principle of vital semantic and creative amateurism.

Thus, the process of educating leaders and developing leadership qualities in children of primary school age should be based on cooperation, mutual respect, creativity, a sense of friendship and humanity. Gradually, taking into account the child's maturity, add to the general human qualities those that will later help the child to be a leader first in the school team and in subsequent areas of activity and life of the child (person). It is important to instill in a child the basic human qualities from childhood, and parents should begin this work. From parents, this process should go to the educators in the kindergarten, and then to the primary school teacher. It is also worth noting that this process should be continuous and coordinated, and take place in all subjects in the learning process, not just English lessons.

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### BORDERLINE PERSONALITY DISORDER

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Admission: Borderline personality disorder (BPD), also known as emotionally unstable personality disorder (EUPD), is a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. It includes self-image issues, difficulty managing emotions and behavior, and a pattern of unstable relationships. Often accompanied by dangerous behavior and self-harm. This disorder can appear in response to seemingly ordinary events in life. Painful behavior usually begins in adolescence and occurs in a wide variety of situations. Substance abuse, depression and eating disorders are often associated with this disorder.

The aim of the study: The classification of this phenomenon as an independent personality disorder is controversial. This term, apparently, owes its appearance to the efforts of a number of famous American psychologists in the period from about 1968 to 1980, the result of which was the inclusion of the borderline personality type in DSM-III, which undoubtedly influenced its appearance, ultimately, in the ICD-10. However, the theoretical work and research done by these psychologists were devoted not to substantiating a qualitatively new type of personality, but to identifying a new, intermediate

between neuroses and psychoses, level of «severity» of disorders. Thus, it was assumed in practice to simultaneously make two diagnoses from DSM-III: «borderline personality disorder» to describe the borderline level of functioning, and together with it any other personality disorder, to qualitatively characterize the diagnosis. It is impossible to find out about this from the structure of DSM-III, DSM-IV, as well as ICD-10.

# The research methods and materials:

Clinical manifestations:

People with BPD feel intense fear or anger when they feel they have been ignored or rejected. For example, they may experience panic or anger when someone important to them cancels an appointment or is a couple of minutes late. They believe that this abandonment indicates that they are bad. They are afraid of being abandoned because they do not want to be alone.

These patients, as a rule, suddenly and dramatically change their point of view. At the beginning of a relationship, they may idealize potential loved ones or those who care for them, demanding that they spend a lot of time on them and share everything. Suddenly, they may feel that their partner does not care enough for them and will be disappointed; may begin to humiliate another or become angry. People with BPD can only be empathic and caring if they feel that another will be available to them whenever needed.

Patients with this disorder find it difficult to control their anger, often behave inappropriately and become very angry. They express their anger with caustic sarcasm and bitterness or angry tirades, often directing it towards loved ones or loved ones as payment for neglect or abandonment. After an explosion of emotions, they often feel ashamed and guilty, reinforcing in their eyes the image of themselves bad.

Also, the self-esteem of patients with borderline personality disorder can change dramatically, manifested by a sudden change in their goals, values, judgments, careers, friends, etc. They are mishandled. While they generally

think of themselves as bad, sometimes they feel like they don't exist at all, such as when no one cares about them. They often feel empty inside.

Changes in mood (For example: intense dysphoria, irritability, anxiety) usually last only a few hours, rarely more than a few days; they may reflect the extreme sensitivity of such patients to interpersonal tension.

Patients with BPD often sabotage themselves when they have almost reached their goal. For example, they may drop out of school shortly before graduation, or they may ruin a promising relationship.

Impulsivity, which harms patients, is common. These patients may gamble, have unsafe sex, overeat, recklessly drive, abuse drugs, or overspend. Suicidal behavior, gestures, as well as threats and self-harm (For example: cuts, burns) are very common. Self-harm is usually caused by rejection, the risk of abandonment, and disappointment with a loved one or loved one. Patients may resort to self-injurious behavior to compensate for their «badness» or to confirm their sensitivity during a dissociative episode.

### Reasons:

Most personality disorders become evident during adolescence and early adulthood. There is evidence that mental trauma, repeated physical, sexual, emotional abuse in childhood are prerequisites for the development of borderline personality disorder.

On the other hand, there are people with BPD who did not have any childhood trauma. The main vulnerability of these people is a genetic predisposition to strong emotional responses. [1; 40]

Identity formation becomes more difficult, a person does not learn to cope with strong emotions, which leads to self-harm, the threat of suicide and risky behavior. This does not mean that there is something fundamentally wrong with the parents, and often in the same families other children who are not prone to strong emotional reactivity grow up psychologically safe.

### Treatment:

Patients usually experience a wide variety of symptoms. Periodically, one thing comes to the fore: panic attacks, depression, social phobia, eating disorders, alcohol or drug addiction. The patient may come to a psychotherapist with anorexia or depression, and during therapy, borderline personality disorder is found.

The underlying identity defect is not treated with drugs. They are used to alleviate symptoms so that psychotherapy can be carried out. In a state of superintense suffering (comparable to an intense headache), psychotherapy is difficult. Today there are psychotherapeutic approaches developed specifically for BPD, such as dialectical behavioral therapy and dynamic deconstructive psychotherapy.

There is evidence that the intensity of symptoms decreases with age. Modern methods of psychotherapy are effective, and if the patient purposefully works in this direction, then most of the problems can be solved. [2; 249]

The following drugs may be effective in alleviating the symptoms of borderline personality disorder:

- Mood stabilizers such as lamotrigine: For manifestations of depression, anxiety, labile mood, impulsivity
- Second generation atypical antipsychotics: for anxiety, anger, and cognitive symptoms, including transient cognitive distortions associated with stress (eg, paranoid thoughts, black and white thinking, severe cognitive disorganization)

Benzodiazepines and stimulants are not recommended because of the high risk of dependence, overdose, disinhibition, and drug resale.

Differential diagnostics:

Borderline personality disorder is most often confused with:

• Bipolar Disorder; This disorder is also characterized by large fluctuations in mood, behavior, and sleep. However, in borderline personality disorder, there is frequent mood swings in response to stress, especially in interpersonal relationships, while in bipolar disorder, mood is more stable and less reactive and patients often have significant changes in energy and activity levels.

- Hysterical Personality Disorder or Narcissistic Personality Disorder; Patients with any of these disorders may be constantly in need of attention and manipulative, but patients with BPD also see themselves as bad and feel empty. Some patients meet criteria for multiple personality disorders.
- Depressive disorders and anxiety disorder can be distinguished from borderline personality disorder by the presence of negative self-esteem, insecure attachments, and sensitivity to rejection. These traits are characteristic of borderline personality disorder and are generally absent in patients with mood or anxiety disorder.
  - Post-traumatic stress disorder.

Research results:

Approximately 10% of people with BPD die from suicide.

In every single year, about 1.6% of people suffer from BPD, up to 6% by some estimates. Women get sick about 3 times more often than men. With age, the incidence decreases [3; 126]. Up to half of people experience an improvement in their condition within 10 years of life. Typically, people with BPD seek help from the health care system. There is controversy over the name of this disorder, especially the appropriateness of the word borderline. BPD is often stigmatized in both the media and psychiatry.

Conclusions. As a rule, people suffering from borderline personality disorder find it very difficult to behave in society, make new friends and maintain good relations in the team and learning. Of course, such people need special treatment, but despite this, many people live with it without suffering from it.

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# THE EFFECT OF VITAMIN D ON HUMANS

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Introduction. Vitamin D is a fat-soluble vitamin found naturally in only a very limited number of foods. In the human body, it is produced only under certain conditions, when the ultraviolet rays of sunlight hit the skin. Vitamin D from sun exposure, from foods and from food supplements.

It has been proven that the value of vitamin D for the human body lies not only in its effect on the formation of the skeletal system, but also in many extraosseous effects of cholecalciferol. According to modern concepts, vitamin deficiency is associated with an increased risk of diabetes mellitus, hypertension, heart failure, peripheral arterial disease, acute myocardial infarction, various forms of cancer, autoimmune and inflammatory diseases, a decrease in the body's immune defenses and an increase in mortality. The problem of vitamin D deficiency is one of the most urgent, since, according to the results of numerous studies, its deficiency is registered in half of the world's population. Currently, an increasing number of studies indicate the role of vitamin D deficiency in the

development of chronic diseases of the cardiovascular system, diabetes, and oncopathology.

That is why there is a growing interest in quantifying and understanding the mechanisms of vitamin D metabolism in the human body. [1]

Relevance of the topic. There are two forms of vitamin D. In humans, up to 90% of vitamin D3, or cholecalciferol, is formed in the skin under the influence of ultraviolet rays. Vitamin D2, or ergocalciferol, and partially cholecalciferol enter the human body with animal and plant foods, providing about 10-20% of the total amount of vitamin D. They are then transformed first in the liver and then in the kidneys to become active vitamin D. - calcitriol - which performs the main work. With its excess may develop symptoms of hypervitaminosis D - convulsions in children, calcium deposition in organs and tissues, the formation of kidney stones. The daily intake of this vitamin is 400-800 IU, depending on age. [2]

So, the main causes of vitamin D deficiency:

- Lack of direct sunlight.
- Decreased synthesis of vitamin D in the skin (application of sunscreen, high skin pigmentation, winter, reduction of daylight).
  - Lack of nutrition in foods containing vitamin D.
  - Chronic renal and hepatic failure.
  - The use of some drugs (anticonvulsants, anti-tuberculosis).
  - Absorption disorders in intestinal diseases.
  - Congenital diseases (eg, vitamin D-resistant rickets).
  - Obesity.

Moderate vitamin D deficiency may not cause acute symptoms in either children or adults. But in conditions of deficiency of this vitamin, calcium consumed with food is poorly absorbed in the intestines. The body has to leach the mineral from the bones to maintain its level in the blood. If the deficit is not made up, children have external signs of rickets - muscle weakness, moodiness, changes in the shape of the skull, teething, constipation. In adults, there is a softening of the bones - ostemalation. It is characterized by constant pulling pain in the lower back

and hips, pain in the heels, ribs, lower legs, thighs, shoulder blades, forearms, spine. Muscle weakness leads to the fact that a person finds it difficult to get up from a chair, climb stairs, there is a tendency to fall. There may be a feeling of "creeping ants" in the hands and feet - neuropathy. At very low levels of calcium in blood serum spasms are possible. [3]

To confirm the deficiency of vitamin D in the body using a blood test for vitamin D, with a level of 30-100 ng / ml is considered normal. Let's make a reservation at once that norms differ in different countries and even in different laboratories. Indirectly, the deficiency can be confirmed by determining the level of calcium, phosphorus and the enzyme alkaline phosphatase in the blood, as well as calcium and phosphorus in the urine. [4]

Research results: To make up for the deficiency of vitamin D in the body, it is best to spend more time in the sun - to expose the face and hands to the sun for 15 minutes 2-3 times a week. Each such procedure provides the production of about 1000 IU of vitamin D. But the formation of vitamin D in the skin depends on the angle of the sun and, thus, on latitude, season, time of day. Most of the vitamin is produced when the sun is at its zenith. That is, from 11.00 to 14.00 - just at a time when most people are trying to hide in the shadows. It is worth noting that in countries with cloudy climates or in cities covered with smog, it is impossible to synthesize enough vitamin D by being in the sun. Melanin, which is produced by the skin to protect against ultraviolet light, also interferes with the production of vitamin D. Therefore, tanning, age-related skin pigmentation and topical application of sunscreen with a protection factor (SPF) of more than 15 block the production of vitamin D. [4]

As for tanning beds, they were originally developed only for medical purposes and were always used under the supervision of doctors to stimulate the production of vitamin D. However, today, due to the high incidence of skin cancer, this type of treatment is not used.

An alternative to sunbathing is to take vitamin D. Drugs contain it in one of two forms: vitamin D 2 - produced with yeast, from plant sources; Vitamin D 3 - synthesized from animal products, it is not suitable for vegetarians. [5]

Newborns and infants are at special risk. In the first months of life, the child is actively growing and developing, so even healthy children need extra vitamin D to prevent rickets. And most often, due to vitamin D deficiency in nursing mothers, children who are breastfed suffer. Therefore, the optimal prevention of rickets will be breastfeeding in combination with additional administration of vitamin D. Most pediatricians recommend prophylactic intake of vitamin D for up to 3 years. Vitamin D supplementation in pregnant women is very important. To ensure the health of bone and muscle tissue between the ages of 19 and 65, it is recommended to take prophylactic vitamin D preparations during the low insolation season - from October to April. In 19-50 years, the dose of vitamin D is 600 IU / day, older than 50 years - 800-1000 IU / day.

Therapeutic doses of vitamin D can reach 20,000 IU or more, are used to treat severe deficiency conditions and only on the advice of the attending physician.

In obese children and adults, the doses used should be higher because vitamin D is stored in adipose tissue.

Unfortunately, very few foods contain vitamin D. These are egg yolks, beef liver and some fish and seafood in which it is found in small amounts, such as salmon, sardines, mackerel, cod liver, tuna, swordfish. The most rich in vitamin D is fish oil made from cod liver. Obviously, nature has planned for you to get this vitamin by being in the sun, and to a lesser extent from food sources. Vegetables do not contain vitamin D at all, so there are no natural sources of this vitamin for vegetarians. In many countries around the world, the main dietary sources of vitamin D are milk and dairy products, margarine and vegetable oils enriched with vitamin D; in 17 countries of the world margarine is obligatorily enriched with this vitamin. Such products containing dietary supplements are the basis of therapeutic and prophylactic nutrition used to prevent bone loss. [6]

It should be noted that the absorption of vitamin D in the intestine depends significantly on the presence of other substances (fats, bile acids). It also depends on the type of human nutrition. Bile acid deficiency leads to impaired absorption of vitamin D. It is important to understand that some foods make it difficult and even block the absorption of vitamin D. These include margarine, mayonnaise, fried bacon, fat sausage, lard, fatty cakes and pastries.

In conclusion, it is worth noting that the recommendations for the prophylactic intake of vitamin D differ in different countries and regions. New scientific studies are constantly being published - some are wary of taking vitamin D, others recommend starting now at 2000-6000 IU. It is very important to understand that being in the sun is the main source of vitamin D for children and adult population, and in the absence of exposure to sunlight rays are very difficult or even impossible, satisfactory meet your vitamin D needs by getting it only from food products without additional intake of special special drugs. At the same time, given the possible development of melanoma and other types of skin cancer, and as well as other oncological diseases, it is necessary limit exposure to the midday sun. These circumstances strengthen the arguments in favor of the appointment vitamin D supplementationEarlier it was said about the irreparable harm of sunlight, due to the risk of skin cancer, and today it is said that insolation is needed in small quantities. So do not go to extremes - moderation has always been the best recommendation.

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# A CURRENT UNDERSTANDING OF CLINICAL BENIGN BONY GROWTH: EXOSTOSIS

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Exostosis, also called osteoma, is a benign growth of bone extending outwards from the surface of a bone. It can occur in any bone and be triggered by a number of factors. When the exostosis is covered with cartilage, it's called an osteochondroma [2, p. 340]. Exostosis can be painless, or it can cause severe pain and require surgical removal. It frequently appears in childhood.

