

**MUNICIPAL INSTITUTION OF HIGHER EDUCATION  
"VOLYN MEDICAL INSTITUTE"  
OF THE VOLYN OBLAST COUNCIL**

**NATALIIA HALCHUN**

**ENGLISH**

**IN PROFESSIONAL COMMUNICATION**

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**КОМУНАЛЬНИЙ ЗАКЛАД ВИЩОЇ ОСВІТИ  
“ВОЛИНСЬКИЙ МЕДИЧНИЙ ІНСТИТУТ”  
ВОЛИНСЬКОЇ ОБЛАСНОЇ РАДИ  
Кафедра загальної підготовки**

**АНГЛІЙСЬКА МОВА**  
**професійній комунікації**  
*навчальний посібник*

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Англійська мова в професійній комунікації : навч. посіб. для здобувачів другого (магістерського) рівня вищої освіти за освітньо-професійною програмою Сестринська справа спеціальності 223 Медсестринство / Н. П. Гальчун ; КЗВО «Волинський медичний інститут». Луцьк. 2023. 170 с.

Навчальний посібник “Англійська мова в професійній комунікації” містить 16 уроків, які представлені у логічній послідовності, щоб здобувачі освіти мали змогу опанувати теоретичний матеріал з питань міжкультурної компетентності та набуті практичних навичок у застосуванні англійських розмовних штампів для використання у практичній діяльності та повсякденному спілкуванні з представниками різних культур. Кожна самостійна робота складається з викладеного матеріалу для оволодіння та завдань для самоконтролю. Рекомендовано здобувачам другого (магістерського) рівня вищої освіти за освітньо-професійною програмою Сестринська справа спеціальності 223 Медсестринство.

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Гальчун Н. П., 2023

## **Lesson 1**

## GLOBAL HEALTH

global health – глобальне здоров'я

to grow out from – вирости з, брати початок

public health – громадське здоров'я

input – внесок, подача, інформація на вході

WHO (World Health Organization) – Світова організація

охорони здоров'я

issue ['ɪʃu:] – проблема

impact – вплив, імпульс

to seek for – шукати

ultimate ['ʌltɪmət] – межа, основний принцип,  
остаточний

academic research – академічні дослідження

to promote – сприяти, допомагати

equity ['ɛkwɪti] – справедливість, власний матеріал

health disparity [dɪ'spærɪti] – невідповідність здоров'ю

to target ['tɑ:ɡɪt] – робити ціллю

to be conducted – здійснювати (ся)

to master – оволодівати

spatio-temporal pattern ['speɪʃɪə(ʊ)'tɛmp(ə)r(ə)l'pat(ə)n] –  
просторово-часовий візерунок

to gain - здобувати

to assess [ə'ses] – оцінити

to investigate – робити внесок

determinant [dɪ'tə:mɪnənt] – визначальний,  
вирішальний, детермінант

influential [ˌɪnfluˈɛnʃ(ə)l] – впливовий  
evidence-based – що заснований на доказах  
solution [səˈluːʃ(ə)n] – рішення  
framework [ˈfreɪmwɜːk] – рамки  
governance [ˈɡʌv(ə)nəns] – управління  
regulation [ˌrɛɡjʊˈleɪʃ(ə)n] – правило, визначення  
to generate [ˈdʒɛnəreɪt] – генерувати  
to distribute [dɪˈstrɪbjʊːt] – розподіляти, поширювати,  
роздавати  
training – навчання  
knowledge sharing [ˈʃeərɪŋ] – обмін знаннями  
to apply [əˈplʌɪ] – подавати заявку, застосовувати,  
використовувати  
intervention strategy – стратегія втручання,  
проникнення

Global health is a newly established branch of health sciences, growing out from medicine, public health and international health, with much input from the WHO. What makes global health different from them is that global health deals with only medical and health issues with global impact. The main task of global health is to seek for global solutions to the issues with global health impact; and the ultimate goal is to use the power of academic research and science to promote health for all, and to improve health equity and reduce health disparities.

Therefore, global health targets populations in all countries and involves all sectors beyond medical and

health systems, although global health research and practice can be conducted locally.

As a branch of medical and health sciences, global health has three fundamental tasks:

- to master the spatio-temporal patterns of a medical and/or health issue across the globe to gain a better understanding of the issue and to assess its global impact;
- to investigate the determinants and influential factors associated with medical and health issues that are known to have global impact;
- and to establish evidence-based global solutions, including strategies, frameworks, governances, policies, regulations and laws.

Like public health, medicine, and other branches of sciences, global health should have three basic functions. The first function is to generate new knowledge and theories about global health issues, influential factors, and develop global solutions. The second function is to distribute the knowledge through education, training, publication and other forms of knowledge sharing. The last function is to apply the global health knowledge, theories, and intervention strategies in practice to solve global health problems.

***Exercise 1.*** Guess the meaning of the words:

Global health, newly established branch, health sciences, public health, international health, input from the WHO, medical and health issues, global impact, to seek for global solutions, to the issues with global health impact, ultimate goal, the power of academic research, to promote

health for all, to improve health equity, to reduce health disparities.

**Exercise 2.** Find equivalents:

1. global health	a. обмін знаннями
2. public health	b. глобальне здоров'я
3. health issues	c. фактори впливу
4. WHO	d. громадське здоров'я
5. health equity	e. рівність здоров'я
6. academic research	f. стратегія втручання
7. health disparities	g. Світова організація охорони здоров'я
8. knowledge sharing	h. академічні дослідження
9. intervention strategy	i. невідповідність здоров'ю
10. influential factors	j. проблеми охорони здоров'я

**Exercise 3.** Answer the questions:

1. What is global health?
2. What is the main task of global health?
3. What does global health involve?
4. What are the three fundamental tasks of global health?
5. What are the three basic functions of global health?

**Exercise 4.** Make up a plan of the text!

**Exercise 5.** Write 7 short sentences on the topic!

## **Lesson 2**



## Health Service in Ukraine

multi-layered ['mʌlti'leɪəd] – багаторівневий  
parallel – паралельний, аналогічний, відповідний  
to be fragmented [fræg'mentɪd] – фрагментований  
sub-oblast – підобласний  
to share [ʃe:] – поділяти, ділити  
public authority – орган державної влади  
community – громада  
health care provider – постачальник медичних послуг  
under the authority – під керівництвом  
implementation [ɪmplɪmen'teɪʃ(ə)n] – виконання, запровадження  
the mandatory accreditation ['mandət(ə)rɪ] – обов'язкова акредитація  
health care facility – заклад охорони здоров'я  
legal entity – юридична особа  
to engage in – займатися, залучати до  
the delivery of medical services – надання медичних послуг  
to be subordinate [sə'bɔ:dɪnət] – підпорядковувати, підпорядкувати  
managerially [,mænə'dʒɪəriəli] – адміністративно  
answerable to ['ɑ:ns(ə)rəb(ə)l] – відповідальний перед  
accountability [ə'kaʊntə'bɪlɪti] – підзвітність  
compliance [kəm'plaiəns] – відповідність  
functional layer – функціональний рівень

primary and preventive care – первинна і профілактична допомога

secondary care – вторинна допомога

tertiary care ['tə:ʃ(ə)ri keə] – третинна допомога

general practitioner – лікар загальної практики

medical insurance [in'ʃʊər(ə)ns] – медичне страхування

communal health protection institutions – комунальний заклад охорони здоров'я

free of charge – безоплатно, безкоштовно

entity ['enti] – одиниця (тут)

Executive Committee [ig'zekjʊtɪv] – виконавчий комітет

to carry out – виконувати

dispensary [di'spens(ə)ri] – диспансер

improving doctor's qualification – підвищення кваліфікації лікаря

In Ukraine the Health System is a complex, multi-layered, sometimes parallel in which responsibilities in the health care sector are fragmented. The Health Care System is divided into three levels: national, oblast and sub-oblast (local).