The exact cause of exostosis is not yet understood. There are a number of examples of exostoses that occur due to local irritant stimuli. Moreover, there are different reasons of exostosis: injuries and blows, inflammation of the mucous membrane of the inner part of the joint, osteomyelitis, fibrosis, bursitis, limitation of the periosteum, chronic inflammation in the bones, aseptic necrosis bones, disorders of the endocrine glands, disconnections, chronic joint diseases, syphilis,

anomalies of the skeletal system, chondromatosis. Indeed osteochondromas have also been previously documented to cause vascular injuries and symptoms, including popliteal artery compression and rupture as well as acute lower limb ischaemia. In several generations of one family, bone exostosis is almost always detected [3]. And most often the pathology is diagnosed in children aged 8 to 18 years.

The symptoms of this disease can be very different. The disease often does not manifest itself and is detected only by chance during radiography, which is done for a completely different reason. Sometimes the reason for detection is the large size of the tumor, when it can be easily felt or even seen (picture 1, 2).





In some cases, large exostoses can cause pain or active discomfort, as well as affect the restriction of movement. Watch out for people who may turn into a criminal tumor. This happens when the exostosis appears in the past pressure and is also in the area of inflammation. This most often happens when the tumor is in the area of the heel bone. Also, the bones that are prone to the development of such growths should include the femur, tibia, ribs, forearms, vertebrae and shoulders.

On the fingertips growths are very rare. Here they grow under the nails. This type often causes pain and also leads to detachment of the nail plate.

In other parts of the body, marginal exostoses do not cause pain. However, if this happens, you should think that the tumor began to regenerate into cancer, that is, the process of malignancy began. In addition, osteochondroma can begin to grow inside the joint (around a knee-cup). Without a quick and accurate diagnosis, as well as without the removal of exostoses, this can lead to significant deformation of the knee, which will eventually cause disability. As the vertebrae grow, changes such as nerve root compression or even spinal cord injury can also occur [1, p. 171]. Keep in mind that the size of the osteochondroma in the picture may differ significantly from the real thing, as its outer surface is covered with cartilage.

MRI can also be used in the diagnosis, but this method has some contraindications that you must know.

Treatment of exostoses is possible only surgically. No conservative treatment or folk methods to get rid of this disease will not help. If the disease was detected before the age of 20 and does not interfere with a normal lifestyle, and does not give any symptoms, the operation is not performed. The patient takes an X-ray of this area every year and is observed by an orthopedist.

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# OBSERVANCE OF A HEALTHY LIFESTYLE AS AN ACTUAL PROBLEM OF THE PRESENT

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**Admission:** Today, the issue of the formation, preservation and strengthening of personal health is particularly important, since the health of the country depends on the health of the generation of the country.

Health is one of the prerequisites for a person to perform his or her professional functions fully. Lifestyle is one of the main factors of health, and its impact far exceeds that of many other factors. Like biological factors, health care and the environment, human lifestyles are one of the four main indicators that determine health. A healthy lifestyle is a way of life aimed at preserving and improving the health of people; it is the activity of a person who supports and strengthens health. It promotes human activity through mediation for improvement of living-work, recreation and life conditions.

The aim of the study: understand the level of awareness and to follow healthy lifestyles among employees.

The research methods and materials: In order to realize the objectives of the research, to ensure the probability of its results, the following methods are used: Theoretical (analysis and generalization of scientific sources) and empirical (applicant).

Results and their discussion. The formation of a healthy lifestyle is the main lever of primary prevention in strengthening the health of the population through the change of style and lifestyle, its improvement with the use of hygienic knowledge in the fight against harmful habits, hypodynamite and overcoming unfavorable sides connected with life situations. Works by E. Weiner, A. Volyk, A. Izutkina, Yu. Lisitsyna, L. Sushchenko, etc., cover the basic methods of definition of "healthy way of life". Works By M. Amosova, N. Artamonova, A. Leontieva, Yu. Lysicin and others reveal the problem of forming a healthy lifestyle from a medical point of view.

Research In. Bespalko, T. Boichenko, G. Goloborodko, M. Kobrinsky, T. Krutsevich, With. Lapaenko, In. Orzhekhovskaya considered psychological and pedagogical aspects of education of children and teenagers in a healthy way of life. A healthy lifestyle - these are actions, habits, certain restrictions related to the optimal quality of life, which includes social, mental, spiritual, physical components and, accordingly, reducing the risk of disease. A healthy lifestyle combines everything that contributes to the performance of professional, social and household functions under optimal conditions of health and promotes the orientation of the individual to the formation, support and strengthening of health of the individual and the population. A: Balakireva, A. Vakulenko, In. Voitenko, L. Zhalilo, N. Komarova, About. Yaremenko made a significant contribution to the theory and practice of solving health problems, conducted a lot of sociological researches on many health problems. The state of health of a person depends on the level of awareness of the individual's own responsibility for his own health, readiness to strengthen and preserve it. An important indicator that allows to assess the responsibility of a person for his or her own health is self-assessment or subjective assessment of the well-being of the person himself.

The problem of forming a healthy lifestyle has always been the subject of research for scientists. In particular, health problems are determined by well-known philosophies (A. Boyko, N. Gundareva, V. Krukova, About. Sakhno, etc.), doctors (M. Amosov, N. Artamonova, A. Leontieva, Yu. Lisiqin, etc.), scientists of psychology (V. Biennsky, V. Bratus, M. It's a bit rough. Lychko, In. Levy, A. Maslow, N. Finanska, etc.), sociologists (A. Balakireva, A. Gabiani, J. Gdansk, From Didkovska, In. Kozak, A. Miller, O. Yaremenko, etc.), valeologists (V. Bobrytska, T. Boichenko, Yu. Boychuk, M. Bolotova, I. Brehman, ye. Bulich, M. Goncharenko, etc.). Lifestyle - is an idea of a certain type of life of a person, which is characterized by peculiarities of his work, life, forms of satisfaction of material and spiritual needs, rules of individual and social behavior. Works By A. Alchevsk Works By A. Alchevska, With. Botkina, G. Vashchenko, I. Mechnikova, M. Pirogova, with. Rusova, K. Ushynskyi and others cover the historical experience of

forming a healthy lifestyle. The social and pedagogical aspects of forming healthy lifestyle were considered by such scientists as: About. Vakulenko, About. Vashchenko, G. Goloborodko, N. Zimivets,. Kirilenko, with. Lapaenko, with. Omelchenko, N. Romanova, with. Sviridenko, etc. Modern theoretical principles are laid by foreign scientists M. Goodstate, M. Lalong, L. Pinder, I. Ratman, etc. Human health depends first of all on the way of life, which is mainly individual and is determined by historical, national traditions (mentality) and personal pretexts.

Conclusions and prospects of further research. The conducted theoretical study does not claim to comprehensive analysis of all aspects of the problem of studying the level of knowledge regarding the observance of healthy lifestyle among employees of JSC "Zhytomyr Butter Plant". The perspective of further research can be an analysis of the level of awareness regarding the observance of healthy lifestyle among employees of JSC "Zhytomyr Butter Plant".

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# LINGUISTIC FEATURES OF TEACHING ENGLISH WRITTEN SPEECH TO PRIMARY STUDENTS

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Human activity in a broad sense means the process of active, deliberate human interaction with the environment. According to the psychological theory of action, a person does not adapt to reality, but actively masters it and influences it through the ability to anticipate and consciously plan their actions.

Speech activity is considered to be one of many types of human activity and is defined as "an active, purposeful, language-mediated and situational process of receiving and issuing voice messages in the interaction of people with each other." This theory is developed by such scientists as I. Zimovy, O. Leontiev, T. Ryabov and other followers of the outstanding psychologist and teacher Lev Vygotsky.

People can be involved in other activities (work, cognition, etc.) through speech activity. However, it can be a completely independent activity, because a person has a specific, inherent only in the need to express opinions and receive speech information. This need is called cognitive-communicative.

How do terms such as language, speech, and speech activity relate?

Language is a standardized system of sounds, morphemes, words and rules of their combination on morphological, syntactic, semantic and logical levels, is a

system of signs, which is the main means of communication between members of the human team, a means of communication processing and transmission of information from generation to generation.

Speech is the use of language in the process of communication. Language as a system is a purely social phenomenon; it is constant, constant, has a normative character and obliges everyone who uses it to obey its laws. Speech - individual, dynamic, situational.

Speech is the most universal means of communication, because when transmitting information using speech signs, the content of the message is lost the least.

The subject's speech activity includes language and speech as internal means and ways of their realization.

There are 4 main types of speech activity: listening, speaking, reading and writing. In the process of speaking and writing a person expresses his thoughts, and when listening and reading receives speech information, that is, perceives and understands the thoughts of others. So, speech and writing are called productive types of speech activity, and listening and reading are called receptive. On the other hand, listening and speaking are connected by one material basis - the sound system of speech, these types of speech activity are part of oral speech.

The material basis of reading and writing is a graphic language system, they belong to written speech.

Like any other activity, speech has such necessary ingredients as the motive of activity, its subject, means and means of realization of speech activity, product and result.

According to L. Vygotsky, the process of speech generation is carried out in the sequence "From the motive that generates a certain thought, to the project of the thought itself, to its mediation in the inner word, and then - in the meanings of the outer word." Something always motivates a person to speech activity - a communicative-cognitive or other need that can be satisfied only by speech

activity. Perception of speech, as well as its generation, also needs motivation. The main element of its content is considered to be the subject of activity.

It can be material and ideal. The subject of speech activity is the idea as a form of reflection of objects and phenomena of reality. Expression of thoughts is the purpose of productive types of speech activity - oral and written, the purpose of receptive types of speech activity - listening and reading - understanding the thoughts of another person.

If the subject of speech activity is thinking, then the way of existence, formation and expression of thought is the language system, its phonetic, lexical and grammatical means, which must be mastered as ways to solve a mental problem.

Depending on the forms of communication, you can formulate and formulate an opinion in 3 ways:

- internal (a person participates in perception or thinking);
- oral external (the person is included in speech);
- external written (the person communicates with the correspondence partner in writing).

The choice of the way of forming and formulating opinions depends on the conditions of communication, individual features of the subject of action, cultural and historical traditions of the language group to which the person belongs.

The product of action is what it is embodied in. The product of such types of speech activity as speech and writing is search, text (oral or written), the product of listening and reading is the understanding of the heard or read text.

An important component of speech activity is its result, which can be expressed in a person's reaction (verbal or nonverbal) or in a person's condition (for example, hearing a message, reading a paper, etc., a person rejoices, mourns, remains indifferent, cries, laughs, etc.).

Each object can be divided into elements or blocks. Unlike elements, units retain the properties of the whole. The unit of activity is, respectively, the action, and the unit of speech activity is the speech action. Speech actions in productive

types of speech activity are also called speech actions. As a rule, they are realized at the level of judgment, which is expressed in the form of a sentence. In receptive types, speech activity as speech activity is a semantic solution, inference.

Each speech action is designed to perform a separate simple task. In the system of speech activity there are 3 subsystems of actions that correspond to three aspects of speech - structural (or grammatical), semantic (or lexical) and expressive (or phonetic for oral speech and graphic for written). Operating subsystems speech activity forms one inseparable whole, which can be divided only conditionally. However, when in the process of learning there is a need to work on one side, then on the other side of speech, then, as Y. Pasov said, "Language would return to the student by this party."

To implement speech activity in general, it is necessary to perform certain actions so as not to distract participants. In the process of performing speech activity, speech skills are formed during the performance of one or another type of speech activity - speech skills.

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# THE PROBLEM OF MODERN DISINFECTANTS AND THEIR APPLICATION IN MEDICINE

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Admission: The main task of medicine is to preserve and promote human health. All medical institutions must comply with the established sanitary and antiepidemic requirements. Patients should be treated in conditions that do not pose an additional threat to their condition. Particular attention should be paid to disinfection and sterilization of objects and instruments for medical purposes, guided by legal documents.

**Aim of the study:** to analyze the feasibility of using modern disinfectants in medical institutions.

The research methods and material: The study used bibliosemantic method, method of system analysis and logical generalization.

Research results and discussion: Disinfection is a system of measures aimed at destroying pathogens and creating conditions that prevent their spread in the environment. Disinfection measures include: treatment of premises, surfaces, tools and other objects of the environment, in order to clean them from various pathogenic microorganisms, -prophylactic and anti-epidemic measures.

All facilities in medical facilities are subject to mandatory sanitation. Failure to properly disinfect or sterilize premises, surfaces, reusable medical equipment can lead to infection of medical staff and patients, as well as the rapid development of infections associated with medical care.

There are three levels of disinfection (high, medium, low) which are suitable for different types of medical instruments. Instruments that fall into the "critical" category must be sterile, and "semi-critical" instruments must be thoroughly cleaned and disinfected at a high level ("cold" sterilization) to remove all microorganisms.

The characteristics on which the disinfectant is selected include, above all, the spectrum of antimicrobial activity. An effective disinfectant must provide bactericidal, virucidal (including against human hepatitis A, B, C and immunodeficiency viruses) and fungicidal action, and if necessary - and tuberculocidal action. In order to choose the optimal agent that not only protects against infectious diseases, but also does not harm human health, treatment facilities and the environment, it is necessary to understand the key characteristics of an effective disinfectant.

For the right choice from a long list of names of disinfectants used in medicine for disinfection and sterilization procedures, it is necessary to determine: the object of disinfection of the source, information about drugs, the main selection criteria, the value of each criterion, the main group of selected drugs.

At present, there are universal tools that can meet almost all the needs of the medical institution in these tools. The use of several names of disinfectants in one medical institution can complicate the work of junior and secondary medical staff, as each tool has its own characteristics: modes of application, cooking conditions, and so on. Complete information on the properties of modern disinfectant in medicine can be found in the instructions for use.

Sometimes the instructions for the tool or equipment may indicate drugs that are recommended or not recommended for its treatment. The main sources of information that can help in the selection of disinfectants are guidelines approved by the Ministry of Health of Ukraine, or instructions for selected disinfectants as the best.

The market offers a large number of combined drugs that provide disinfection and sterilization simultaneously.

There are tools that have universal action. They can be used both for disinfection of medical instruments, and for disinfection of surfaces, furniture, medical equipment, ware, linen, sanitary equipment, cleaning stock. Means with properties other than disinfectant (surface disinfection + deodorization + cleaning effect) facilitate the work of medical staff. This property of the disinfectant affects

its economic profitability for the medical institution. Some modern disinfectants used in medicine can be used only during one work shift, while other solutions can be used for 1-3 weeks.

Conclusions: each medical institution can choose a convenient drug from a wide range of disinfectants with different shelf life. The very concept of "ease of use" implies its solubility, dosage form, temperature of the disinfectant, odor, cooking conditions, storage stability, duration, the degree of toxic effects on humans.

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# THE PECULIARITIES OF THE FORMATION OF THE COMMUNICATIVE COMPETENCE WITH PREDOMINANT INTERPERSONAL INTELLIGENCE

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The article is devoted to the topical issue of general methodology, namely to the formation of the communicative skills of students with predominant interpersonal intelligence. The research is based on a critical study of the contemporary scientific publications of linguistic, psychological and methodological character. The author studied the multiple intelligences theory and found it interesting to investigate the implementation of the theory into the process of the formation of communicative skills.

Every day we communicate in the personal or professional environment. This is contributed by the communicative competence of the person that he or she possesses at different levels, depending on the age and his or her competence. There are many methods in education that are targeted at building such competence.

Research by scholars testifies that the definition of "communicative competence" is treated depending on the situation in which the person is located and it is noted that communicative competence can be defined as a synonym for the concept of "competence in communication" (Nikolaeiv, 2003; Rickheit & Srohner, 2008). The concept of «communicative competence», competence and its varieties, scope, professional features are analyzed in detail in the works of domestic and foreign scientists: the practice of improving communicative competence, diagnosis and development of competence in communication (Rickheit & Srohner, 2008); place and role of communication in public policy (Romanenko, 2016); communicative competence of specialists of the customs service in the system of continuous professional education (Pavlenko, 2010); the essence and specifics of the services marketing system in the mechanisms of public administration (Romanenko & Chaplay, 2016), etc.

We found out that interpersonal intelligence refers to the ability of a person to relate well with people and manage relationships. They communicate effectively and enjoy participating in discussions and debates. Individuals with interpersonal intelligence are characterized by their sensitivity to other people's moods, temperaments, motivations, and feelings.

Taking into consideration the peculiarities of the learners with predominant interpersonal intelligence the teachers can enhance interpersonal intelligence in the

Classroom. Teachers can help such students put into use their skills through a variety of activities. One of these activities is offering students an opportunity to teach other students. This allows them to interact with their colleagues and practice their listening skills. It also helps them enhance their communication skills by listening and responding to the questions presented by other students.

Another activity that teachers can use to help students with interpersonal intelligence is creating group work projects. Such activities will prepare these students in future occupations as leaders, politicians, and entrepreneurs by learning how to solve conflicts, take risks, and encourage communication.

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# WOMEN ON THE PATH TO EQUAL RIGHTS

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Separated Structural Subdivision

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The aim of this study is to shed more light on the issue of gender equality and to show the inner part of the female position.

Be a lady they said. Your skirt is too short. Your shirt is too low. Your pants are too tight. Don't show so much skin. Don't show your thighs. Don't show your breasts. Don't show your midriff. Don't show your cleavage. Don't show your underwear. Don't show your shoulders. Cover up. Leave something to the imagination. Dress modestly. Don't be a temptress. Men can't control themselves. Men have needs.

You look frumpy. Loosen up. Show some skin. Look sexy. Look hot. Don't be so provocative. You're asking for it. Wear black. Wear heels. You're too dressed up. You're too dressed down. Don't wear those sweatpants; you look like you've let yourself go.

Be a lady they said. Don't be too fat. Don't be too thin. Don't be too large. Don't be too small. Eat up. Slim down. Stop eating so much. Don't eat too fast. Order a salad. Don't eat carbs. Skip dessert. You need to lose weight. Fit into that dress. Go on a diet. Watch what you eat. Eat celery. Chew gum. Drink lots of water. You have to fit into those jeans.

God, you look like a skeleton.

Why don't you just eat? You look emaciated. You look sick. Eat a burger. Men like women with some meat on their bones.

Be small. Be light. Be little. Be petite. Be feminine. Be a size zero. Be a double zero. Be nothing. Be less than nothing

Be a lady they said. Remove your body hair. Shave your legs. Shave your armpits. Shave your bikini line. Wax your face. Wax your arms. Wax your eyebrows. Get rid of your mustache. Bleach this. Bleach that. Lighten your skin. Tan your skin. Eradicate your scars. Cover your stretch marks. Tighten your abs. Plump your lips. Botox your wrinkles. You should also check-out these guys if you are in (or going to) London as they offer easily, their service is exceptional so give them a call if you are in London. Lift your face. Tuck your tummy. Thin your thighs. Tone your calves. Perk up your boobs.

Look natural. Be yourself. Be genuine. Be confident. You're trying too hard. You look overdone. Men don't like girls who try too hard. You look overdone.

Be a lady they said. Wear makeup. Prime your face. Lengthen your lashes. Color your lips. Powder, blush, bronze, highlight. Your hair is too short. Your hair is too long. Your ends are split. Highlight your hair. Your roots are showing. Dye your hair. Not blue, that looks unnatural.

You're going grey. You look so old. Look young. Look youthful. Look ageless. Don't get old. Women don't get old. Old is ugly. Men don't like ugly. Old is ugly.

Be a lady they said. Save yourself. Be pure. Be virginal. Don't talk about sex. Don't flirt. Don't be a skank. Don't be a whore. Don't sleep around. Don't lose your dignity. Don't have sex with too many men. Don't give yourself away. Men don't like sluts. Don't be a prude. Don't be so up tight. Have a little fun. Smile more. Pleasure men. Be experienced. Be sexual. Be innocent. Be dirty. Be virginal. Be sexy. Be the cool girl. Don't be like the other girls.

Be a lady they said. Don't talk too loud. Don't talk too much. Don't take up space. Don't sit like that. Don't stand like that. Don't be intimidating. Why are you so miserable? Don't be a bitch. Don't be so bossy. Don't be assertive. Don't overact. Don't be so emotional. Don't cry. Don't yell. Don't swear. Be passive. Be obedient. Endure the pain. Be pleasing. Don't complain. Let him down easy. Boost his ego. Make him fall for you. Men want what they can't have.

Don't give yourself away. Make him work for it. Men love the chase. Fold his clothes. Cook his dinner. Keep him happy. That's a woman's job. You'll make a good wife someday. Take his last name. You hyphenated your name? Crazy feminist. Give him children. You don't want children? You will someday. You'll change your mind.

Be a lady they said. Don't get raped.

Protect yourself. Don't drink too much. Don't walk alone. Don't go out too late. Don't dress like that. Don't show too much. Don't get drunk. Don't leave your drink. Have a buddy.

Walk where it is well lit. Stay in the safe neighborhoods. Tell someone where you're going. Bring pepper spray. Buy a rape whistle. Hold your keys like a

weapon. Take a self-defense course. Check your trunk. Lock your doors. Don't go out alone. Don't make eye contact. Don't bat your eyelashes. Don't look easy. Don't attract attention. Don't work late. Don't crack dirty jokes. Don't smile at strangers. Don't go out at night. Don't trust anyone. Don't say yes. Don't say no.

## Just "be a lady" they said. [1]

### What is feminism for me?

Personally, I grew up in a democratic and tolerant family; I got used to the fact that everyone has equal rights and freely expresses their opinion.

Although today everyone around speaks of equal rights, but this is not always the case. Women who are not afraid to speak openly about their rights often suffer from contempt and ridicule. I guess that strong women deserve respect and admiration; they not only stand up for their rights, but also inspire everyone else not to be afraid and do the same!

We must be strong, love and respect ourselves, because only then will the world do the same. We should not fit any standards, norms, ideals. Every man and woman is a unique and special personality! No one can restrict a woman; tell her what to do and how to behave. We are the creators of our own lives and we must make it comfortable for ourselves. Create a home, society, work and environment comfortable for yourself.

A woman should not be COMFORTABLE, she should be herself, with its pros and cons, with its advantages and disadvantages. We live only one life and have to live it the way we want! Yes, as our heart and soul prefer! Being a housekeeper, a rock queen, or a lone journalist? Choose only us!

A woman inspires, I create, she makes everything around her beautiful, that's why you must Love yourself, respect yourself, you are beautiful!

## Women politicians

Tell me how many women politicians do you know? I guess that you don't call me more than 10! What about men politicians? Yes, now you can call me so many names. It's really big problem.

Only 28% of women pursue diplomatic careers

- Women in the European Union earn on average 16% less than men per hour
  - In the EU dome we find 4 women out of 28 representatives
- Unrepresentation of women occupies 25% of leadership positions in critical spheres of influence
- Only in 46 countries, women hold more than 30% of seats in national parliaments in at least one chamber [2]

But you and I can clearly see that this situation is rapidly changing at the world level, if we look at the following.

Minister Jose Manuel Albares hosted a group of 20 women leaders from the Mediterranean and Africa through the RAISA program promoted by the Spanish Agency for International Development Cooperation (AECID) and the Ministry of Foreign Affairs, European Union and Cooperation. Most of the participants are women between the ages of 25 and 45, with recognized leadership and diverse professional backgrounds: political leaders, government officials, journalists, scientists, directors of non-governmental and non-profit organizations, women entrepreneurs, human rights defenders, academics, mediators. in the processes of peace and security and representatives of the business world. RAISA is part of Goal 5, Goal 5.5 of the 2030 Agenda: Ensure the full and effective participation of women and equal leadership opportunities at all levels of decision-making in political, economic and public life. [2]

Angela Merkel stands for greater participation of women and their more active participation in politics: "We must work so that women have more trust in general. Because even when there are women, they are not the ones who challenge the leadership of the party, "said the acting German chancellor." I want to encourage women to take part. What there are only men is no longer appropriate for the times. "[3]

### **Details of femenism and suffrageism**

o right to vote

Women's suffrage, for which suffragettes fought, means the opportunity to elect and be elected. Women in Wyoming (USA, 1869), the Isle of Man (Great Britain, 1881) and New Zealand (1893) were the first to vote. In 1906, the Grand Duchy of Finland (then still part of the Russian Empire) gave women the right to vote and to be elected. In 1907, for the first time, 19 women were elected to the Seimas (Parliament) of Finland. Among the latter were women in Kuwait (2005), the United Arab Emirates (2006) and Saudi Arabia (2011). In the UAE and Brunei, suffrage is limited for both women and men. In the Vatican, a country with an absolute theocratic monarchy, women do not have the right to vote. [4]

### o Fashion and dress code for women who stand up for their rights

At November 14, 2021 GENDER f in detail Suffragettes on the march The Times reported that 300,000 people came to the rally: "Each participant in the procession wore purple, white and green colors or pinned to the chest, or on a hat, or as a wide ribbon on a belt or over a shoulder ». The suffragettes often acted as an army: women in white marched. In the regular column "About clothes" (Concerning Dress) in the newspaper "The right to vote for women" it was emphasized that for important events all members of ZhSPS should wear a ceremonial uniform - a white dress to be better seen, with all the regalia and colors. We dressed more modestly for small events and street meetings: "We will have to give preference to those shades of purple green that match the belts, meaning regalia in three color." [4]

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# SLEEP PROBLEMS AND DISORDERS AMONG UNIVERSITY STUDENTS DURING THE OUTBREAK OF COVID-19

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Admission: Sleep is essential for our physical and mental health. Most of us know that all people need around 7-8 hours of sleep per night, but it is especially important for students. Consistently getting quality sleep will improve student's mental, emotional, and physical performance. It improves their immune system, balances hormones, boosts metabolism, and improves brain function. The main reason sleep is so important for a student's success in school is because this is the time when their brain is "cleaning" itself. Our brain cells eat, reproduce, and make waste products every day. When we are awake, our brain is super active with learning, thinking, and controlling our entire body. As a result, during sleep, our body uses this time to remove all that waste and allows us to repeat the learning processes day after day. If a student is not getting enough quality sleep then brain reduces cognitive performance and learning potential. [1, 5, 6]

**Aim of the study:** to identify the importance of sleep for students and to explore the connection between sleep, exercise and the learning potential during the outbreak of COVID-19.

The research methods and material: The scientific literature and other sources relevant to a particular problem were examined and compared.

Sleep deprivation can impact various aspects of the mind and body, such as mood, energy, memory, efficiency, and importantly the ability to learn. That's why it's vital for those in the student accommodation sector to highlight and help educate students on the importance of a good night's sleep. Ideally students should aim for at least nine hours of sleep per night in order to perform and flourish, both

physically and mentally. In fact, even simply increasing sleep by just one hour a night is better for long-term wellbeing, mental and physical health, and will enable students to perform better in their studies. [2]

The brain is better than a smartphone, so it's important to recharge it regularly for optimal performance and to allow students' academic talent to shine. Rest and recovery are just as important as sleep – if students haven't had a good night's sleep, finding time in their day, whether its 10 minutes during lunch or between classes, to ignore technology and just relax, will help the body feel rested even without actually sleeping. [2]

**Conclusions:** Sleep is a vital, often neglected, component of every person's overall health and well-being. Sleep is important because it enables the body to repair and be fit and ready for another day. Getting adequate rest may also help prevent excess weight gain, heart disease, and increased illness duration. [3, 4]

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# COLORTHERAPY AS AN ACTIVE TOOL OF TEACHING FUTURE NURSES

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**Introduction.** Interest in the subject of color psychology is growing. The problem of color's influence on personal's mood, behavior and stress is actively investigated in medicine and psychology. It was proven color can significantly influence students' emotions and efficiency, as well as studying productivity. Color may affect individuals' mental or physical state, stimulates brain activity. Color's energy has a physical effect on body's biological clock, metabolism, appetite, body temperature.

**Aim.** The aim of the paper is to systemize the scientific approaches based on color therapy, to show how it helps to elaborate in individual perception of reality and environment. Isotherapy influences on attention, imagination, elements of logical thinking.

Material and methods. For achieving the aim of the paper we used psychological, medical and sociological research (a questionnaire) and involved into the research 20 patients and 50 students of Ivan Franko Zhytomyr State University, Zhytomyr Medical Institute, Vasyl Stefanyk Precarpathian National University. The fundamental of the questionnaire was made and carried out by the specialists on Zhytomyr Medical Institute and based on the theoretical and methodological, psychological approaches of Ukrainian and foreign scientists.

**Results and discussions.** Through collaboration with the other departments in Zhytomyr and Ivano-Frankivsk regions our results were able to establish an optional course of study (6 hours) "Role of Isotherapy in Formation of Psychological Personality Traits", that increases student's confidence, attention, productivity, improve skills and students' performance in the classroom

Conclusions. Positive and negative psychological color effects on student's mental and physical condition depend on individual personality type and the relationship within color combinations. Studies have also proved certain colors can have an impact on performance: For example, red color increases heart beating and adrenaline was pumped into the blood. Blue color causes exciting, friendly and stimulating emotions. Modern studying technologies allow use the Isotherapy as a tool to extent professional qualities of future experts.

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# MEDICAL AND SOCIAL DETERMINANTS IN THE PUBLIC HEALTH SYSTEM

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Relevance of the problem: The demographic crisis, impressive mortality and morbidity rates, especially of working age, the rapid spread of non-communicable diseases contributes to the reduction of the number of citizens of our country [2]. The current situation requires improvement of approaches to public health in Ukraine, taking into account the key provisions of the European policy "Health - 2020", the WHO strategy "Health for All", recommendations and key principles of other programs and strategic documents, including the Tallinn Charter "Health Systems for Health and Welfare", etc. [2].

Most indicators of the state and dynamics of health of the population of Ukraine in recent decades are significantly worse than European and some are even worse than the world average. That is why the Ukrainian healthcare system needs to be transformed. It should be based on a fundamentally new interpretation of the causal links between the environment (social and physical) and public health, ensuring the formation of qualitatively new approaches to health at both individual and national, regional levels. The basis for this should be health, their systematization and structuring.

The purpose of the study: to analyze the medical and social health problems of children and adolescents.

**Materials and methods:** methods of theoretical analysis and generalization of scientific literature within the research issues are applied.

Results and discussion: Changing the strategy of public administration in the field of health care is a necessary prerequisite for the development of a new "healthy" society. It should be based on a fundamentally new interpretation of the causal links between the environment (social and physical) and public health, ensuring the formation of qualitatively new approaches to maintaining health at the individual and population (global, national, regional) levels. This is not possible

without studying the determinants of health, their study and analysis depending on demographic, social, economic, environmental and other parameters.