Responsibility is shared between the central government (the Ministry of Health, other ministries and public authorities), 24 oblast administrations and numerous administrative bodies at oblast, municipal, district and community levels.

State regulation of the health care providers are concentrated at the national level, with few regulatory activities under the authority of lower level government. The Ministry of Health develops and approves state quality standards and clinical protocols, and is responsible for the organization and implementation of the mandatory accreditation of health care facilities and the issuing of licenses:

- to legal entities
- individuals engaged in the delivery of medical services
- production and sale of pharmaceuticals and medical equipment.

Oblast and local health authorities are responsible for health care facilities in their territory and are functionally subordinate to the Ministry of Health, but managerially and financially answerable to regional and local government.

At the community level, these responsibilities are delegated to councils and their executive bodies, which are by law also responsible for managing the local health care facilities. Local governments face a division of accountability – to the Ministry of Health for compliance with norms and standards, and to the local administrations for funding and management.

The three functional layers of the health care system are organized in their own way:

- primary and preventive care
- secondary care
- tertiary care.

Primary and preventive care is provided mainly by general practitioners (since 2018 - family doctor). According to the Article 49 of the Constitution of Ukraine «Everyone has the right to health protection, medical care and medical insurance; ... State and communal health protection institutions provide medical care free of charge...». Management of the entities provides:

- city hospitals - Health Care Department of the Executive Committee of the City Council;
- hospitals in small towns/villages - the chief rayon physician.

Secondary care can be received in separate departments of city hospitals, central rayon hospitals or partially in oblast hospital. The management of the institutions of the secondary level carries out:

- central rayon hospital - the chief rayon physician
- city hospitals – Health Care Department of the Executive Committee of the City Council
- oblast hospitals - Health Care Department of the Oblast State Administration.

Tertiary care can be received in specialized republican hospitals, republican dispensaries, specialized sanatoria, clinics at research institutes, subordinated to the Academy of Medical Sciences of Ukraine and the Ministry of Health of Ukraine, clinical health care institutions (city, oblast hospitals), in which work the corresponding academic departments of medical academies, institutes and universities, institutes of improving doctor's qualification. The management of the institutions of the tertiary level is carried out:

- city hospital – Health Care Department of the Executive Committee of the City Council
- oblast hospitals - Health Care Department of the Oblast State Administration
- Central specialized hospitals, clinics, medical universities, academies and institutes of improving doctor's qualification - the Ministry of Health of Ukraine.

***Exercise 1.*** Guess the meaning of the words:

Complex, multi-layered, sometimes parallel system; the health care sector; national, oblast and sub-oblast (local) levels; responsibilities are delegated to; the Ministry of Health; numerous administrative bodies; oblast, municipal, district and community levels; state regulation; the health care providers; few regulatory activities; to approve state quality standards; clinical protocols; the organization and implementation; the

mandatory accreditation of health care facilities; to issue licenses; Health Care Department; the Executive Committee; the City Council; legal entity; individuals engaged in; production and sale of pharmaceuticals; medical equipment; to subordinate functionally to; a division of accountability; compliance with norms and standards; primary and preventive care; secondary care; tertiary care; specialized republican hospitals; republican dispensaries; specialized sanatoria; clinics at research institutes.

***Exercise 2.*** Fill in the Tables!

№	Level of Health Care System	Functions
1.		
2.		
3.		

№	Functional layer of the Health Care System	Provider	Management
1.			
2.			
3.			

***Exercise 3.*** Put 8 questions on the text!

***Exercise 4.*** Make up a plan of the text!

**Exercise 5.** Make up a scheme of the topic “Health Service in Ukraine”.

### **Lesson 3**

#### **Health Service in English-Speaking Countries**

to inaugurate [ɪˈnɔːɡjʊreɪt] – вводити в дію (урочисто)

National Health Service Act – Закон про національну службу охорони здоров'я

publicly funded healthcare – державна охорона здоров'я

accountable [əˈkaʊntəb(ə)l] – підзвітний

in short supply – в дефіциті

to serve – надати послугу

tuberculosis sanatoria [tjʊˌbɜːkjʊˈləʊsɪs ˌsænəˈtɔːrɪə] – санаторій для лікування туберкульозу

infectious disease unit – інфекційне відділення

provision [prəˈvɪʒ(ə)n] – забезпечення

Regional Hospital Board – регіональна лікарняна рада

medical institution – заклад ОЗ

US Public Health Service – Система ОЗ США

examination – огляд

inoculation [ɪˌnɒkjʊˈleɪʃn] – щеплення

to arrange for – організувати

physician – лікар

government-financed – фінансований урядом

to be admitted to – прийматися

to be staffed by – бути укомплектованим

consulting physician – лікар-консультант  
resident – лікар, який постійно проживає  
emergency patient – пацієнт в критичному стані  
health insurance [ɪn'ʃʊər(ə)ns] – медичне страхування  
life insurance – страхування життя  
disability protection – захист по інвалідності  
retirement benefit [rɪ'taɪəmə(ə)nt 'benɪfɪt] – пенсійне  
забезпечення  
place of employment – місце роботи  
centrally managed – централізовано керований  
to cover medically necessary treatment – покривати  
необхідне з медичної точки зору лікування  
regional differences – регіональні відмінності  
enrolment standards – стандарти зарахування  
waiting period – період очікування  
to access government healthcare – мати доступ до  
державної медичної допомоги  
residency requirements – вимоги до місця проживання  
to sign up – записатися, зареєструватися  
to be restricted – бути обмеженим  
to purchase ['pə:tʃɪs] – купувати  
bureaucratic nightmare [ˌbjʊərə'krætɪk 'naɪtmɛː] –  
бюрократичний кошмар  
permanent resident – постійний житель  
to be eligible for ['ɛlɪdʒɪb(ə)l] – мати право на  
straightforward [streɪt'fɔ:wəd] – простий, прямий



## **HEALTH SERVICE IN GREAT BRITAIN**

The National Health Service in England was inaugurated on July 5, 1948 by the Minister for Health under the National Health Service Act of 1946. Healthcare in the United Kingdom is operating within England, Northern Ireland, Scotland and Wales.

Each country has its own systems of publicly funded healthcare, funded by and accountable to separate governments and parliaments. As a result, each country has different policies and priorities.

The number of doctors in England is not quite enough to serve millions of patients treated at the National Health Service. Nurses are also in short supply.

All doctors may take part in the Family Doctor System. They may have private practice receiving the pay directly from the patients for their medical advice. Health Service doctors are paid by the government. The pay depends on the number of patients they have served every month. The hospital service includes general and special hospitals, tuberculosis sanatoria, infectious disease units and all forms of specialized treatment together with the provision of most surgical and medical needs.

In the main this part of the service is organized by 15 Regional Hospital Boards. In each hospital area there is a University having a teaching hospital or a medical school.

## **HEALTH CARE IN THE UNITED STATES**

The Health Care System in the USA is organized in three levels: family doctor, the medical institution or hospital and the US Public Health Service. A family or private doctor gives his patients regular examinations and inoculations. In case when professional service and care is needed the family doctor arranges for the specialist or a hospital for his patients. The family doctor receives pay directly from the patient. Most physicians have private practice.

But many Americans have no family doctor and they come directly to the hospitals for their medical needs. There are government-financed and private hospitals. The patients are admitted to hospitals or clinics staffed by consulting physicians, residents, interns and highly skilled nurses.

Most hospitals have at least the following major medical departments or units: surgery, obstetrics and gynecology, pediatrics and general medicine.

Emergency units are very special in the hospitals. Emergency patients acquire immediate attention.

The cost of medical care in the USA is very high. Most of the population (75%) have their health insurance, life insurance, disability protection and retirement benefits at their place of employment.

## **CANADIAN HEALTHCARE SYSTEM**

There is no one centrally managed Canadian healthcare system. Instead, Canada's 13 provinces and territories each administer their own separate public healthcare systems. Provinces and territories are all required to cover medically necessary treatments, but their definitions of what is "medically necessary" can differ.

Healthcare in Canada also has regional differences in enrolment standards. Some areas have waiting periods before people can access government healthcare. There may be residency requirements to sign up for healthcare, though the terms vary by province and territory. Anyone who is temporarily restricted from enrolling in Medicare has the option to purchase private insurance until their public insurance can begin.

Don't worry, this regional system hasn't resulted in a bureaucratic nightmare! For Canadian citizens, permanent residents, and others living in Canada who are eligible for Medicare, the enrolment process is straightforward.

***Exercise 1.*** Guess the meaning of the words:

The National Health Service, to be inaugurated, the Minister for Health, the National Health Service Act, to operate within, publicly funded healthcare, accountable to separate governments and parliaments, not quite enough, to serve millions of patients, patients treated at the National Health Service, in short supply, the Health Care System in the USA, in three levels, family doctor, the

medical institution or hospital, the US Public Health Service, regular examinations, inoculations, professional service and care, to arrange for the specialist or a hospital, pay directly from the patient, private practice, centrally managed, Canadian healthcare system, to cover medically necessary treatments, regional differences in enrolment standards, to access government healthcare, residency requirements, to sign up for healthcare, private insurance, bureaucratic nightmare, Canadian citizens, permanent residents, to be eligible for Medicare, enrolment process.

***Exercise 2.*** Fill in the Table!

Country	Main features	Positive	Negative
GB			
USA			
Canada			

***Exercise 3.*** Put 5 questions on every text!

***Exercise 4.*** Make up a scheme of the topic “Health Service in English-Speaking Countries”.

***Exercise 5.*** Write 6 sentences on the topic “What country would you like to work as a nurse?”

## **Lesson 4**

# **NURSE'S PROFESSION IN UKRAINE AND ABROAD**

provision [prə'viʒ(ə)n] – забезпечення  
primary health care (PHC) – первинна медико-санітарна допомога  
the first point of contact – перша точка контакту  
to leave no one behind – не залишати нікого позаду  
large-scale reform – масштабна реформа  
to evolve [ɪ'vɒlv] – еволюціонувати  
challenge ['tʃælɪn(d)ʒ] – виклик  
to adapt competencies – адаптувати компетенції  
to invest – вкладати  
nursing post – медсестринська посада  
efficiency [ɪ'fɪʃ(ə)nsi] – ефективність  
effectiveness – дієвість  
scope of practice – сфера практики  
to evidence on – свідчити про  
to ensure [ɪn'ʃʊ:] – забезпечувати, гарантувати  
all patients benefit – користь для всіх пацієнтів  
consequence ['kɒnsɪkw(ə)ns] – наслідок, висновок  
to affiliate with [ə'fɪliet] – приєднатися до  
formal powers – законна влада  
health care arena – поле діяльності охорони здоров'я  
to involve with – залучити з  
to refashion – переробити, реорганізувати  
domain [də(ʊ)'meɪn] – домен, галузь, ділянка

to focus on ['fəʊkəs] – зосередитися на  
regulation – правила, статут  
research endeavour [ri'sə:tʃ in'devə] – дослідницька  
спроба  
wage [weɪdʒ] – заробітна плата  
dispute resolution [dɪ'spju:t rɛzə'lʊ:ʃ(ə)n] – вирішення  
спорів  
output – вихід, виготовлення, результат  
to possess [pə'zɛs] – володіти  
to value ['vælju:] – цінувати, дорожити  
innovation [ɪnə'veɪʃ(ə)n] – інновація, нововведення,  
новаторство

Nurses play a key role in the provision of primary health care (PHC) and the coordination and organization of medical care overall. Nurses are often the first point of contact with the health system and have an important role to play in leaving no one behind.

Large-scale reform of PHC in Ukraine started in 2018. It evolves and expands practices that lead to new challenges for both medical facilities and staff. It has become critically important to initiate new practices in the organization of the nursing profession, to adapt and increase their competencies, invest in skills development and create more nursing posts. This requires policy development and the creation of conditions that allow nursing staff to achieve maximum efficiency and

effectiveness. These should be done by optimizing their responsibilities, increasing scope of practice and increasing resources for education and continuing professional development. These changes evidence on opportunities that exist in the Ukraine to improve PHC nursing practice and ensure all patients benefit from the PHC reforms.

The European Union (EU), the world's first regional regulator, bears consequences for the development of public policy and for policies affiliated with the nursing profession. With limited exception, the EU does not have formal powers in the health care arena. However, as a result of its efforts in other fields, it has been heavily involved with health care and its providers.

Nursing in the European Union demonstrates how the organization has refashioned the nursing world throughout the member states via its power in many other policy domains. All this focuses on the EU's impact on nursing education, regulation, and research endeavours, and suggests strategies to achieve desired objectives. Nursing in the European Union also focuses on real-life situations and problems EU nurses face: wages, stress, and dispute resolution.

The European experience integrates nursing with the world, and presents the nursing profession in light of the European Union, its components, its mechanisms, and its output and activities.

Nurses have become healthcare professionals in their own right who possess a great deal of knowledge. However, the public does not always value the skills and competences nurses have acquired through education and innovation.

***Exercise 1.*** Make back translation!

Первинна медико-санітарна допомога, перша точка контакту, не залишати нікого позаду, масштабна реформа, еволюціонувати, адаптувати компетенції, медсестринська посада, ефективність та дієвість, сфера практики, користь для всіх пацієнтів, приєднатися до, законна влада, поле діяльності охорони здоров'я, дослідницька спроба, заробітна плата, вирішення спорів, новаторство.

***Exercise 2.*** Put 10 questions on the text!

***Exercise 3.*** Make up a scheme of the topic “Nurse’s Profession in Ukraine”.

***Exercise 4.*** Make up a scheme of the topic “Nurse’s Profession in EU”.

***Exercise 5.*** Write 6 sentences on the “Nurse’s Profession in Ukraine”.

***Exercise 5.*** Write 6 sentences on the “Nurse’s Profession in EU”.



## Lesson 5

### Main Tasks of Nursing in Ukraine

approach [ə'prəʊtʃ] – підхід

frequent contact – частий контакт

to ensure compliance [kəm'plaiəns] – забезпечити відповідність

norms of infectious safety – норми інфекційної безпеки

almost no medical service – не одна медична послуга

instrumental research – інструментальне дослідження

medical manipulation [mə'nɪrʃu'leɪʃ(ə)n] – медичні маніпуляції

quality nursing care – якісний сестринський догляд

to shift towards – переходити до

accessible to patients [ək'sesɪb(ə)l] – доступні для пацієнтів

authority of nurses – повноваження, сфера компетенції медичних сестер

nursing position – медсестринська посада

increased educational training – посилена освітня підготовка

practical experience – практичний досвід

extended authority – розширені повноваження, сфера компетенції

appropriate to [ə'prəʊpriət] – відповідний до

provision of care – надання догляду

patronage service ['patr(ə)nɪdʒ] – патронажна служба  
palliative patient ['paliətiv] – паліативний пацієнт  
the elderly – люди похилого віку  
nursing support services – допоміжні послуги медсестер  
emotional support – емоційна підтримка  
professional standards – професійні стандарти  
quality of training and skills – якість підготовки та навичок  
certification – атестація  
lifelong learning – навчання протягом усього життя  
career development – розвиток кар'єри  
educational services for nurses – освітні послуги для медсестер  
self-regulating – саморегулюючий  
professional medical association – професійна медична асоціація  
nursing education standards – стандарти медсестринської освіти  
licensing – ліцензування  
register – реєстр  
database – база даних  
licensed nurses – ліцензовані медсестри  
to implement ethical standards – запроваджувати етичні стандарти  
to be involved – бути залученим  
management decisions – управлінські рішення

to go a long way – мати велике значення

health policy tool – інструмент політики охорони здоров'я

In 2017, the government began reforming the health care system. For patients to feel this better, transformations in approaches to nursing are needed. It is nurse who is in frequent contact with patients, organize interaction with them, ensure compliance with the norms of infectious safety of any hospital.