The current state of health of the population of Ukraine is of great concern both to specialists in this field and to the public. The reason for this is the determinants of public health: the essence and features of systematization, analysis of indicators that characterize the health of the population, most of which are unsatisfactory and much worse than European ones. This applies, in particular, to indicators of life expectancy, including healthy; overall mortality rate; mortality rates of people aged 0–64 years, including from diseases of the circulatory and digestive organs, malignant neoplasms; mortality and incidence of tuberculosis, incidence of HIV / AIDS and other infectious diseases. Unfortunately, this list is incomplete, it can be extended. Many indicators that characterize health risks at the population and individual levels are unsatisfactory. At the population level, these are, first of all, indicators of corruption, inflation, which leads to impoverishment of the population, reduction of funding for the medical sector, etc. Individual health risks remain high: smoking, alcohol, drugs, etc. However, the consumption of fruit is insufficient, there is a lack of physical activity.

A number of scientific works and researches are devoted to medical and social aspects of public health, its assessment and protection in Ukraine: S.V. Dudnyk, N.M. Levchuk, E.M. Libanova. A number of works related to the institutional provision of health care: A.M. Erina, I.V. Rozhkova and others. N.O. Ryngach examines public health through the prism of national security. T.O. Pidvysitska considers the health of the population in the context of the impact on economic growth. Methodical issues of public health assessment are researched in the works of I.V. Zhalinskaya. However, as already mentioned, the strategic direction of health research should be to find out the causal links between public health and the determinants that define it. There are not enough studies performed from this point of view in Ukraine. Among the recent foreign works in this direction are the works of J. Spijker, M. Marmot and R. Wilkinson, D. Raphael, R.R. Patil, D. Bradshaw, D. Kindig, and a study by the Commission on Social

Determinants of the World Health Organization (WHO). At the same time, it is worth noting that there can be no unambiguous patterns of research on the determinants of health, as their structure, mechanism and degree of action differ both between countries and within them. Taking into account the radical changes in the political and socio-economic situation in Ukraine, the analysis of health determinants is relevant from the standpoint of improving health policy [3].

A review of research conducted by medical and social scientists to identify the conditions under which children reach optimal levels of health and development has shown that the first years of life are a critical period during which the trajectories of health vulnerabilities are determined by a complex relationship between biological, genetic and environmental conditions. Thus, there are fundamental principles of optimal child development that apply to all people, regardless of language and culture [4].

The health of the younger generation is significantly affected by social factors, both at the personal, family, community and national levels. As the health itself and health behaviors are instilled in adolescence, lifestyle, as well as social determinants, affect adolescent health and are critical to the health of the entire population and the economic development of nations [5]. During adolescence, the developmental consequences of puberty and brain development lead to new behaviors and opportunities that are transferred to family relationships and education, including health. These transitions are changing children's perceptions of health and well-being, as well as changing by economic and social factors within the country, leading to inequality. A review of existing data on the impact of social determinants on the health of young people aged 10-24 and data from 34 environmental analyzes at the country level indicates that the most important determinants of adolescent health worldwide are structural factors such as national wealth, income inequality and access to education [6]. According to R. M. Viner and co-authors, in addition, safe and supportive families, safe schools, along with a positive approach and like-minded peers, are crucial to enabling young people to develop their potential and achieve better health in adulthood. Improving the health

of adolescents around the world requires improving the daily lives of young people in families and in relationships with peers and in schools, addressing risks and protective factors in the social environment at the population level and focusing on factors that protect against various medical consequences. The most effective, according to researchers, are interventions in structural changes aimed at improving young people's access to education, employment and reducing the risk of transport-related injuries.

Conclusions and prospects for further research. The study shows that:

- Determinants of health are conditions that determine differences in the health of individuals, groups or the population as a whole. The nature of the action of determinants on health in space and time is variable, so there is a need for their systematic study and analysis;
- There are lots of determinants of health. Therefore, they need systematization and structuring. Taking into account the magnitude of the impact on public health, three levels of determinants have been proposed: contextual, structural, and proximal. These levels are hierarchical. The highest level is contextual. It is a prerequisite for the formation of determinants of other levels. The lowest level is proximal, which actually determines the health of the individual under the influence of determinants of all levels. The essence of determinants of different levels does not change, only the form can change. However, some of them affect health indirectly, and others directly. The main task is to find the most influential at the moment for a particular population determinants. Until recently, such studies in Ukraine were not comprehensive and were insufficiently taken into account during the formation of the health strategy;
- priority in determining health in modern conditions are socio-economic determinants: income and its distribution; employment; working conditions and unemployment; living conditions; social protection; social capital; social conflicts; early life; education, gender, etc. An analysis of recent publications shows that this group of determinants determines health by about 40%. However, this figure may vary depending on the country or territory for which the study is conducted.

Therefore, the prospects for further research are to identify key indicators that characterize the determinants of health, to clarify the role of certain determinants in shaping the health of the population of Ukraine and its individual regions in the current socio-economic reality. Particular attention should be paid to socio-economic determinants: identifying correlations between them and determinants of public health: the essence and features of systematization of public health indicators in modern conditions in order to develop measures to improve public policy in the field of health, reducing mortality and morbidity, finding reserves to save financial resources spent on medicine.

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# PROBLEM OF LEARNING GENERATION Z IN A GLOBAL PANDEMIC

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According to the theory proposed in 1991 by Howe and Strauss on the division of generations into X,Y,Z, representatives of generation X (born between 1965 to 1980), characterized by weak involvement in the world of "electronic communication", commitment to the chosen industry (organization), where they try to realize their creative potential. Representatives of the generation Y (born between 1990 to 2000) have such qualities as self-confidence when choosing a job, but are waiting for the created convenient comfortable working conditions, they easily communicate in an electronic environment. Generation Z (born in 2000) – this is a generation pragmatists that comes first (regarding future work) technology, at the same time easily consider various spheres of activity, being engaged in "search of itself". In addition, they prefer to be always "in touch", but perform professional tasks, being in a place for them.

Applying the theory of generations today's conditions, it seems that a thorough, but less "advanced" (in the information field) generation X was much more prepared for the changes. The representative of the teaching environment in the shortest possible time was able to ensure availability of methodological materials in relevant disciplines, the work organized both through e-learning environments and through messengers (realizing that every students have different

opportunities), but even these combined activities didn't help to attract more students to distance work. It should be noted that senior students are more active in the electronic environment than the first and second years of study. When we speak about senior students, the inability to independently organize their own learning, of course, will negatively affect the find stage of learning, related to the choice of research and course works (taking into account the current problems of the industry), selection and analysis of necessary and sufficient information for an objective assessment of the situation, as the formation of their own proposals in an attempt to address pressing issues.

In many respects the organization of industrial practice of students allows to give some independence to actions, however, it is no secret that often manufacture supervisors try to brask off yesterday's pupils, since, in addition to the additional load, these responsible for production, as a rule, have nothing. "The mentoring system" adopted in the Soviet Union, which assumes a material component for this work, is practically non-existent today. By this regard, the attempt to resolve the situation for the organization of continuity the education, which will be especially effective when working together "college -enterprise". This kind of attempt at the initiative of the state in recent years is used to organize the work of students under the guidance of university representatives, as well as students under the guidance of business representatives, there is a focus on pedagogical and humanitarian areas, which are not declared by the organizers, but can be traced in the ignorance by representatives of technical universities.

Such a sample of communication will also allow the deeper general knowledge, because to explain a material (not always directly related to the main course of study) will be able who understood it himself. "If you can't explain something to six-year-old, you don't understand it yourself". A. Einstein [4]

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# THE PROBLEM AND PREVENTION OF ILLNESS MEDICAL WORKERS ON COVID-19

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The aim of the study that the death toll from coronavirus is growing daily around the world. Healthcare workers are most exposed to the disease when working with patients with COVID-19. As a result, there may be occupational hazards such as: occupational COVID-19 infection; skin disorders from long-term use of PPE; psychological stress. Therefore, it is necessary to reduce these threats and protect the health of health professionals.

The research methods and materials: Here are some examples of media coverage of the situation in Ukraine. In Kharkiv, after contact with a coronavirus patiens 16 doctors went into self-isolation. In Ternopil, 8 doctors were discharged from the infectious diseases department of the hospital due to the danger of contracting coronavirus.

Research results: The death toll from coronavirus is growing daily around the world. To prevent infectious diseases on COVID-19 among medical workers it is necessary to comply with sanitary rules and regulations during professional activities and constant preventive measures, such as:

• providing medical and other workers with personal protective equipment depending on the degree of risk of infection with COVID-19 in the workplace;

- timely testing on COVID-19 of medical and other health care workers to identify cases of asymptomatic disease;
- regular training of medical workers on the rules of using personal protective equipment and demonstration of their proper use;
  - regular cleaning and disinfection of the workplace;

Separate toilets and places for personal hygiene should be allocated for healthcare professionals, they should be separate from those used by patients and visitors. The medical institution has organize professional washing of work clothes used during patient care. Prolonged use of gloves and frequent hand hygiene can worsen existing hand eczema. If a healthcare professional is allergic to latex, it is recommended use non-latex or nitrile gloves. Moisturizing creams should be used to reduce skin irritation. Due to the large amount of work and high responsibility, there is a possibility of chronic fatigue and psychological stress. Therefore, it is advisable to introduce a policy on working hours and breaks. Also arrange help to treat anxiety, depression and others mental health conditions of employees.

Conclusions: All measures should be taken to prevent the disease of COVID-19 medical staff. Provide conditions for decent work. Follow the rules of sanitary and personal hygiene.

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### THE IMPORTANCE OF SLEEP IN HUMAN LIFE

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**Admission.** We spend about a third of our lives asleep. Sleep is essential, it is as important to our bodies as eating, drinking and breathing, and is vital for maintaining good mental and physical health. Sleep is important because it enables the body to repair and be fit and ready for another day. [1]

The aim of the study is to investigate the importance of sleep-in human life.

The research methods and materials. Theory methods of analysis and generalization.

**Presentation of the main material.** When our eyes perceive light, our retinas send a signal to our brain. The brain sets off a chain reaction of hormone production and suppression that affects body temperature, appetite, sleep drive, and more.

Each morning, as sunlight creeps in, our body temperature begins to rise and cortisol is released, increasing our alertness and causing us to wake up. In the evening, as it becomes dark outside, melatonin levels rise and body temperature lowers. Melatonin stays elevated throughout the night, promoting sleep.

When we sleep, our bodies take time to:

- repair muscles;
- grow bones;
- manage hormones;
- sort memories.

Sleep can be broadly segmented into rapid eye movement (REM) sleep and non-REM (NREM) sleep. [2;3]

NREM sleep is divided into three sub-stages: stage N1, stage N2, and stage N3.

Sleep stages occur in cycles lasting 90 to 120 minutes each. Four to five cycles occur during a typical night of sleep. Shifting of stages occurs over the course of the night, typically with an increased percentage of NREM sleep in the first half of the night and an increased percentage of REM sleep in the second half of the night.

NREM Stage N1

This stage of non-REM sleep is the typical transition from wakefulness to sleep and generally lasts only a few minutes (5-10).

During this stage:

- eye movements are typically slow and rolling;
- heartbeat and breathing slow down;
- muscles begin to relax.

NREM Stage N2

This next stage of non-REM sleep comprises the largest percentage of total sleep time and is considered a lighter stage of sleep from which you can be awakened easily.

During this stage:

- heartbeat and breathing slow down further;
- no eye movements;
- body temperature drops;

NREM Stage N3

This final stage of non-REM sleep is known as slow-wave sleep. Your body performs a variety of important health.

During this stage:

- arousal from sleep is difficult;
- heartbeat and breathing are at their slowest rate;

- no eye movements;
- body is fully relaxed;
- tissue repair and growth, and cell regeneration occurs;
- immune system strengthens.

### REM Stage R

Occurs about 90 minutes after you fall asleep, and is the primary "dreaming" stage of sleep. Stage R sleep lasts roughly 10 minutes the first time, increasing with each REM cycle. The final cycle of stage R may last roughly between 30 to 60 minutes.

During this stage:

- eye movements become rapid;
- breathing and heart rate increases and become more variable;
- muscles become paralyzed, but twitches may occur;
- brain activity is markedly increased.

Amazing things that happen to your body while you sleep. [5]

- 1. Your brain sorts and processes the day's information.
- 2. Hormones flood your body.
- 3. Your sympathetic nervous system chills out.
- 4. Cortisol levels lower.
- 5. Your muscles paralyse.
- 6. Anti-Diuretic Hormone (ADH) helps you not have to pee.
- 7. Your immune system releases inflammation fighting cytokines.

Many people do not get enough quality sleep, and this can affect their health, well-being, and ability to do everyday activities. The Centers for Disease Control and Prevention estimate that 1 in 3 adults do not get enough sleep. [4]

A person who is getting too little quality sleep may experience a range of symptoms including: fatigue, irritability, mood changes, difficulty focusing, memory problem, paranoia, hallucinations.

If you do not believe in the importance of sleep, perhaps sleep deprivation experiment which entered in the Guinness Book of Records will convince you. [6]

Research results: Randy Gardner (born c. 1946) is an American from San Diego, California, who set the record for the longest amount of time a human has gone without sleep. In December 1963/January 1964, 17-year-old Gardner stayed awake for 11 days and 25 minutes.

Gardner's record attempt was attended sleep researcher Dr. William C. Dement, while his health was monitored by Lt. Cmdr. John J. Ross. A log was kept by two of Gardner's classmates from Point Loma High School, Bruce McAllister and Joe Marciano Jr.

Randy was upbeat and didn't seem particularly impaired. Dement tested his sense of taste, smell and hearing and after a while his cognitive and sensory abilities began to be affected. Appeared serious cognitive and behavioral changes. hese included moodiness, problems with concentration and short-term memory, paranoia, and hallucinations. On the eleventh day, when he was asked to subtract seven repeatedly, starting with 100, he stopped at 65. When asked why he had stopped, he replied that he had forgotten what he was doing. After completing his record, Gardner slept for 14 hours and 40 minutes.

In a few years Gardner reported experiencing serious insomnia decades after his sleep experiment.

**Conclusion.** Sleep is an essential function that allows your body and mind to recharge, leaving you refreshed and alert when you wake up. Sleep deficiency can lead to physical and mental health problems, injuries, loss of productivity, and even a greater risk of death. So we should to keep the hygiene of our sleep.

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## UNDERSTANDING THE SAFETY AND OUTCOMES OF NON-SURGICAL COSMETIC REJUVENATION IN UKRAINIAN COSMETIC CLINIC

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The aim of the study: to explain and evaluate patient-reported outcomes and safety of non-surgical rejuvenation procedure performed by cosmetologists.

The research methods and material: The scientific literature and other sources relevant to a particular problem were examined and compared. Based on the findings of the study, relevant interpretations were discussed and analyzed, some recommendations were suggested.

In this article we consider different new cosmetics procedure. Scientists distinguish the ability to competently and safely perform non-surgical facial treatment as an essential component of comprehensive aesthetic surgery training. [7, 5, 3]. Though many clinics in Ukraine allow cosmetologist perform nonsurgical facial rejuvenation procedures.

In our research we give a short description and characterization of the most popular Ukrainian nonsurgical facial rejuvenation procedures and treatments performed on both women and men of the age of 27-65.