Almost no medical service is provided without the involvement of a nurse. When a person goes to a family doctor or hospital and needs treatment, examination, instrumental research, medical manipulation, care, etc. – he always communicates with the nurse. Moreover, some patients would not need to see a doctor if they had access to quality nursing care.

International practice shows that the line between the professions of doctor and nurse is shifting towards giving more to nurses. If nurses can provide services on their own where possible, such services become cheaper and more accessible to patients.

It is advisable to divide different levels of authority of nurses. There are up to 15 or more categories of nursing positions with different levels of training abroad. Increased educational training combined with practical experience allows the nurse to receive extended authorities in various areas and specializations. It is appropriate to extend the

authorities of nurses to the provision of care and patronage services at home or in the hospital for palliative patients and the elderly.

The introduction of nursing support services in the hospital, at home or in specialized institutions allows to make the patient's life as comfortable as possible. The task of nurses is to provide emotional support to patients and their families, to teach them to live with the disease

Professional standards in the nursing profession are needed to ensure the quality of training and skills of nurses with different levels of authority. The systems of professional standards and certification will stimulate lifelong learning and career development in the nursing profession, the development of educational services for nurses.

In Ukraine, medical professions are not self-regulating. However, professional medical associations should create and adapt nursing education standards, rules and procedures for their licensing, maintain registers and databases of licensed nurses, develop nursing professional standards of practice and working conditions, form and implement ethical standards of the profession.

To make medical reforms easier and for the government to successfully implement such complex but necessary transformations, nurses need to be involved in management decisions. Their experience and closeness to the patient can go a long way in developing health policy tools.

### ***Exercise 1.*** Make back translation!

Підхід; частий контакт; забезпечити відповідність; норми інфекційної безпеки; не одна медична послуга; інструментальне дослідження; медичні маніпуляції; якісний сестринський догляд; доступні для пацієнтів; повноваження, сфера компетенції медичних сестер; медсестринська посада; посилена освітня підготовка; практичний досвід; розширені повноваження, сфера компетенції; відповідний до; надання догляду; патронажна служба; паліативний пацієнт; люди похилого віку; допоміжні послуги медсестер; емоційна підтримка; професійні стандарти; якість підготовки та навичок; атестація; навчання протягом усього життя; розвиток кар'єри; освітні послуги для медсестер; саморегулюючий; професійна медична асоціація; стандарти медсестринської освіти.

### ***Exercise 2.*** Answer the questions:

1. What is the role of a nurse as the first contact with a patient?
2. What is the authority of nurses?
3. What are the nursing support services?
4. What are the professional standards in the nursing profession needed to?
5. What is the role of the professional medical associations?

6. Do nurses need to be involved in management decisions?

**Exercise 3.** Numerate the tasks of a nurse in Ukraine!

**Exercise 4.** Fill in the table!

<i>Issue of Nursing Activity</i>	<i>Function</i>	<i>To be implemented</i>
Organize interaction with patient	✓	

**Exercise 5.** Write 6-8 sentences about what to be done to extend nurses' authorities!

## **Lesson 6**

### **Preparation of Nurses in Ukraine**

approach [ə'prəʊtʃ] – підхід

as a matter of – як питання

separation of competencies – розмежування компетенцій

acquisition [ˌakwɪ'zɪʃ(ə)n] – здобуття, набуття

to enhance [ɪn'hɑːns] – посилити

to neglect [nɪ'ɡlekt] – ігнорувати, не зважати

to set up – засновувати, створювати

undergraduate level – бакалаврський рівень  
to feel confident – почуватися впевнено  
advancement [əd'vɑːnsm(ə)nt] – просування, прогрес, успіх  
to revise [rɪ'vʌɪz] – переглядати  
senior nurse ['siːnɪə] – старша медсестра  
chief nurse – головна медсестра  
collaboration – співпраця  
undergraduate stage – переддипломний етап  
postgraduate stage – післядипломний етап  
the World Federation of Medical Education – Всесвітня федерація медичної освіти  
professional junior bachelor – фаховий молодший бакалавр  
Certified Nurse ['sɜːtɪfaɪd] – Сертифікована медсестра  
to carry out – здійснювати  
enrolled – зарахований, зайнятий, задіяний  
medical licensing exam – медичний ліцензійний іспит  
final exams – випускні екзамени  
confirmation [kɒnfə'meɪʃ(ə)n] – підтвердження

Nowadays the traditional approach to nursing, as a matter of “nursing staff”, has significantly changed towards greater autonomy, separation of competencies, and the acquisition of higher education by nurses, resulting in high responsibility. In Ukraine, steps have been taken to

introduce higher nursing education and, accordingly, to enhance their professional status.

Nursing was not neglected by changes in the Health Care System in Ukraine. In this regard, a Nursing Development Center has been set up in Ukraine (summer 2019) to protect the interests of nurses. Work on the development of a new model of nursing was made in order to raise the standard of nurses. A number of changes were made to the training of nurses. First of all, the practical training at the undergraduate level of education is increased – so that after the training the specialists feel confident and can perform the necessary functions.

Higher education and advanced degrees in Nursing are also introduced as a requirement. In fact, with the advancement of medicine, the demands of the nursing profession are also increasing. In addition, the Ministry of Health considers it necessary to expand the powers of nurses. Therefore, the professional standards by which nurses work are revised. In the presence of higher education, you can apply for the position of a senior nurse or a chief nurse. After qualification, a nurse is promised not only to have more powers but also raised salaries.

Work on these areas has been started. Collaboration with the principal, senior, family nurses, and brothers, representatives of regional departments of health, colleges, academies, and institutes providing training in the specialty “Nursing”, with regional professional nursing associations is held by the Ministry of Health.

In order to ensure the training with different levels for specialists in undergraduate and postgraduate stages of



preparation in accordance with the standards of the World Federation of Medical Education, the following system of training of professional junior bachelor and bachelors were introduced in Ukraine:

- Certified Nurse (professional junior bachelor) – training is provided on the basis of 9 grades – 4 years of study and on the basis of 11 grades – 3 years of study;
- nurse – bachelor – training is provided on the basis of nursing education (junior specialist level/professional junior bachelor level), the term of study is 1-2 years;
- nurse – master – preparation is carried out for 2 years on the basis of nurse-bachelor education.

In any case, every student enrolled in nursing in the system of Ministry of Health of Ukraine, Ministry of Education and Science of Ukraine, and private universities in the field of health care must pass a medical licensing exam a “KROK M” (for a professional junior bachelor) or “KROK B” (for a bachelor). This examination test is obligatory for all medical students to be allowed to pass the final exams and graduate from colleges or universities and get confirmation of their diplomas.

***Exercise 1.*** Guess the meaning of the words:

The traditional approach to nursing, as a matter of “nursing staff”, greater autonomy, separation of competencies, the acquisition of higher education by nurses, high responsibility, to introduce higher nursing education, to enhance professional status, development of a new model of nursing, the advancement of medicine, to expand the powers of nurses, the presence of higher

education, to apply for the position of, a senior nurse, a chief nurse, nurse-bachelor education, professional junior bachelor, to pass a medical licensing exam, confirmation of diploma.

**Exercise 2.** Answer the questions:

1. How has the approach to nursing changed?
2. What was the aim of work on the development of a new model of nursing?
3. What was introduced as a requirement in Nursing?
4. What is the condition of applying for the position of a senior nurse or a chief nurse?
5. What system of training of professional junior bachelor and bachelors was introduced in Ukraine?
6. What exam must medical students pass?
7. Is this examination test obligatory for all medical students?

**Exercise 3.** Translate the sentences:

1. In Ukraine, steps have been taken to introduce higher nursing education and, accordingly, to enhance their professional status.
2. Work on the development of a new model of nursing was made in order to raise the standard of nurses.
3. First of all, the practical training at the undergraduate level of education is increased – so that after the training the specialists feel confident and can perform the necessary functions.

4. In addition, the Ministry of Health considers it necessary to expand the powers of nurses.

5. In the presence of higher education, you can apply for the position of a senior nurse or a chief nurse.

6. In order to ensure the training with different levels for specialists in undergraduate and postgraduate stages of preparation in accordance with the standards of the World Federation of Medical Education, the following system of training of professional junior bachelor and bachelors were introduced in Ukraine.

7. This examination test is obligatory for all medical students to be allowed to pass the final exams and graduate from colleges or universities and get confirmation of their diplomas.

***Exercise 4.*** Find the equivalents:

1. to feel confident	a. підпищені зарплати
2. to revise standards	b. випускні екзамени
3. the advancement of medicine	c. сертифікована медсестра
4. senior nurse	d. медичний ліцензійний іспит
5. chief nurse	e. переглянути стандарти
6. raised salaries	f. почуватися впевнено
7. Certified Nurse	g. підтвердження диплома
8. medical licensing exam	h. головна медсестра
9. final exams	i. прогрес медицини
10. confirmation of diploma	j. старша медсестра

**Exercise 5.** Write the translation of proper nouns:

Health Care System in Ukraine, Nursing Development Center, the Ministry of Health, specialty “Nursing”, the World Federation of Medical Education, Certified Nurse, Ministry of Education and Science of Ukraine.

## **Lesson 7**

### **Modern Nursing Characteristics**

to experience – зазнавати (досвіду), переживати

at some time – в якийсь час

to keep a sick person safe – убезпечити хвору людину

to nourish [ˈnʌrɪʃ] – годувати, харчувати

to define – визначати

to promote – сприяти, допомагати, просувати

healing – лікування

illness – захворювання, недуга

disability [dɪsəˈbɪlɪti] – інвалідність, неспроможність

suffering – страждання

to enable people [ɪˈneɪb(ə)l] – дозволити людям

to cope with – впоратися з, перебороти, подолати, перемогти

inevitable [ɪnˈevɪtəb(ə)l] – неминучий

consequence [ˈkɒnsɪkw(ə)ns] – наслідок, висновок, результат

mode – манера, метод, спосіб

intervention [ɪntə'veɪʃ(ə)n] – втручання  
to empower people – розширити можливості людей  
to recover – одужувати, відновлювати (ся)  
advocacy ['advəkəsi] – захист, консультування  
management – управління  
knowledge development – розвиток знань  
unique response – унікальна відповідь, особлива реакція  
frailty ['freɪlti] – слабкість, кволість  
the entire life span – весь період життя  
focus ['fəʊkəs] – фокус, напрямок, галузь, скерування  
value base – база цінностей  
dignity – гідність  
uniqueness [ju:'ni:kənəs] – унікальність,  
human being – людина  
to privilege – надавати перевагу  
nurse-patient relationship – стосунки «медсестра-пацієнт»  
personal accountability – особиста відповідальність  
professional regulation – професійне правило, регламентація  
commitment – зобов'язання  
carer – опікун  
multi-disciplinary team – мультидисциплінарна команда  
appropriate [ə'prəʊpriət] – відповідний  
to delegate ['delɪgət] – доручати, уповноважувати, делегувати

to supervise ['su:pəvaɪz] – наглядати, контролювати, керувати, завідувати  
accountable for – відповідальний за

Nursing is experienced at some time by almost everybody. It is done by millions of nurses across the world, yet it is still difficult to describe and is poorly understood. In 1859 Florence Nightingale wrote: “The elements of nursing are all but unknown.” In the 21st century the statement is still true. Some people associate nursing with the physical tasks concerned with keeping a sick person safe, comfortable, nourished and clean. Some see nursing as assisting the doctor by carrying out tasks associated with medical treatment. While both of these elements are indeed part of nursing practice.

The defining characteristics of nursing re:

1. A particular purpose: the purpose of nursing is to promote health, healing, growth and development, and to prevent disease, illness, injury, and disability. When people become ill or disabled, the purpose of nursing is, in addition, to minimise distress and suffering, and to enable people to understand and cope with their disease or disability, its treatment and its consequences. When death is inevitable, the purpose of nursing is to maintain the best possible quality of life until its end.

2. A particular mode of intervention: nursing interventions are concerned with empowering people, and helping them to achieve, maintain or recover independence. Nursing is an intellectual, physical, emotional and moral process which includes the identification of nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support. In addition to direct patient care, nursing practice includes management, teaching, and policy and knowledge development.

3. A particular domain: the specific domain of nursing is people's unique responses to and experience of health, illness, frailty, disability and health-related life events in whatever environment or circumstances they find themselves. People's responses may be physiological, psychological, social, cultural or spiritual, and are often a combination of all of these. The term "people" includes individuals of all ages, families and communities, throughout the entire life span.

4. A particular focus: the focus of nursing is the whole person and the human response rather than a particular aspect of the person or a particular pathological condition.

5. A particular value base: nursing is based on ethical values which respect the dignity, autonomy and

uniqueness of human beings, the privileged nurse-patient relationship, and the acceptance of personal accountability for decisions and actions.

These values are expressed in written codes of ethics, and supported by a system of professional regulation.

6. A commitment to partnership: nurses work in partnership with patients, their relatives and other carers, and in collaboration with others as members of a multi-disciplinary team. Where appropriate they will lead the team, prescribing, delegating and supervising the work of others; at other times they will participate under the leadership of others. At all times, however, they remain personally and professionally accountable for their own decisions and actions.

***Exercise 1.*** Guess the meaning of the words!

To keep a sick person safe, comfortable, nourished and clean; to assist the doctor; to carry out tasks; medical treatment; nursing practice; particular purpose; the purpose of nursing' to promote health, healing, growth and development; to prevent disease, illness, injury, and disability; to minimise distress and suffering; to enable people to understand and cope with disease or disability; to maintain the best possible quality of life; particular mode of intervention; nursing interventions; to empower people; to achieve, to maintain or to recover independence; an



intellectual, physical, emotional and moral process; the identification of nursing needs; therapeutic interventions and personal care; information, education, advice and advocacy; and physical, emotional and spiritual support; direct patient care.

**Exercise 2.** Answer the questions:

1. Is it difficult to describe nursing?
2. What did Florence Nightingale write about nursing?
3. What is nursing associated with?
4. What is a particular purpose of nursing?
5. What is a particular mode of intervention?
6. What is a particular domain of nursing?
7. What is a particular focus of nursing?
8. What is a particular value base of nursing?
9. What does a commitment to partnership in nursing mean?

**Exercise 3.** Numerate the characteristics of nursing!

**Exercise 4.** Fill in the table!

№	Nursing Characteristic	Features
1.		
2.		
3.		
4.		

5.		
6.		