A 3D facelift pulls tissue and fat from inside the lower part of the face to the cheekbones, adding volume without the more severe look of a traditional facelift. These types of facelifts are usually performed with local anesthesia. [1]

Rhino-sculpture is a modern "nose job" procedure that uses a probe emitting ultrasonic energy to reshape nasal bones without damaging cartilage or soft tissue. Rhino-sculpture is considered a safer, less traumatic alternative to traditional rhinoplasty, with shorter recovery time. [1]

Hybrid breast augmentation - this type of breast enlargement combines breast implants with liposuction, which is used to remove fat where it isn't wanted so it can be injected into breast tissue. This cosmetic procedure results in a more natural looking breast and has fewer risks, with faster recovery, than a standard breast augmentation using implants alone. [1]

Lip lifts shorten the space between the top of the lip and bottom of the nose to raise the edges of the lips and give the mouth a more defined look. Lip lifts are a permanent plastic surgery procedure that can usually be performed in less than an hour under local anesthesia. [1]

EmSculpt body contouring - this body contouring procedure uses highly-focused electromagnetic energy to initiate muscle contractions that help to both build muscle tone and break down fat on the abdomen and buttocks. EmSculpt is ideal for people with lower body mass index who want to reduce fat in hard-to-target areas and improve muscle definition. [1]

Brow lamination is all the rage these days as this temporary, non-invasive alternative to microblading offers a great solution to brow concerns. The process is said to be like a perm for your brows — only instead of curls, there's a setting lotion that helps the lil hairs stay up (when brushed forward) — and lasts for about six weeks. Because this process does require rather harsh chemicals, folkx with eczema or skin sensitivities may want to consult with a professional before trying this trending beauty treatment. [3]

Trending up, lip blushing is essentially a semi-permanent lip stain — a cosmetic tattoo that is said to colour correct while enhancing the shape and size of your lips (some say it even helps with asymmetry). The results leave lips with a more natural look after the healing process is done — while still offering the aesthetic of fuller, plumper lips. [4]

Lip injections are ever popular for transforming, not just lips, but the way face look in general. Injectables can contain commercial fillers like Juvederm, or fat that is removed from ones own body. After a topical numbing agent is applied to the area, the filler is injected in and around the lips and normal activities can be resumed immediately. [4]

The essence of the procedure smile correction consists a few simple botox injections placed in strategic locations will prevent the upper lip from raising excessively high when you smile and thus exposing the gum. [2]

Facial cleansing is one of the most popular procedures in cosmetology. It is performed to clean the skin from the stratum corneum of the upper epithelium, comedones, blackheads, milia, dirt (cosmetics, foundations, powders, etc.). Mechanical is deep, ultrasonic - more superficial. Often the skin condition requires a combination of these two techniques. [3]

Oxygen facials is the procedure in which used ehe high tech compression machine pushes oxygen and other small-moleculed skincare products (like hyaluronic acid, vitamin treatments and botanicals) into the skin via a pressurized stream of air. While these treatments are not as pampering as an ordinary facial, they are said to bring balance back to the skin, lessen the appearance of fine lines, make tone brighter and plump the skin. [3]

Botox continues to take the lead in non-invasive cosmetic treatments. This injectable treatment relaxes facial muscles with a subtle yet effective result. Considering this quick, relatively painless procedure can be done during your lunch break, and make you look instantly refreshed and well-rested, it's no wonder it's so popular. [3]

Mesotherapy is a broad term for a non-invasive cosmetic technique that involves multiple injections of pharmaceuticals, vitamins, homeopathics, hormones or enzymes to tighten the skin, treat hair loss, minimize cellulite, and lighten pigmented skin, among others. There is little research to back the use of mesotherapy and it is not FDA-approved. Despite this, many people take the chance and try mesotherapy making it very popular in the world of non-surgical cosmetic enhancements. [4]

Body contouring is a procedure using the Velashape III body contouring machine, which combines four anti-cellulite technologies and skin tightening. The machine heats up fat cells, connective tissue and collagen fibers, which with

multiple treatments, can improve elasticity, minimize cellulite and improve skin texture. [3]

Finally, I want to report on a modern cosmetic procedure that helps to lose weight and is currently used in Ukraine

Cryolipolysis, commonly referred to as "CoolSculpting" by patients, uses cold temperature to break down fat cells. The fat cells are particularly susceptible to the effects of cold, unlike other types of cells. While the fat cells freeze, the skin and other structures are spared from injury. After an assessment of the dimensions and shape of the fatty bulge to be treated, an applicator of the appropriate size and curvature is chosen. The area of concern is marked to identify the site for applicator placement. A gel pad is placed to protect the skin. The applicator is applied and the bulge is vacuumed into the hollow of the applicator. The temperature inside the applicator drops, and as it does so, the area numbs. After the hour-long treatment, the vacuum turns off, the applicator is removed and the area is massaged, which may improve the final results. [6]

According to studied literature, the injured fat cells are gradually eliminated by the body over 4 to 6 months. During that time the fatty bulge decreases in size, with an average fat reduction of about 20 percent. [6]

Research results: Summary statistics were tabulated via established methods. The following diagram show the most popular cosmetic treatment and non-surgical rejuvenation procedures in Ukraine.

Nonsurgical facial rejuvenation procedures with neuromodulators and soft-tissue fillers remain the most requested and prevalent aesthetic procedures in Ukraine. According our study, some procedures have a small percentage of popularity among Ukrainian citizens, this is due to the fact that they are quite expensive and people cannot afford it. Facial rejuvenation with non-surgical procedures, including neuromodulators and soft-tissue fillers, can be performed by cosmetologists and provide high levels of satisfaction and improvements in multiple domains of health-related quality of life without compromising patient safety.

Conclusion: Cosmetic procedures help to emphasize the beauty and hide flaws, you need always carefully study the procedure, do not succumb to discounts or cosmetic offers because you get what you pay for, and certainly don't want your health to end up paying for it.

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# THE ROLE OF ROBOTS IN THE DIAGNOSIS AND TREATMENT OF DISEASES

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**Admission.** Every day, new discoveries are being made that push us inevitably toward a future where the majority of work is done not by us mere humans, but by robots instead. Many believe that an autonomous robot could soon be a regular member of any hospital's medical staff performing all sorts of duties like taking a patient's vitals, reading case notes, or even performing surgery.

The aim of the study is to investigate the role of robots in the diagnosis and treatment of diseases. Parse the concept of "robot", its role, essence, purpose, action, positive impacts. Learn the history of the first robot and draw conclusions.

The research methods and materials. Theory methods of analysis and generalization.

**Presentation of the main material.** The concept of "robot" - machine that resembles a living creature in being capable of moving independently (as by walking or rolling on wheels) and performing complex actions (such as grasping and moving objects). [4].

The history of robots:

- the ancient Hebrews wrote about a person made out of dirt and clay called a golem; the golem was created to help with menial labor;
- around 400 B.C.E., the Greek mathematician Archytas of Tarentum built a mechanical bird to try and better understand how birds fly;
- around 1495, Leonardo DaVinci publishes designs for a mechanical knight. Over the next 400 years, several toy automata are built, largely for the entertainment of royalty;
  - the word "robot" is first used in 1921 by Czech playwrite Karel

Capek in his play R.U.R. (Rossum's Universal Robots). The play involves a factory that builds artificial people to be servants for humans;

- in 1926, Metropolis becomes the first movie to portray a humanoid robot on screen;
  - in 1927, Westinghouse builds the Televox robot. [2]
  - 1. DaVinci:
- a) this is a machine that blurs the line between "robot" and "medical tool" since the device is always under the full control of the surgeon, but the advancements it has fostered are astounding;
- b) using the daVinci system, some types of operations can be done with just a few tiny incisions and with the utmost precision, which means less bleeding, faster healing, and a reduced risk of infection;
  - 2. Actuated and sensory prostheses:
- a) at the MIT Biomechatronics lab, researchers have created gyroscopically actuated robotic limbs that are capable of tracking their own position in three-dimensional space and adjusting their joints upwards of 750 times per second;
- b) on top of this, they have developed bionic skins and neural implant systems that interface with the nervous system, allowing the user to receive tactile feedback from the prosthetic and volitionally control it as you would a normal limb.
  - 3. Endoscopy-Bot:
- a) an endoscopy is a procedure where a small camera on a long wire is inserted into the body through a "natural opening" to search for damage, foreign objects, or traces of a disease. It's an uncomfortable and delicate procedure that might also be a thing of the past;
- b) they can then hold there without the tremor of human hands, and deploy a wide range of tools for anything from taking a biopsy to cauterizing a wound:
  - c) even more impressive are so-called "capsule endoscopies" where the

procedure is boiled down to the simple act of swallowing a pill-sized robot that travels along your digestive tract, gathering data and taking pictures that can be sent directly to a processor for diagnostics.

- 4. Orthoses (AKA Exoskeletons):
- a) we all want to be Iron Man at least a little bit, but robotic exoskeletons have more medical applications than superhero ones. For starters, they are being used to help paralyzed people walk again, which is nothing short of a miracle;
- b) they can also be useful for correcting malformations or, say, for rehabilitation after a brain or spinal cord injury by providing weak muscles with the help they need to perform movements and begin healing the damage.
- 5. Disinfectant bots: modern disinfecting robots move autonomously to rooms of patients being discharged then bombard the empty room with high-powered UV rays for several minutes until no microorganism is left alive.
- 6. Robotic nurses: some new robotic nurses have taken aim at other menial tasks that nurses get stuck with, like moving carts and gurneys from room to room, or even drawing blood! At the end of the day, if it's saving nurses time and allowing everyone to take better care of patients, We're all for it.
  - 7. Robotic-Assisted Biopsy:
- a) it is a minimally invasive technique for early cancer diagnoses where a robotically steered transducer is guided to a biopsy site by a novel MRI/Ultrasound combination technique;
- b) it then scans the target to get overall data on it and then a surgeon can pick from the 3D-image created exactly where they want to get a biopsy from. Then the robot just backs out the same way it came in, leaving the patient with little more than a paper-cut.
  - 8. Antibacterial nanorobots:
- a) antibacterial nanorobots are tiny machines made of gold nanowires (bling-bling) coated with platelets and red blood cells that could actually clear bacterial infections directly from a patient's blood;

- b) they do this by basically mimicking a bacterium and its toxin's target, then ensnaring them in their nanowire mesh when the bacteria gets near;
- c) best of all, because they take advantage of the bacteria's natural responses to clear them from the system, nanorobots could potentially be used in place of broad-spectrum antibiotics which could have an immense impact on our fight against the rise of antibiotic-resistant diseases. [1].

Conclusion. Robots in the medical field are transforming how surgeries are performed, streamlining supply delivery and disinfection, and freeing up time for providers to engage with patients. Health robotics will continue to evolve alongside advancements in machine learning, data analytics, computer vision, and other technologies. Robots of all types will continue to evolve to complete tasks autonomously, efficiently, and accurately. [4].

The medical field is on the brink of sweeping changes that could mean better diagnostics, safer and less-invasive surgery, shorter waiting times, reduced infection rates, and increased long-term survival rates for everyone.

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# THE EUPHEMISMS USE IN DOCTOR-PATIENT COMMUNICATION

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Annotation: The presented theses investigate the main means of speech softening with the help of word-formation and lexical means in the communication between doctor and patient, focusing attention on the social aspect of euphemism in the communication process.

**Key words:** euphemisms, culture of communication, communication, doctor, patient, word-forming means, lexical units.

Influence of words is an important thing in establishing contact between a doctor and a patient, which helps in successful treatment. Language culture is a necessary condition for the general professional competence of the doctor, so the language point of medical activity has always been of great interest to the participants of the treatment process, researchers, psychologists, philosophers and linguists as well. The medical profession belongs to the linguoactive professions.

**Problem Formulation**. Problems of the communication culture between doctor and patient in the age of scientific and technological progress and the development of information technology become especially relevant: on the one hand, there are additional modern opportunities for diagnosis and treatment of patients, on the other - the introduction of technology creates a barrier between doctor and patient.

The Purpose of the Study. The aim of the study is to monitor whether there are general patterns of euphemisms functioning in the language of physicians, how widely they are used in communication with patients, what is the specificity of medical euphemisms. The study adopts a broad understanding of a

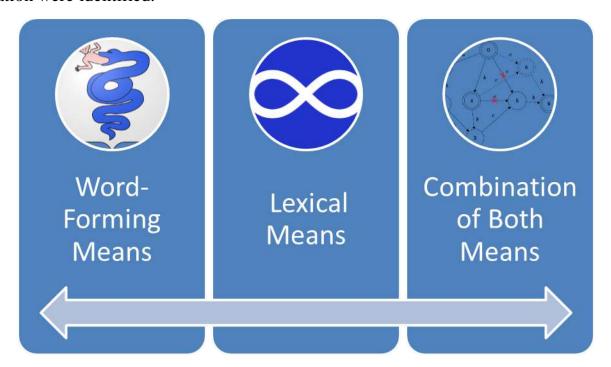
euphemism as "a word or phrase that under certain conditions can replace such words that seem to be undesirable, not entirely polite, too sharp."

**Research Analysis**. According to Krysin L. P., the following factors are essential for the euphemism of speech:

- 1) the speaker's assessment of the subject of the language as such, the direct designation of which can be qualified in this social environment or a specific addressee as rudeness, sharpness, obscenity etc; perhaps, only certain objects, realities, spheres of human activity and human relations can cause such an assessment;
- 2) the selection of such lexical units that not only soften individual words and expressions, but hide, obscure the meaning of what is being said; this is especially noticeable on the example of semantically vague medical terms such as "neoplasm" instead of psychologically severe "tumor" or words of foreign origin, not understood by everyone, in particular "pediculosis" instead of "lice" etc;
- 3) the dependence of the use of euphemism on the conditions of communication: the stricter the social control of the language situation and self-control of those who speak their own language, the more likely is the usage of euphemisms;
- 4) social conditionality of the idea of what can be used as a euphemism: what in one communication is regarded as a euphemism, in another may receive other assessments [4].

Material Presentation. The study of scientific information about language means of softening the categorical statements made it possible to systematize and compile a list of dialogues between doctors and patients. In order to comprehensively investigate the means of mitigation, more than 100 fragments were analyzed, which contain not only the most striking examples of friendly, soft statements of doctors, but also examples of incorrect language behavior that deserves condemnation and correction.

Furthermore, a qualitative analysis of the dialogues was conducted: the linguistic means of softening the speech of physicians, their functions in each situation were identified.



#### Therefore:

- 1. Lexical means are most often the means of mitigation in the process of communication between doctor and patient (51%). Euphemisms of medical topics in the collected material are 5 thematic groups and are the leading means of softening the expression.
- 2. Word-forming means (30%) are not less popular, among which the most frequent are diminutive suffixes both in nouns, and in adjectives.
- 3. This group contains lexical units with word-forming means applied to them, which neutralize the incorrectness or rudeness of a certain word.

It is worth emphasizing that euphemisms are not just a linguistic phenomenon, but also a cultural and social one. Euphemisms of medical origin, as well as euphemisms in general, affect the phenomenon, which in recent years has been called the "treadmill of euphemism", the author of the term is Stephen Pinker [11, 26]. This is due to the semantics of the word: later the negative meaning changes from veiled to more obvious, there is a need to replace the euphemism with another word, the meaning of which will be more euphemistic, for example:

the concept of "mental retardation" survives, which is discriminatory, sometimes euphemism is used.

Nevertheless, in the latest International Classification of Diseases there is a section "Mental retardation" (F70-F79) [6,313]. The wording is planned to be replaced in ICD-11, which should enter into force in 2022. A. Larin, a well-known domestic linguist, attracts attention to the correlation between the frequency of a euphemism use and the loss of the original word's meaning improves its use. The more actively the euphemistic word is used, the faster it passes into the category of direct one [1].