## Lesson 8

### The Nursing Qualifications and Skills

to fill a role – виконувати роль

formal training – офіційне навчання

experience level – рівень досвіду

to qualify for job openings – претендувати на вакансії

educational requirements – освітні вимоги

specialty ['speʃ(ə)ltɪ] – спеціалізація

to signify ['signɪfɪ] – означати

to possess expert knowledge – володіти експертними знаннями

subspecialty – субспеціальність

specialty-certified nurse – сертифікована медична сестра

rate – відсоток

patient satisfaction – задоволеність пацієнтів

work-related error – помилка, пов'язана з роботою

to instill – прищепити, вливати по краплині

employer [ɪm'plɔɪə] – роботодавець

extra – додатково

nursing supervisor ['su:pəvɪzə] – старша медсестра

lead nurse – головна медсестра

confidence – впевненість, довіра

attribute [ə'tribju:t] – властивість, характерна риса  
outside – по за  
excellent clinical skills – відмінні клінічні навички  
job experience – досвід роботи  
crucial ['kru:ʃ(ə)l] – вирішальне значення  
essential skills – необхідні навички  
to arise – виникати  
accurately – правильно, безпомилково  
explaining – пояснення  
precisely [pri'saɪsli] – точно  
patient concerns – побоювання пацієнтів  
pain points – больові точки  
critical thinking – критичне мислення  
to assess – оцінити, визначити  
sound – здоровий, доброякісний  
a must – обов'язково  
patient assessment – оцінка стану пацієнта  
monitoring vital signs – моніторинг життєво важливих показників  
empathy ['empəθi] – емпатія, співчуття  
patience ['peɪʃ(ə)ns] – терпіння  
circumstance ['sə:kəmst(ə)ns] – обставина  
graciously ['greɪʃəsli] – люб'язно  
to ensure [ɪn'ʃʊ:] – забезпечити  
urgent care ['ə:dʒ(ə)nt] – невідкладна допомога

life-threatening conditions – стани, що загрожують життю

to triage patients ['tri:ɑ:ʒ] – сортувати пацієнтів

physical endurance [ɪn'dʒʊər(ə)ns] – фізична витривалість

stamina ['staminə] – фізична витривалість

technology skills – технологічні навички

portable medical devices ['pɔ:təb(ə)l] – портативні медичні прилади

to advance [əd'vɑ:ns] – просуватися вперед

Nurse qualifications are the requirements that someone needs to fill a specific role in nursing. Nurse qualifications include formal training, certifications and experience levels nurses must have to qualify for job openings. The first is a college degree in nursing which suggests many different nursing levels and specializations, each with its own set of educational requirements.

In the United States and Canada, many nurses who choose a specialty become certified in that area, signifying that they possess expert knowledge. There are over 200 nursing specialties and subspecialties. Specialty-certified nurses have higher rates of patient satisfaction, as well as lower rates of work-related errors in patient care. Certification instills professionalism and makes the nurse

more attractive to employers. Certified nurses may earn a higher salary over their non-certified colleagues. Some hospitals and other health care facilities usually pay a certified nurse extra when he or she works within their specialty. Also, some hospitals may require certain nurses, such as nursing supervisors or lead nurses, be certified. Certification instills confidence in the nurses.

There are also other qualifications that nurses need in order to succeed in their roles. These qualifications are the personal characteristics and attributes that nurses must develop outside of their formal education and certifications. Nurses have excellent clinical skills that are learned through education and on the job experience. But the other skills are just crucial, sometimes even more for professional success.

Essential skills for nurses:

1. Communication skills. Nurses communicate with the patients and their relatives, answer any questions that may arise. Good nurses are able to clearly and accurately explaining medical information. Nurses often work in collaboration with doctors and technicians, they must also be ready to quickly and precisely communicate patient concerns or pain points.

2. Critical thinking. The ability to assess new or unexpected developments in patient's condition with sound critical thinking is a must, both when providing care and diagnosing patients.

3. Patient assessment. It's necessary to have knowledge of assessing patient conditions and determining whether he needs emergency care. Specifically, nurses should be good at technical skills, such as monitoring vital signs, checking pulse, etc.

4. Empathy. Great nurses are able to maintain their patience and empathy, especially during unpleasant circumstances. This could mean communicating graciously, ensuring that patients feel comfortable and secure, no matter the situation.

5. Urgent care. Nurses should be able to provide urgent care to patients in life-threatening conditions, to triage patients as they come into the emergency room, ensuring them the appropriate level of care.

6. Physical endurance. Physical strength and stamina are essential for success. Nurses who aren't in good physical health may be prone to injury or physical exhaustion. They may be not in the right condition to provide optimal patient care.

7. Technology skills. Technologies ranging from health monitoring systems to portable medical devices are constantly advancing, and learning new technologies is required for nurses to provide optimal care.

These essential skills are hard to learn, but they require practice.

***Exercise 1.*** Guess the meaning of the words!

Nurse qualifications, to fill a specific role in nursing, formal training, certifications, experience levels, to qualify for job openings, nursing levels, specialization, educational requirements, expert knowledge, specialty-certified nurse, to have higher rates of patient satisfaction work-related errors in patient care, to instill professionalism, to make the nurse more attractive to employers, to earn a higher salary over their non-certified colleagues, health care facilities, to pay extra, nursing supervisor, lead nurse, to instill confidence in the nurses.

**Exercise 2.** Numerate the nursing qualifications and skills!

**Exercise 3.** Find equivalents!

1. formal training	a. стани, що загрожують життю
2. experience level	b. фізична сила
3. to qualify for job openings	c. фізична витривалість
4. patient concerns	d. офіційне навчання
5. urgent care	e. сортувати пацієнтів
6. life-threatening conditions	f. невідкладна допомога
7. to triage patients	g. рівень досвіду
8. physical strength	h. претендувати на вакансії
9. stamina	i. портативні медичні

	прилади
10. portable medical devices	ї.побоювання ацієнтів

**Exercise 4.** Fill in the table!

№	Nursing Skills	Characteristic
1.		
2.		
3.		
4.		
5.		
6.		
7.		

## Lesson 9

### Nurses' Functional Duties

surface ['sə: fis] – поверхня

huge, diverse profession – колосальна, різностороння професія

to put one's own unique talents – використовувати власні унікальні таланти

noticing irregularities – помічення порушень

vanguard ['vanga: d] – авангард

to catch any changes – вловлювати будь-які зміни



indicator of a deeper problem – визначник глибшої проблеми

to educate – виховувати

healthcare environment – медичне середовище

leaving – виписка

advocating for patients – захист інтересів пацієнтів

holistic approach to nursing [ 'həʊlistɪk ] – холістичний підхід до медсестринства

to look at patients from perspective – дивитися на пацієнтів з точки зору

the patient's loved ones – близькі хворого

devastating emotions [ 'devəsteɪtɪŋ ɪ 'mæʊʃənz ] – руйнівні емоції

building trust with – побудова довіри з

IV (intravenous) – система

to stick the IV – поставити систему

to exemplify – ілюструвати, служити прикладом

to adhere to protocols – дотримуватися протоколів

precision [prɪ 'sɪz(ə)n] – точність

very tricky – дуже складно

staying up-to-date – бути в курсі подій

to embrace new technologies – сприймати нові технології

analyzing variables [ 'æn əlaɪzɪŋ 'veəriəbəlz ] – аналіз змінних

to deduce [dɪ 'dju:s] – виводити, робити висновок

astute assessment skills [ə'stju:t] – навички проникливої оцінки

to uncover – розкривати, виявляти

underlying issues – основні проблеми

to anticipate [an'tɪsɪpeɪt] – передбачити

to respond decisively [dɪ'saɪsɪvli] – відповісти рішуче

niche duties [niːʃ] – нішеві обов'язки

different settings – різне оточення

more specialized career options – більш спеціалізовані кар'єрні можливості

to realize ['rɪəlaɪz] – усвідомити

to advance – прогресувати

to specialize ['spɛʃ(ə)laɪz] – спеціалізуватися

Nurses do so much more than just take vitals and administer medication. The duties of a nurse are only the surface. Nursing is such a huge, diverse profession, and everyone who chooses it as a career has the chance to put their own unique talents and experiences to use. But, the main nurses' functional duties are:

1. Noticing irregularities and problems. Nurses are the vanguard for changes in patient symptoms. They catch any changes, knowing which symptoms might be expected and which are indicators of a deeper problem.

2. Teaching. Nurses regularly educate others about the illness, procedures and symptoms they experience in

the healthcare environment, as well as their plan of care upon leaving.

3. Advocating for patients beyond the healthcare environment. This duty is a part of a holistic approach to nursing. It allows to look at patients from a physical, mental and spiritual perspective and treat the patient in whole.

4. Caring for the patient's loved ones. Nurses often start taking care of everyone in the room, which includes the patient, of course, but also the family members, friends and loved ones who may be experiencing devastating emotions.

5. Building trust with patients. When a child needs an IV, the nurse spends plenty of time preparing first. She can't just walk in the room and stick the IV in, but use a baby doll or teddy bear to demonstrate first on that. After kids saw, they felt more trusting of what she needed to do. This exemplifies some of the emotional work nurses do with their patients.

6. Consistently and carefully adhering to protocols. Nursing is also very technical work. Balancing the clinical requirements that need to be performed with precision with the more emotional work nurses often do can get very tricky.

7. Staying up-to-date in nursing and healthcare. Nurses have increasing responsibility toward learning

about technology trends. Nurses have to learn specific programs and embrace new technologies.

8. Analyzing variables to deduce the impact on a patient. Nursing is detective work. Nurses use astute assessment skills to uncover what the underlying issues are and how they affect the patient. Many different variables impact the work nurses do to care for their patients – treatments and interventions, anticipating what could go wrong and responding decisively when needed.

9. Niche duties connected to specialties. Nurses work in several different settings and have more specialized career options than most people realize. Nursing is full of opportunity to advance, grow and specialize.

***Exercise 1.*** Make back translation!

Колосальна, різностороння професія; використовувати власні унікальні таланти; помічення порушень; захист інтересів пацієнтів; холістичний підхід до медсестринства; дивитися на пацієнтів з точки зору; близькі хворого; руйнівні емоції; побудова довіри з; сприймати нові технології; аналіз змінних; виводити, робити висновок; навички проникливої оцінки; розкривати, виявляти; основні проблеми.

***Exercise2.*** Numerate the nursing functional duties!

***Exercise 3.*** Find equivalents!

1. to catch any changes	а. більш спеціалізовані
-------------------------	-------------------------

	кар'єрні можливості
1. indicator of a deeper problem	b. дотримуватися протоколів
2. to stick the IV	c. основні проблеми
3. to exemplify	d. вловлювати будь-які зміни
4. to adhere to protocols	e. відповісти рішуче
5. analyzing variables	f. ілюструвати, служити прикладом
6. astute assessment skills	g. поставити систему
7. underlying issues	h. аналіз змінних
8. to respond decisively	i. навички проникливої оцінки
9. more specialized career options	j. визначник глибшої проблеми

***Exercise 4.*** Fill in the table!

№	Nursing Duties	Characteristic
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

## Lesson 10

### Nursing Code of Ethic

Nursing Code of Ethic – кодекс етики медичної сестри  
origin – початок, джерело, походження, вихідна точка  
to date back to – датуватися  
to establish the foundation – встановити основу  
groundwork – основа, фундамент  
tool – засіб  
to reiterate [ri:'itəreit] – повторити  
commitments and values ['valju:] – зобов'язання та цінності  
loyalty ['lɔɪəlti] – лояльність  
individual patient encounter – індивідуальна зустріч пацієнта  
to exemplify [ɪg'zemplɪfɪ] – ілюструвати  
to bind [baɪnd] – пов'язувати  
obligation – обов'язок  
provision [prə'vɪz(ə)n] – положення  
compassion [kəm'pʌʃ(ə)n] – співчуття  
inherent dignity [ɪn'hɪər(ə)nt] – притаманна гідність  
unique attribute – унікальна характерна риса  
to make decision – прийняти рішення  
to take action consistent with – вжити заходів відповідно до  
to owe [əʊ] – бути зобов'язаним

wholeness of character – цілісність характеру  
integrity [ɪn'tɛɡrɪtɪ] – цілісність, чесність  
to maintain competence – підтримувати компетентність  
the work setting and conditions – обстановка та умови роботи  
conducive [kən'dju:sɪv] – сприятливий, корисний  
research and scholarly inquiry [ɪn'kwɪrɪ] – дослідження та науковий пошук  
generation – генерація  
to promote health diplomacy – зміцнювати дипломатію охорони здоров'я  
to reduce health disparities [dɪ'spærətɪz] – зменшити відмінності в стані здоров'я  
to articulate [ɑ:'tɪkjuleɪt] – виражати ясно  
social justice ['dʒʌstɪs] – соціальна справедливість  
to implement – реалізувати  
to help guide nurses – допомогти медичним сестрам

The origins of the Code of Ethics for Nurses date back to the late 1800s. The founder of modern nursing, Florence Nightingale, developed the foundations of ethics in nursing practice. The foundation of ethics she laid included preparing the groundwork for today's modern ethical standards.

The Nursing Code of Ethics is a tool for nurses at all levels of practice. The Code establishes and reiterates the

fundamental commitments and values of nurses. It identifies the boundaries of professional nursing practice and loyalties and outlines the duties of nurses extending beyond individual patient encounters. The Code of Ethics for Nurses is the social contract that nurses have with the public. It exemplifies the profession's promise to provide and advocate for safe, quality care for all patients and communities. It binds nurses to support each other so all nurses can fulfil their ethical and professional obligations.

***9 Provisions of the Nursing Code of Ethics:***

1. The nurse practices with compassion and respect for the inherent dignity and unique attributes of every person.

2. The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population.

3. The nurse promotes, advocates and protects the rights, health, and safety of the patient.

4. The nurse has authority, accountability, and responsibility for nursing practice; makes decisions; and takes action consistent with the obligation to provide optimal patient care.

5. The nurse owes the same duties to self as to others, including the responsibility to promote health and safety, preserve wholeness of character and integrity,



maintain competence, and continue personal and professional growth.

6. The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality health care.

7. The nurse, in all roles and settings, advances the profession through research and scholarly inquiry, professional standards development, and the generation of both nursing and health policy.

8. The nurse collaborates with other health professionals and the public to protect human rights, promote health diplomacy, and reduce health disparities.

9. The profession of nursing, collectively through its professional organization, must articulate nursing values, maintain the integrity of the profession, and integrate principles of social justice into nursing and health policy.

The aforementioned nine provisions were implemented to help guide nurses in ethical decision-making throughout their practice.

### ***Exercise 1.*** Guess the meaning of the words!

The origins of the Code of Ethics for Nurses, the founder of modern nursing, the foundations of ethics in nursing practice, modern ethical standards, a tool for nurses at all levels of practice, the fundamental commitments and values of nurses, the boundaries of

professional nursing practice, the duties of nurses extending beyond individual patient encounters, the social contract, to advocate for safe, quality care for all patients.

***Exercise 2.*** Answer the questions:

1. Where do the origins of the Code of Ethics for Nurses date back?
2. Who developed the foundations of ethics in nursing practice?
3. What does the Code establish and reiterate?
4. The Code of Ethics for Nurses is the social contract that nurses have with the public, isn't it?
5. What does it exemplify?