On the contrary, there is the romanticization of some phenomena. Thus, the word "depression" is sometimes used instead of the term "grumps", replacing the designation of emotional state with a psychiatric diagnosis. Depression in the eyes of some people mistakenly becomes a trait of a deep, intelligent, philosophical person. It is worth mentioning the medical euphemisms, the so-called "butterflies" (with the disease bullous epidermolysis) and "sun children" (with Down syndrome). Linguists argue that the former is more likely to remain in the language because it performs only the function of giving a neutral meaning; at the same time, the second euphemism acts as a reclamation, imposing the stereotype that such children should be "sunny" [5].

Confirmation of the influence of the diagnosis name on the attitude to the person is a study in 2014, which conducted a survey of medical students. They assessed the word "paralytic" as a more serious condition than in cases where the wording sounded like "paralyzed" [10, 331-343]. This is due to the fact that nouns are more identified with a person than adjectives. In particular, "a person with neurosis" will sound less rude, in contrast to the word "neurotic", because in the second case, the disease is a bright feature that characterizes hiding other personality traits.

S. Vidlak, a Polish linguist, believed that euphemisms, which are borrowed by origin, sound nobler, therefore less shocking [7, 128]. L. P. Krysin argues that foreign terms are used less frequently and, as a result, less understood by native

speakers: thus the denoted phenomenon becomes veiled (polyphagia instead of gluttony, ramoli instead of dementia, pediculosis instead of lice) [4]. Some concepts become obsolete as euphemisms, for example, such a situation develops with the word "epilepsy". It has ceased to be used in an attempt to obscure the combination of "black disease" and "epilepsy" because they have become obsolete.

Euphemistic meaning is also lost due to frequent use, as is the case with the word "suicide": in recent years it has been used more and more, penetrating everyday speech and ceasing to be an incomprehensible word that can hide the denotation. Some words that came from the medical field continue to be used as euphemisms in one hundred percent of cases (depilation, euthanasia, ramoli), the use of which as pejoratives leads to the consolidation of negative evaluative semantics in the language. For these terms, initially neutral, we have to create other euphemisms, this is due to the concept of "treadmill euphemism".

Conclusion. Thus, euphemisms in the speech of medical workers are analyzed. Studies on the topic of euphemisms in general and euphemisms of medical origin in particular have been made and the analysis of linguistic material is presented. We also considered the social aspects of the euphemism of medical vocabulary in the modern Ukrainian language. The research has further prospects, because euphemisms are rapidly modified and replaced by new ones, which is caused in part by the dynamic development of society, the ideas of tolerance and "visibility" of special groups of people.

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# THE IMPACT OF THE COMPANY'S SLOGAN AND ADVERTISING ON THE SUCCESS OF PRODUCTS ON THE MARKET

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A company slogan is an advertising slogan or phrase created by advertisers to verbally express the importance and basic idea of their product or service. This is the idea of an advertising campaign, which usually plays an important role in people's lives. The slogan allows you to credit people's time and attention, immersing consumers in the center of problem solving.

It is a well-known fact that virtually all large companies around the world spend billions on advertising and marketing strategy development just to achieve successful brand recognition. Every day we see millions of messages and phrases in various sources: from print media to online advertising. Some slogans we know by heart, but many of them go almost unnoticed [2].

Therefore, the success of the company, its profit depends on a successful advertising slogan. The slogan should have a so-called positive "X-factor", which forces us to review it twice, think, capture the imagination of their target markets and in their own way to describe the goods and services. According to Charles Witt's Creative Advertising: "A slogan should be a statement of merit for a product or service that is worthy of constant advertising; it should be stable for memorization by the audience; and formulated in such a way that the public will remember it." Table 1 presents a small instruction for creating the best slogan [2].

Table 1

Step-by-step instructions for creating a slogan

Label Characteristic

- 1 Identification A good slogan should be correlated with a brand name that is explicitly or strongly implied. It is better to specify the name of your product.
- 2 Easy to remember Some of the best slogans or slogans created earlier are still used today, although they were created and launched a few years ago.
- 3 Benefits You need to find out the purpose and benefits of a product by communicating it in the user's language, turning bad into good. In addition, it is worth reminding about the risk of not using the product and create a positive feeling for the consumer.

- 4 Differentiation In a crowded market, companies operating in the same industry must be different in their creative approach and the originality of the message conveyed.
- 5 Simplicity It is worth using proven words and short keywords. Usually one word is not enough.

Table 2 presents examples of slogans of 10 well-known companies that do not leave us indifferent [4].

#### Table 2

Slogans of famous companies

№ Company name Company slogan

- 1 IMAX Think big
- 2 Volkswagon Think small
- 3 Blogger Push button publishing
- 4 Mac Pro Beauty outside. Beast inside
- 5 Harley Davidson American by birth. Rebel by choice
- 6 Calvin KleinBetween love and madness lies obsession
- 7 Google Don't be evil
- 8 TV series Survivor Outwit. Outplay. Outlast
- 9 Canon See what we mean
- Johnnie Walker If you want to impress someone, put him on your black list

As we can see, these slogans emphasize the advantages of companies, their capabilities, focus consumers' attention on the uniqueness of a company. We agree with scientists and journalists that there is no business without advertising. Advertising is a thing without which it is difficult to imagine the modern world. The media mostly live at her expense. It is no longer just a link between seller and buyer, but a separate art [1].

The history of advertising began in antiquity. In the United States, advertising began to develop in the late XIX – early XXth century. Advertising

already existed in Europe at that time. In Ukraine, advertising campaigns began to develop actively with independence.

Volvo. In 2013, a video with Jean-Claude Van Damme caused a sensation. The actor showed his famous twine on trucks moving in parallel. Advertising has become one of the best commercials of the decade.

Coca-Cola. The cult drink created by a pharmacist is known all over the world. The Coca-Cola advertising campaign was originally built on traditional images of people relaxing with a glass of refreshing drink. However, a combination of Coca-Cola and Christmas was a great publicity stunt.

M&M's. Mars LLC has successfully produced chocolate products. But in 1954, she launched a new series of candies – M&M's favorite for all of us. The whole secret lies in the advertising campaign. It was developed and implemented by Rosser Reeves, one of the pioneers of the theory and practice of advertising. His slogan "Melts in the mouth, not in the hands" was incredibly successful, though not entirely honest. Numerous studies have shown that M&M's candies melt at high temperatures as well as any quality chocolate.

Chanel. The commercial with Nicole Kidman in the lead role became one of the most expensive in history. The company spent about \$ 20 million on it, and the actress herself received the highest fee for participating in the filming - \$ 4 million.

Marlboro. Now this ad is associated with a courageous cowboy. However, until the middle of the XXth century. Marlboro worked for a female audience. In order to overtake its main competitors, Lucky Strike, the company decided to change the concept. Famous cigarettes began to be advertised on posters across America by men with emphasized masculinity. Because westerns were very popular in the United States at the time, advertising agency Leo Burnett created the image of a cowboy. Within a month, Marlboro became the market leader and still remains one of the most famous brands in the world.

McDonald's. It is the world's largest chain of fast food restaurants. The secret of the network's popularity also lies in advertising, which is always interesting and diverse.

Energizer. Everyone remembers the rabbit from the Energizer battery commercial. However, this pink hero may not exist. It was originally developed for Eveready advertising, but development was suspended. However, quite by accident, the development fell into the hands of employees of the advertising agency Chiat Day. Since then, many videos have been shot with different plots, where the main character was an incredibly tireless rabbit. And the phrase "rabbit energizer" has become a phrase that people use every day.

Apple. The famous apple bite is Apple logo. The Macintosh commercial with the bitten apple first aired in 1984 during the broadcast of the Super Bowl, the final game of the US National Football League.

Red Bull. Red Bull energy drink is popular all over the world. According to well-known advertising, everyone knows that it provides wings. The drink's advertising campaign is based on various competitions: from karting to racing on homemade aircraft. This original approach of advertisers has made this brand recognizable among others. For the commercial, skydiver Felix Baumgartner climbed 39 km into the stratosphere over Roswell, New Mexico, in a hot air balloon and made a free fall to Earth.

Nike. "Just do it" is a very well-known slogan of the sportswear manufacturer Nike. As well as the logo (tick), which is one of the most recognizable logos in the world. The slogan for advertising "Just do it" eventually became the company's philosophy, the motto for the whole corporation and the inspiration for hundreds of thousands of customers [1].

Speaking of slogans, it is worth analyzing the phrases that create foreign advertising. Marketing is an important part of many businesses and is a big part of many conversations during meetings. So let's look at marketing phrases (idioms) in English that will be useful for creating advertising.

Across the board: We will be making changes to the company across the board: our mission, our employee structure, and even our logo.

Bank on: We are banking on a final investor to help get this project running.

Birds of a feather (flock together): These investors are birds of a feather: they all went to Harvard, work on Wall Street, and golf together.

Bring something to the table: We need each of the employees to bring something to the table during next week's meeting: everyone needs to have a marketing plan for the next year and three suggested changes to our business model.

Fish where the fish are: We have to fish where the fish are. I don't think this marketing campaign is useful because it targets people outside of our age demographic.

Gain followers/subscribers: In order to gain more followers, we've identified effective hashtags.

Go viral: After her post went viral, she received many advertising opportunities.

In the long run: We are putting a lot of time and money into this project, but in the long run it will be worth it.

In the works: We have an exciting new project in the works.

Land (an account): He landed two new accounts last week.

Payoff: The pay-off for this risk was huge!

Put (something) on the map: This new marketing campaign will help put our product on the map.

Sold on: He's not sold on the idea. I think we should prepare some examples for him of why it will be a good idea.

Selling point: For me, the selling point was the budget you created. It was well-written and showed that you're financially responsible.

Word-of-mouth marketing: They used word-of-mouth marketing to create some buzz about their product. After that, it went viral! [3].

To summarize, we note that advertising is almost crucial for the success of goods on the market and their sales.

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# EUTHANASIA: RIGHT TO LIFE VS RIGHT TO DIE

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**Admission**. For today medicine in the whole world attained considerable progress so that able to influence, from between other, on the processes of dying of man. However the near-term task of medical workers in relation to maintenance of life of man and support of her health loses the sense with appearance of auxiliary medical technologies that help a man to go away from life, leveling the main tasks of doctor the same.

The aim of the study. Analysis of the moral issue of euthanasia as it is discussed by the palliative care community in the professional journals of palliative care and discuss various arguments in support of or against the place for euthanasia in our lives.

The research methods and materials. The scientific literature and other sources relevant to a particular problem were examined and compared.

**Presentation of the main material.** It is believed that euthanasia started in ancient Greece and Rome around the fifth century B.C. -Some did this by abortions, and every now and then performed a mercy killing even though doctors were supposed to follow the Hippocratic Oath: "I will give no deadly medicine to any one if asked, nor suggest any such counsel".

Euthanasia comes from the Greek words: Eu (good) and Thanatosis (death) and it means "Good Death, "Gentle and Easy Death." This word has come to be used for "mercy killing. It is the act or practice of ending a life of a person either by a lethal injection or suspension of medical treatment. The word "euthanasia" was first used in a medical context by Francis Bacon in the 17th century, to refer to an easy, painless, happy death, during which it was a "physician's responsibility to alleviate the 'physical sufferings' of the body

Euthanasia is the practice of ending the life of a patient to limit the patient's suffering. The patient in question would typically be terminally ill or experiencing great pain and suffering. [1]

Euthanasia can be classed as voluntary or involuntary.

Voluntary: When euthanasia is conducted with consent.

Non-voluntary: When euthanasia is conducted on a person who is unable to consent due to their current health condition. In this scenario the decision is made by another appropriate person, on behalf of the patient, based on their quality of life and suffering.

Involuntary: When euthanasia is performed on a person who would be able to provide informed consent, but does not, either because they do not want to die, or because they were not asked. This is called murder, as it's often against the patients will.

There are also two procedural classifications of euthanasia: passive euthanasia and active euthanasia.

Passive euthanasia is when life-sustaining treatments are withheld. The definitions are not precise. If a doctor prescribes increasing doses of strong

painkilling medications, such as opioids, this may eventually be toxic for the patient. Some may argue that this is passive euthanasia.

Active euthanasia is when someone uses lethal substances or forces to end a patient's life, whether by the patient or somebody else. [2]

As for the arguments for euthanasia they are as follows:

Right to die: Many patients in a persistent vegetative state or else in chronic illness, do not want to be a burden on their family members. Euthanasia can be considered as a way to upheld the 'Right to life' by honouring 'Right to die' with dignity.

Quality of life: Only the patient really knows how they feel, and how the physical and emotional pain of illness and prolonged death impacts their quality of life.

Dignity: Every individual should be able to die with dignity.

Encouraging the organ transplantation: Euthanasia in terminally ill patients provides an opportunity to advocate for organ donation. This in turn will help many patients with organ failure waiting for transplantation.

Witnesses: Many who witness the slow death of others believe that assisted death should be allowed.

Resources: It makes more sense to channel the resources of highly-skilled staff, equipment, hospital beds, and medications towards life-saving treatments for those who wish to live, rather than those who do not.

Humane: It is more humane to allow a person with intractable suffering to be allowed to choose to end that suffering.

Loved ones: It can help to shorten the grief and suffering of loved ones.

We already do it: If a beloved pet has intractable suffering, it is seen as an act of kindness to put it to sleep. Why should this kindness be denied to humans?

Arguments against euthanasia:

The doctor's role: Health care professionals may be unwilling to compromise their professional roles, especially in the light of the Hippocratic Oath.

Eliminating the invalid: Euthanasia opposers argue that if we embrace 'the right to death with dignity', people with incurable and debilitating illnesses will be disposed from our civilised society.

Moral and religious arguments: Several faiths see euthanasia as a form of murder and morally unacceptable. Suicide, too, is "illegal" in some religions. Morally, there is an argument that euthanasia will weaken society's respect for the sanctity of life.

Patient competence: Euthanasia is only voluntary if the patient is mentally competent, with a lucid understanding of available options and consequences and the ability to express that understanding and their wish to terminate their own life. Determining or defining competence is not straightforward.

Guilt: Patients may feel they are a burden on resources and are psychologically pressured into consenting. They may feel that the financial, emotional, and mental burden on their family is too great. Even if the costs of treatment are provided by the state, there is a risk that hospital personnel may have an economic incentive to encourage euthanasia consent.

Mental illness: A person with depression is more likely Trusted Source to ask for assisted suicide, and this can complicate the decision.

Slippery slope: There is a risk that physician-assisted suicide will start with those who are terminally ill and wish to die because of intractable suffering, but then begin to include other individuals.

Possible recovery: Very occasionally, a patient recovers, against all the odds. The diagnosis might be wrong.

Palliative care: Good palliative care makes euthanasia unnecessary.

Regulation: Euthanasia cannot be properly regulated. [3]

Those in favor of euthanasia argue that a civilized society should allow people to die in dignity and. without pain. They add that as suicide is not a crime, euthanasia should not be a crime. Most religions disapprove of euthanasia for a number of reasons:

God has forbidden it (that says 'you must not kill').

Human life is sacred.

Human beings are made in God's image.

God gives people life, so only God has the right to take it away. [4]

Opinions of medical workers are quite ambiguous. A 2010 survey in the United States of more than 10,000 physicians found that 16.3% of physicians would consider halting life-sustaining therapy because the family demanded it, even if they believed that it was premature. Approximately 54.5% would not, and the remaining 29.2% responded "it depends". The study also found that 45.8% of physicians agreed that physician-assisted suicide should be allowed in some cases; 40.7% did not, and the remaining 13.5% felt it depended. [5]

But despite the differences of opinion, euthanasia is allowed in Denmark, Belgium, New Zealand, France, more than 20 states in the United States, Australia, Switzerland and the Netherlands. In March 2021, it was allowed in Spain.

**Conclusions.** In this contribution, we have analyzed the moral issue of euthanasia. We have described the various arguments in support of or against a place for euthanasia.

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# CURRENT ISSUES OF STUDENTS' HEALTHY LIFESTYLE

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A healthy lifestyle is almost one of the main issues of modern education, including for students. Recently, a lot of attention has been paid to the problem of student health.

The aim of the study: in this article I want to convey to young people that they need to appreciate, care for and take care of their health. Do not have bad habits, but have a balanced diet. The research methods and materials: According to available statistics, many students have problems with health.

Students, as representatives of the younger generation, make up a special contingent of the population, whose state of health is a barometer of the social well-being of society.

You can be sure of their condition health is affected by many adverse factors risk:

- ✓ increasing the number of stressful situations in daily life,
- ✓ including for students from temporarily occupied territories,
- ✓ increasing adverse environmental impacts,
- ✓ complicating educational programs, as well as hypodynamics, disorders day, food, etc.

According to the Institute of Hygiene and Medical Ecology them. O.M. Marzeeva National Academy of Medical Sciences of Ukraine, the share of school young people, who in 2013 were recognized by doctors as ranges from 9 to 45%. [6]. The health of young people often depends on their lifestyle and habits. [2].

One reason is that students combine study and work. Most students do hard work, loaders, waiters, etc. And as a result, it leads to a violation of the daily routine. Most students eat hot food only once a day, and sometimes do not eat at all, and eat buns, crackers, sandwiches. Quite often, students in between lessons "eat" what they do not want to eat: candy, chocolate, sodas, chips, fast food. There are those who choose a cigarette instead of a hearty lunch. [5].

The formation of students' health in the learning process is influenced by some factors:

- is the learning process (number of students in classes, breaks between lessons):
  - nutrition, physical activity, bad habits). [3].

In modern conditions of learning and life, the second point, described above, characterizes the lifestyle of students, which is very harmful to the health of young people.

But the main reason for the deterioration of students' health is that they do not realize how important it is to lead a healthy lifestyle.

Research results: motor activity improves the vital functions of the body as a whole, stimulates mental activity, has a positive effect on his mental and emotional activity. To be healthy - a student must follow certain rules: proper nutrition, morning exercise, walking. [4]. Today's young people do not support the idea that smoking is a negative factor in human health. The prevalence of this bad habit among young people is growing every year, despite warnings.

Consequences of alcohol use: the development of diseases, hangovers, problems with family, police, and worst of all - addiction. [1].

Conclusions: So, an important part of organizing a healthy lifestyle for students is their awareness of what is more important to them - to be healthy or to have health problems?!

Target the setting of education is the creation sustainable motivation for healthy and productive lifestyle, the formation of the need for physical selfimprovement.

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# THE EFFECTIVENESS OF INFORMATION TECHNOLOGIES DEVELOPMENT IN UKRAINE

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As the winds of digital transformation continue to relentlessly blow, across virtually every sector, development technologies are incessantly evolving and adapting.[2]

The aim of this study was to discover and investigate Ukraine's IT industry, which is among the country's fastest growing industries. It is also diverse – from

cutting edge work in AI, cybersecurity, natural language processing, and nanotechnologies, to highly commercial ventures in blockchain, FinTech, big data management, gaming, agritech, and e-commerce.[1]

Despite the general lack of research in this area, there is a growing trend in native Ukrainian startup development. Ukrainians have launched numerous startups both in Ukraine and abroad that have achieved tremendous success. GitLab, a company whose main product is software for writing code, was started by a Ukrainian and is valued at \$2.7 billion. Another company, Genesis, headquartered in Kyiv, combines a handful of different startups valued at approximately \$1 billion. A company started by Ukrainians in Odesa, Looksery, was bought by Snapchat for \$150 million.[3]

It is important to underline, Ukraine's most famous startup success story is that of Grammarly. Grammarly is what is known as a "unicorn company" (that is, a privately held company that is valued at \$1 billion or more) and was created by three Ukrainians in 2009. Its main product is an English language digital writing tool that uses artificial intelligence for grammar checking, spell checking, plagiarism detection, and style suggestions. The company has offices in San Francisco, New York City, and Vancouver, as well as a large office in Kyiv.[3]

In addition to IT's contribution to the country's economy, the sector has had a positive impact on the society in general. For instance, several large Ukrainian IT companies invest in education, providing technology and financial support to Ukrainian universities and launching specific educational programs. An example of such cooperation is the Data Science program at the Ukrainian Catholic University. Similar programs exist at Taras Shevchenko National University of Kyiv, Ihor Sikorsky Kyiv Polytechnic Institute, Lviv Polytechnic, and many others. Moreover, IT companies often unite into clusters that create initiatives for the well-being of society.[3]

It is needed to mention, Ukraine is traditionally been one of Europe's leading countries in terms of engineering graduates, producing twice as many annually as nations such as Britain and Poland. Each year, thousands of skilled

educated IT experts, most of whom have English fluency, graduate and start their professional IT careers.[1]

IT industry has grown by nearly 46 times over the last 17 years from \$110 million in 2003 to about \$5billion in 2020. With a sustainable growth rate of 20-25% the development of the Ukrainian IT industry is far ahead of the average growth rate of the sector in the world. The number of IT specialists in Ukraine is constantly growing. Ukraine is on its way to becoming the world's major tech powerhouse. The Ukrainian IT industry consists of over 4,000 local IT service companies and more than 110 leading global companies have subsidiaries in the country. Samsung, Microsoft, Ring, Snap, Magento, Plarium, Boeing, Siemens, Ericsson – all have established R&D centers in Ukraine.[3]

In conclusion, the combination of successful outsourcing companies, startups, and educational opportunities makes Ukraine a country of technology. The pace at which the IT-business is growing and the interest Ukrainian talent takes in the industry might further develop the reputation of Ukraine as a country of software development and innovation.[2]

To sum up, the key to the success of Ukraine's IT industry lies in combining an extensive IT talent pool, scientific legacy and cost-competitive benefits.

Ukraine presents a huge untapped opportunity for tech companies. It is home to a massive labor pool of educated and talented IT workers, and wages are very competitive to other developed countries. By opening an R&D division in Ukraine, companies in any vertical can give themselves a major boost in innovation and productivity.[1]

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# ALGORITHM FOR PROCESSING AUTHENTIC MATERIALS IN THE PROCESS OF FORMING THE BASICS OF PHONOLOGICAL COMPETENCE OF THE ENGLISH LANGUAGE IN PRIMARY SCHOOL STUDENTS

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The formation of phonological competence plays an important role in the development of foreign language communicative competence, as it is a consistent and purposeful formation of the pronunciation bases of each type of speech activity. This competence is an important component of all speech competences, especially in listening and speaking.

The lack of delivered and understandable language, its inconsistency, fragmentation, ignorance of the basics of the sound system of the language being studied, the inability to use them, make it impossible to communicate successfully. At the same time, it is obvious that effective speech interaction is the purpose of building a communicative act, so we must do everything possible to provide conditions for its implementation [2]. One of such conditions is the possession of phonological competence.

Phonological competence is the ability to perceive and reproduce the sound units of language in a particular context using appropriate emphasis, rhythm and intonation.

Effective study of a modern foreign language is possible only with the use of materials that taken from the life of native speakers of this language or compiled

taking into account the peculiarities of their culture, mentality in accordance with accepted speech norms, that is, with the help of authentic texts.

Authentic materials are materials taken from original sources, which are characterized by the naturalness of lexical content and grammatical forms, situational adequacy of the language tools used, illustrate cases of authentic word usage that are not intended specifically for educational purposes, but can be used in teaching a foreign language.

Peculiarities of working with authentic materials in foreign language lessons were studied by such scientists as: E.V. Nosovich, R.P Milrud, A.G. Nedilko and others. The recommendations of the Council of Europe state that an authentic text is the center of any act of Speech Communication, an external subject connection between the producer and the one who perceives whether they communicate directly or at a distance [1].

Authentic materials motivate students because they are more interesting and provide a greater incentive to learn the language and bring readers closer to the culture of the language being studied, making learning more enjoyable. Working with authentic texts, students do not just do what is expected of them in advance, do not just work on vocabulary and grammar, but also enjoy discovering some concepts and learning a lot about the way of life in foreign countries [3]. The inclusion of authentic texts in the work on a conversational topic creates a favorable basis for the development of students 'communication skills, ensures the activity and personal interest of students in the classroom.

Stage	Algorithm for processing authentic material
I	Preparation
II	anticipating the content of authentic material
III	verification of understanding the content of authentic material
IV	receptive processing of authentic material
V	reproductive processing of authentic material
VI	productive processing of authentic material

The purpose of the phonetic material processing algorithm is to show the teacher the logical sequence of phonetics work. It consists of six important stages.

At the first stage, the teacher selects the necessary authentic material for study in the lesson and determines its artistic, aesthetic, communicative and phonetic value. In addition, it is necessary to highlight in this text the most commonly used sounds that will be actively processed.

At the second stage, before predicting the content of authentic material, it is advisable to explain the meaning of incomprehensible words, that is, eliminate difficulties. Before listening, the teacher should formulate the task in such a way as to interest students in the content of a certain text. Also, this stage activates the life and language experience of students with the help of the proposed communication tasks. Children of primary school age can remember something, answer questions, draw or color an object. This contributes to a better understanding of the authentic text. If this is a poem, then before listening, the teacher should formulate a communicative task, asking students to listen to the poem and choose one of the drawings for it.

At the third stage, the teacher offers students tasks to listen to the text for the first time and check how they have learned its content.

At the fourth stage, students develop the ability to perceive by ear and distinguish the phonetic features of an authentic text (characteristic sounds, intonation, stress, rhythm).

At the fifth stage, students reproduce the authentic text several times and perform various communication functions. The goal of this stage is to improve the pronunciation skills of sounds in both a particular word and phrases.

At the sixth stage, the independent use of phonetic material for communicative tasks is provided. The teacher can ask students to express themselves within the situation, compose their own text by analogy, take part in a role play, and so on. [2]

This algorithm is used for such samples of authentic materials as: patter, rhymes, jazz rhythms, fairy tales, songs, poems, rhythmic tales, situational micro dialogues. Thus, all these types of authentic materials are an effective means of

phonetic competence, as they contain various intonation models that provide training of sounds, different types of emphasis.

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# THE ROLE OF YOGA IN THE MODERN WORLD

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Admission. One of the most popular and fashionable areas today is yoga. Yoga classes a few years ago were something unusual and mysterious, it was difficult to find a coach, and few people understood the essence of this Eastern teaching. Nowadays, the situation has changed in the most unexpected way - more and more different sports clubs, private coaches offer yoga, thousands of people are happy to attend classes, but not everyone has at least a general idea of this teaching.

The aim of the study is to investigate the importance of yoga in the modern world

The research methods and materials. Theory methods of analysis and generalization.

Presentation of the main material. Yoga is a systematic practice of physical exercise, breath control, relaxation, diet control, and positive thinking and meditation aimed at developing harmony in the body, mind, and environment.

The practice entails low-impact physical activity, postures (called asanas), breathing techniques (pranayama), relaxation, and meditation. Most people are familiar with the physical poses or yoga positions but don't know that yoga involves so much more.

The practice of Yoga is believed to have started with the very dawn of civilization. The science of yoga has its origin thousands of years ago, long before the first religions or belief systems were born.

The earliest evidence of the existence of yoga was found in the valleys of the Indus River in India, many stone figures have been found depicting people in meditative postures.

The Vedas, a series of spiritual texts written 2,500 years ago, had a great influence on the development of yoga, according to believers, deities.

There are so many different types of yoga out there, whether you want a more physically demanding class or an easy, relaxing, meditative class.

The most common type of yoga is hatha yoga. [4]

Hatha Yoga is a preparatory process of Yoga. The word "ha" means sun, "ta" means moon. "Hatha" means the Yoga to bring balance between the sun and the moon in you.

You can explore Hatha Yoga in ways that take you beyond certain limitations, but fundamentally, it is a physical preparation – preparing the body for a higher possibility.

There are other dimensions to this, but to put it simply, just by observing the way somebody is sitting, you almost know what is happening with them. If you have observed yourself, if you are angry, you will sit one way; if you are happy, you sit another way; if you are depressed, you sit yet another way.

Yoga popularity by country

Yoga has been practiced for millennia, but it's only in recent decades that it's really become popular across the western world. In fact, it's grown in popularity so much that now almost every town and city in the U.S. has a local yoga studio that you can attend for a weekly class. The same goes for Europe. With more and more people discovering the benefits of yoga for both mind and body, the number of people practicing has skyrocketed in the past ten years.

The statistics shows that yoga is more popular in the Canada than the United States or India.

Here are the top 10 yoga countries according to Google trends:

- 1.Canada
- 2.Singapore
- 3. Australia
- 4.Ireland
- 5. United States
- 6.India
- 7.New Zealand
- 8.Switzerland
- 9.Hong Kong
- 10.Austria

Yoga classes are now practiced all over the world, because it helps to improve not only the physical condition of a person, but also the spiritual one. Ten years ago, people in Ukraine were just beginning to learn about it. People who wanted to practice studied it in textbooks, gave each other photocopies, then videos appeared... Today, yoga is offered in fitness clubs as a type of exercise.

Medical Yoga Therapy [2]

Medical yoga is the use of traditional yogic practices to prevent, cure, and/or ameliorate disease.

The ideal medical yoga prescription includes the yogic practices of breathing techniques, bodily postures, meditation techniques and self-reflection; a healthy,

nourishing diet; reducing substances such as caffeine, tobacco, drugs and alcohol; healthy sleep hygiene and appropriate support, which may include family, spouse, children, friends and/or support groups, with or without psychotherapy.

With time, people have discovered a number of health benefits associated with yoga. Yoga does more than burning calories and strengthening muscles, it is a workout which involves both body and mind. [1]

- Improves posture
- Increases flexibility
- Builds muscle strength
- Boosts metabolism
- Helps in lowering blood sugar
- Increases blood flow
- Keep diseases at bay
- Increases self-esteem
- Improves lung function
- Helps you sleep better

Symptom Reduction or Alleviation: Medical professionals have learned that the following diseases or disorders can all be helped by maintaining a yoga practice.

Heart disease. Yoga reduces stress, lowers blood pressure, keeps off weight, and improves cardiovascular health, all of which lead to reducing your risk of heart disease.

Osteoporosis. It is well documented that weight-bearing exercise strengthens bones and helps prevent osteoporosis. Additionally, yoga's ability to lower levels of cortisol may help keep calcium in the bones.

Alzheimer's. A new study indicates that yoga can help elevate brain gamma-aminobutyric (GABA) levels. Low GABA levels are associated with the onset of Alzheimer's. Meditation like that practiced in yoga has also been shown to slow the progression of Alzheimer's.

Type II diabetes. In addition to the glucose reducing capabilities of yoga, it is also an excellent source of physical exercise and stress reduction that, along with the potential for yoga to encourage insulin production in the pancreas, can serve as an excellent preventative for type II diabetes.

Asthma. There is some evidence to show that reducing symptoms of asthma and even reduction in asthma medication are the result of regular yoga.

Yoga strengthens the brain and promotes the growth of neurons. [3]

Illinois scientists in the United States conducted 11 studies to find out. In studies for 10-24 weeks, people who had not practiced yoga before took part. The researchers compared brain health before and after exercise.

Each study used brain imaging techniques: MRI, functional MRI, or single-photon emission computed tomography. All participants practiced hatha yoga, which includes body movements, meditation, and breathing exercises. The hippocampus is involved in memory processing, which is known to decrease with age. Yoga increases its volume.

Also in the brain increased tonsils and lumbar gyrus, which are responsible for emotional regulation and training, prefrontal cortex, which is needed for decision-making and planning, and areas of the brain associated with self-reflection, memory and planning. It improves brain health in general.

Why is yoga so actual in the modern world?

The system of the physical training, based on millennial experience of Indian yogis, owns next advantages:

- 1. For engaging in yoga the specialized sporting hall is not needed. For this purpose an enough small ground is in the well ventilated room or adherent park.
- 2. It is the Absent necessity for the special inventory, except for a small carpet for engaging in yogaAs a trainer an own body is used.
- 3. It is Economy of time and monetary resources on a road and subscriber paying for using a gymnasium or stadium.
- 4. It is Relatively small time, necessity on training, that it is related to efficiency of methods.

**Conclusion.** Yoga is quite a popular practice because it teaches self-control, relaxation of the mind and has a positive effect on the internal organs, which is important in modern world.

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# PREVENTION OF BREAST CANCER IN THE PUBLIC HEALTH SYSTEM

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Relevance of the problem: In 2018, 9.6 million people died from this disease in the world. Cancer is the cause of almost every sixth death in the world. About 70% of cancer deaths occur in low and middle income countries. Cancer ranks second in the structure of mortality in Ukraine and, together with cardiovascular disease, determines the level of health of the nation. A common problem is seeking medical attention in the later stages of the disease.

Cancer is a general term for a large group of diseases that can affect any part of the body. Other terms are used to denote them: malignant tumors and neoplasms. A characteristic feature of cancer is the rapid formation of abnormal cells that grow beyond their normal boundaries and are able to penetrate other tissues of the body and spread to other organs; the latter process is called metastasis. Metastases are one of the leading causes of death from cancer. The most common types of cancer are: lung cancer, breast cancer, colon and rectal cancer, prostate cancer, skin cancer (non-melanoma), stomach cancer.

Risk factors for cancer include: heredity (genetic predisposition), viruses (human papilloma virus, hepatitis B and C viruses, Epstein-Barr virus), physical factors (various types of radiation, such as ionizing, ultraviolet), risk factors, related to lifestyle (smoking, alcohol consumption, visiting solariums, eating junk food, overweight, insufficient physical activity), risk factors related to the environment (environmental pollution, pesticide treatment of agricultural products, etc.), hormonal disorders, precancerous diseases (adenomatous intestinal polyps, fibroids or endometriosis, pigmented keratosis, leukoplakia or skin horn, etc.), aging.

**The purpose of the study:** to analyze the negative trends in breast cancer and the basic principles of prevention.

**Materials and methods:** methods of theoretical analysis and generalization of scientific literature within the research issues are applied.

# **Results and discussion:**

Among the leading localizations of the pathology were: breast cancer – the incidence of 38.1 per 100 thousand population; malignant neoplasms of the skin – the incidence of 31.9 per 100 thousand population; melanoma of the skin – the incidence of 7.6 per 100 thousand population; cancer of the trachea, bronchi, lungs – incidence of 30.4 per 100 thousand population; colon and stomach cancer – the incidence of 28.7 and 17.4, respectively, per 100 thousand population; prostate cancer – the incidence of 24.3 per 100 thousand population; uterine cancer – a

incidence of 15.6 per 100 thousand population; *oncological diseases of other localization* – incidence 38.9 per 100 thousand population.

Breast cancer is the second most common cancer in women worldwide. About 1.7 million new cases of breast cancer are reported each year, and more than 522,000 women die from the disease each year worldwide.

In Ukraine, the incidence of breast cancer ranks first among all malignant tumors found in women, according to the Center for Public Health of the Ministry of Healthcare of Ukraine. However, this type of oncopathology affects not only women but also men.

A characteristic feature of cancer is the absence of symptoms in the early stages of the disease. Symptoms at the onset of which it is strongly recommended to be examined for cancer: seals on the body; edema; tachycardia; hair loss; loss of appetite and weight loss; prolonged cough for no apparent reason; atypical discharge and bleeding; enlarged lymph nodes; frequent infectious diseases; the presence of wounds, ulcers, erosions that do not heal for a long time; chronic fatigue and deterioration of the general condition; constant irritability and nervousness; disorders of the digestive and/or urinary systems; change in the structure and number of moles, warts, papillomas; increase in body temperature, etc. Early detection of cancer and timely care can improve the prognosis and significantly improve the lives of patients!

- 1. Early diagnosis, which includes three stages carried out in a complex and timely:
  - outreach and access to health care;
  - clinical assessment, diagnosis and staging;
  - access to treatment.
- 2. Screening. The purpose of screening is to identify people with the disorder, which allows you to diagnose certain cancers or precancerous lesions, and a quick referral for further diagnosis and treatment. Examples of screening methods: HPV testing for cervical cancer; cytological examination for cervical

cancer in middle- and high-income countries; mammography to detect breast cancer.

An important diagnostic role is played by the definition of various tumor markers: prostate-specific antigen (prostate); cancer-embryonic antigen (breast and rectum); human beta-chorionic gonadotropin; CA-125 (gonads), etc.

Cancer prevention is a rather difficult task. Primary prevention of breast cancer is related to environmental and social aspects. In countries with traditionally high birth rates, the incidence of breast cancer is low. It gives us hope that increased fertility and prolonged breastfeeding may help reduce morbidity. Some positive changes can probably be achieved through a balanced diet: limiting the consumption of animal fats, fried foods, marinades, preservatives, smoked products, foods containing methylxanthines (coffee, tea, cocoa, chocolate), increase in the diet of vegetables and fruits, others products that contain plant fiber, vitamins (primarily C, beta-carotene). In the prevention of breast cancer, the most important is the timely detection and treatment of precancerous and background diseases (secondary prevention) and well-established screening for early breast cancer. The most informative method of screening is mammography. In women at high risk of breast cancer, chemoprophylaxis is possible by prescribing antiestrogenic drugs. In some countries, surgical prophylaxis (subcutaneous mastectomy with reconstruction of the gland with endoprostheses) is used in women with a genetically determined high risk of cancer.

# Conclusions and prospects for further research.

The most reliable measure for the prevention of breast cancer is a regular examination of women by a mammologist, monitoring of the condition of the reproductive system, monthly self-examination. All women over the age of 35 should have a mammogram. Timely detection of pathologies of the genital organs, hormonal imbalances, metabolic diseases, avoidance of carcinogenic factors help reduce the risk of breast cancer.

Cancer prevention is aimed primarily at eliminating carcinogenesis – the process of origin and development of the tumor. *The most effective measures for* 

the prevention of cancer are: abstinence from alcohol and smoking; complete healthy nutrition and normalization of body weight; physical activity; timely medical examinations. Regarding the prevention of cancers caused by viruses, it is recommended to be vaccinated against infections caused by HPV and hepatitis B virus.22

Everyone can help the body stay as healthy as possible, balanced diet, healthy weight, smoking cessation, alcohol restrictions, regular exercise and sports are important. But it should be understood that a healthy lifestyle is not a guarantee of no cancer, but a way to reduce the risk of getting sick.

Some women are at high risk for breast cancer due to hereditary factors. For example, if several close relatives (women and men) have been diagnosed with breast cancer, especially at a young age, there is a high probability of a mutation in the BRCA1 or BRCA2 genes. Appropriate tests and research will determine if there is a mutation. When confirmed, it is necessary to identify the risks of breast cancer and help reduce them.

Regular examination by a doctor will allow you to detect the tumor in time and completely cure it. "Severe disease is easy to detect but difficult to cure, and mild disease is difficult to detect but easy to cure," Hippocrates said. Therefore, if the disease is detected at an early stage, it makes it possible to perform organ-sparing operations, to avoid chemotherapy and radiation therapy, to correct hormonal parameters, to eliminate risk factors. And it gives a woman a chance for a full, long and healthy life.

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# HEART TRANSPLANTATION AS A SECOND CHANCE

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A heart transplant, or a cardiac transplant, is a surgical transplant procedure performed on patients with end-stage heart failure or severe coronary artery disease when other medical or surgical treatments have failed.

About the operation

While it's carried out, a heart-lung bypass machine will be used to keep your blood circulating with oxygen-rich blood. A cut is made in the middle of the chest. Your own heart is then removed, and the donor heart is connected to the main arteries and veins. The new heart should then begin beating normally.

Christian Barnard, who worked at the University of Cape Town, underwent surgery based on technology developed in the United States in the 1950s, including surgeon Norman Shamway, who performed the first successful dog heart transplant

at Stanford University in 1958. After the operation, Vashkansky was prescribed medication to reduce the activity of his immune system and eliminate the possibility of rejection of a foreign organ, but they made him vulnerable to other diseases, and 18 days later Vashkansky died of bilateral pneumonia; the heart worked normally until the moment of death. The next operation was performed by Christian Barnard on January 2, 1968. The patient lived with a heart transplant for more than 19 months. On January 6, 1968, the first heart transplant was performed at Stanford University (USA) by Dr. Norman Shamway. In total, by the end of 1968, more than a hundred such operations had been carried out worldwide. Heart failure has remained the leading cause of death globally for the last 15 years—and its prevalence will continue to rise. Fifty years ago, heart failure management was enriched by the possibility of a heart transplant.

Despite impressive improvements in medical treatment for heart failure, a heart transplant remains the most effective long-lasting treatment for advanced heart failure in terms of mortality and quality of life. However, donor and recipient characteristics have changed dramatically in recent years, leading to more complex decision-making regarding organ acceptance and to more demanding operations and postoperative management. With improving pathophysiological understanding in the last decades, today's scientific interest still focuses on basic knowledge. How to retrieve and conserve organs to minimize ischaemic injury; how best to allocate them, considering the likelihood of success (developing a heart-allocation scoring system similar to that for lung allocation); how to match donor/recipient characteristics (ABO blood-group antigen compatibility versus incompatibility); and how to avoid graft failure, rejection and secondary morbidities such as malignomas and cardiac allograft vasculopathy after the heart transplant—all these factors remain fundamental challenges in today's transplant medicine.

For many years, non-heart-beating donation was deemed unsuitable for transplantation due to the damage sustained from oxygen deprivation when the heart stops. However, a specially designed machine, called the organ care system, can help keep it beating outside the body. The heart can be transferred to the device

once life support is withdrawn, the heart has stopped beating on its own and death has been confirmed.

Blood, nutrients and oxygen are pumped through the organ for up to 12 hours, allowing time to carry out vital checks and even transport it to other hospitals for transplantation. Also researchers from Vienna's Austrian Academy of Sciences have grown tiny 3D heart-like organs in a petri-dish. Made from human stem cells, these sesame-seed-sized cardiac models even beat like the real thing. Significantly, unlike previous versions of these tiny heart organs (called cardioids), the scientists didn't use artificial scaffolding to bind the cells together. Instead, the cells organized themselves to grow a hollow chamber.

By creating more lifelike heart models, scientists are hoping to gain a better understanding of how the cardiac system responds to disease.

Situation in Ukraine

Borys Mykhailovych Todurov underwent a heart transplant in Ukraine on March 2, 2001. The patient died 11 days later - from kidney and no defects. Of the 900,000 Ukrainians with severe heart failure, 500 need a heart transplant each year. 50 people are on the "waiting list" at the Heart Institute currently. 21 years ago, Borys Todurov became the first surgeon to perform a heart transplant in Ukraine, but up to 2019, there were no post-mortem transplants in Ukraine. And today, a heart transplant is a regular operation with innovative approaches and a new chance for patients to prolong their lives. In the last month alone, 3 heart transplants have been performed at the Heart Institute, one of which is a pediatric one, which has never been performed in Ukraine before.

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# DEFINING THE PROFESSIONAL SOCIO-PSYCHOLOGICAL COMPETENCE IN NURSING

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The aim of this work is to define the professional socio-psychological competence in nursing. Professional competency is a fundamental concept in nursing, which has a direct relationship with quality improvement of patient care and public health. Organizational commitment as a kind of affective attachment or sense of loyalty to the organization is an effective factor for professional competency [5]. The development of modern society and the process of reforming nursing education in Ukraine have essential changes in the area of interaction between patient and nurse. Nurses are also given new opportunities to train, to improve and play an integral role in leading change of health care system. Understanding these opportunities and taking into an account a global experience of implementing the nursing process in practice, we consider qualified masters-prepared nurses as a major item in performing individual socio-psychological training.

All the nurses need to possess basis competences to meet the demands of society with an emphasis on socio-psychological training. Some programs are working to incorporate these concepts into nursing education. Studying professional competence and continuous learning opportunities are essential items to a profession that is responsible for other's lives [1].

Effusive nursing practice requires the ability to recognize a model of social competence and handle responses in relationships with patients and their families. The research underlines the challenges nurses encounter when seeking to assess a student's development of emotional competence (psychological) during working with patients and training [2].

The research helps to build the scientific foundation for improved nursing education, including professional socio-psychological competence of nurses. The emphasis should be on quality and safety, evidence-based practice, reheard, leadership.

Objectives: This study was conducted to evaluate the nurses' professional competency and their organizational commitment as well as the relationship between these two concepts.

Tasks: to carry out theoretical and methodological analysis of the problem of social and psychological competences in medical and psychological, pedagogical literature; to determine the structure of the social and psychological competence of nurses; to examine the level of social and psychological competence of nurses its character in the course of professional training.

The findings of the study indicate a need for definition of what competence is in nursing. It is argued that educators and practicing nurses must up hold the expectation that socio-psychological, emotional competence is a requisite ability and should themselves be able to role model emotionally competent communication [2].

Under the socio-psychological competence I. Yermakov understands the individual's ability to interact effectively with people in the system of interpersonal relationships and includes the ability to navigate social situations correctly, identifies personality traits and emotional state of others, chooses appropriate ways to communicate and implements them in the process of interaction between nurse and patient [3]. The factors connected with nurse competence need deeper exploring. Professional competence in nursing indicates sufficiency of knowledge and skills, responsibilities and requirements that enable someone to act in a wide

variety of situations. According to L. Lepikhova's opinion there is a list of the most important characteristics for effective professional activity: social intelligence; adaptation to social situations; personal flexibility; verbal understanding; personal strength; advanced leadership; confidence; life-long learning process; successful perform; professional mobility; left-regulation; personal growth [4].

The results highlighted that the nurses needed to be more competent and committed to their organizations. Developing professional competency and organizational commitment is vital, but not easy. This study suggests that human resource managers should pursue appropriate strategies to enhance the professional competency and organizational commitment of their nursing staff. It is necessary to conduct more comprehensive studies for exploring the status and gaps in the human resource management of healthcare in different cultures and context [5].

The findings of study allow us to make the assumption that innovative education and training of competent nurses, and professional development contemporary instable circumstances play a significant role in the evaluation of socio-psychological nursing competence. It is necessary to upgrade nursing professional training at all levels of nursing education in Ukraine.

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