***Exercise 3.*** Numerate and characterize Provisions of the Nursing Code of Ethics.

***Exercise 4.*** Find equivalents!

1. commitments and values	a. обстановка та умови роботи
2. individual patient encounter	b. соціальна справедливість
3. inherent dignity	c. зобов'язання та цінності
4. unique attribute	d. підтримувати компетентність
5. to make decision	e. дослідження та науковий пошук
6. to take action	f. індивідуальна зустріч

consistent with	пацієнта
7. to maintain competence	g. притаманна гідність
8. the work setting and conditions	h. прийняти рішення
9. research and scholarly inquiry	i. унікальна характерна риса
10. social justice	j. вжити заходів відповідно

## Lesson 11

### Nurse Leadership

leadership – лідерство

to inspire [in'spɪə] – надихати

to influence – впливати

to achieve goals – досягати цілей

in every setting and discipline – у будь-якому середовищі та справі

role model – рольова модель

at the bedside – біля ліжка хворого

to hone – відточувати

patient outcome – результат пацієнта

to direct – направляти

to possess effective communication skills – володіти навичками ефективної комунікації

operationalizing goals – опрацювання цілей

the emotionally intelligent nurse leader – емоційно розумна медсестра-лідер  
well-versed – добре обізнаний  
hard and soft skills – жорсткі та м'які навички  
advanced clinical knowledge – передові клінічні знання  
to be consciously developed – свідомо розвиватися  
over time – з часом  
peers and subordinates alike [pɪə] – колеги і підлегли  
to get along with – впоратися з  
interpersonal – міжособистий  
active listening – активне слухання  
clarity ['klærɪti] – ясність  
dedication to excellence [dɛdɪ'keɪʃ(ə) tu:'eks(ə)l(ə)ns] – відданість досконалості  
to apply current and evidence-based practice – застосовувати поточну та науково обґрунтовану практику  
consistency and passion – послідовність і любов  
to engage in lifelong learning – займатися навчанням протягом усього життя  
to drive high reliability – забезпечити високу надійність  
mindfully ['maɪn(d)fʊli] – уважно  
to improve the status quo [ 'stætəs kwʊ] – покращити статус-кво  
sense of teamwork – почуття командної роботи  
expectation [ekspek'teɪʃ(ə)n] – очікування

coaching and mentoring – коучинг і менторство  
a culturally diversified workforce – культурно  
різноманітна робоча сила  
to be knowledgeable about – бути в курсі  
conflict management – управління конфліктами  
negotiation – переговори, подолання перешкод  
self-care – самодопомога  
mindfulness – уважність  
developing resiliency [rɪˈzɪljənsi] – розвиток стійкості  
turnover [ˈtəːnəʊvə] – плинність

Nurse leadership is the ability to inspire, influence and motivate health care professionals as they work together to achieve their goals. Leaders in nursing are influencing healthcare organizations at all levels, and in every setting and discipline.

A primary role of the nurse leader is to serve as a role model to healthcare and team members. Leadership in nursing begins at the bedside. Then, by developing and honing their fundamental leadership skills, bedside nurses can positively impact patient outcomes. Clinical and bedside nurses use leadership skills to coordinate, direct, and support patient care and other healthcare team members. They also possess effective communication skills and serve as a patient advocate.

To be effective in influencing and engaging others toward operationalizing goals, the emotionally intelligent

nurse leaders must be well-versed in both hard and soft skills. The hard skills for nurse leaders include advanced clinical knowledge and technical skills that the nurse leader needs to perform their job. Soft skills are the social skills that need to be consciously developed over time and help the nurse leader effectively communicate with peers and subordinates alike. In other words, the **soft skills are critical** for the nurse leader to get along with others in the workplace.

Soft skills include:

- **Excellent interpersonal skills:** by using effective written and verbal communication skills, active listening, clarity, confidence, and empathy;
- **Dedication to excellence:** by applying current and evidence-based practice, demonstrating consistency and passion for the profession, and engaging in lifelong learning;
- **Create a culture that drives high reliability:** over time and across the organization's performance that positively impacts patient safety and quality outcomes;
- **Creativity and innovation:** by thinking mindfully and being open to new experiences and technologies to improve the status quo;
- **Sense of teamwork and collaboration:** clearly defined roles and expectations, working toward common

goals, and being accountable. As well as coaching and mentoring a culturally diversified workforce.

Additionally, a successful nurse leader must be knowledgeable about:

- the healthcare system, advocacy, and policy;
- conflict management and negotiation;
- finance, business, and human resource management;
- strategic management;
- professional development;
- self-care, such as practicing mindfulness and developing resiliency.

These combined skills promote increased productivity, higher staff satisfaction, and lower staff turnover. This leads to high quality of care plus excellent safety and desirable patient outcomes.

***Exercise 1.*** Guess the meaning of the words!

Nurse leadership; the ability to inspire, influence and motivate health care professionals; a primary role of the nurse leader; to serve as a role model; clinical and bedside nurses; to possess effective communication skills; to serve as a patient advocate; advanced clinical knowledge; to communicate with peers and subordinates alike; excellent interpersonal skills; dedication to excellence; creativity and innovation; sense of teamwork and collaboration.

***Exercise 2.*** Answer the questions:

1. What are leaders in nursing influencing?
2. What is a primary role of the nurse leader?
3. Where does leadership in nursing begin?
4. What do the hard skills for nurse leaders include?
5. What are the soft skills?

***Exercise 3.*** Find equivalents!

1. to achieve goals	а. послідовність і любов
2. role model	б. почуття командної роботи
3. at the bedside	с. свідомо розвиватися
4. well-versed	д. управління конфліктами
5. to be consciously developed	е. активне слухання
6. over time	ф. досягнення цілей
7. consistency and passion	г. з часом
8. sense of teamwork	х. добре обізнаний
9. active listening	і. рольова модель
10. conflict management	ј. біля ліжка хворого

***Exercise 4.*** Fill in the table!

№	Soft skills	Characteristic
1.		
2.		
3.		
4.		



## Lesson 12

### History of Nursing

to originate [ə'ridʒineɪt] – походити

to suckle ['sʌk(ə)l] – викормлювати, годувати грудьми

to refer [rɪ'fə:] – посилатися, приписувати

wet-nurse – годувальниця

to care for the sick – доглядати за хворими

approximately [ə'prɒksɪmətli] – приблизно

AD (anno Domini) – нашої ери

to endeavour [ɪn'devə] – намагатися

prominent – видатний, визначний

middle ages – середні віки

drive for medical care – запровадження медичної допомоги

advancement – успіх, прогрес, просування вперед

intent – намір

regardless of – незалежно від

ethnic origin – етнічне походження

throughout [θru:'aʊt] – впродовж

to expand [ɪk'spænd] – розширювати

a range of medical care services – комплекс медичних послуг

to house – вміщати  
to retain the role – зберегти роль  
to tend to – схилятися до  
significant – визначний  
front line – лінія фронту  
poor hygiene standards – низькі гігієнічні норми  
to reduce the number of deaths – зменшити кількість смертей  
to push further forward – штовхати далі вперед  
practice on the field – практика у сфері, галузі  
adequate training [ 'adɪkwət ] – належна підготовка

Nursing as a profession existed throughout history. The term nurse originates from the Latin word *nutire*, which means to suckle. This is because it referred primarily to a wet-nurse in the early days and only evolved into a person who cares for the sick in the late 16<sup>th</sup> century.

The first known documents that mention nursing as a profession were written approximately 300 AD. In this period, the Roman Empire endeavored to build a hospital in each town, leading to a high requirement for nurses to provide medical care alongside the doctors.

The profession of nursing became considerably more prominent in Europe in the middle ages, due to the drive for medical care from the Catholic church. In this period,

there were many advancements and innovations that took place.

The first Spanish hospital was built in the late 6<sup>th</sup> to early 7<sup>th</sup> in Merida, Spain, with the intent to care for any sick individuals regardless of ethnic origin or religion. Throughout the 10<sup>th</sup> and 11<sup>th</sup> centuries, the nursing profession expanded due to changes in rulings in Europe. Hospitals began to be included as part of monasteries and the nurses provided a range of medical care services.

At the beginning of the 17<sup>th</sup> century, the nursing as a profession was rare due to various reasons, such as the closing of monasteries that housed the hospitals. However, in some regions of Europe where the Catholic church remained in power, the hospitals remained and nurses retained their role.

Florence Nightingale was a nurse who tended to injured soldiers in the Crimean War in the 1850s and played a significant role in changing the nature of the nursing profession in the 19<sup>th</sup> century.

During this time, the role of nurses continued to expand due to the need for their presence on the front lines of wars, where poor hygiene standards often led to fatal infections in the injuries. Nightingale started improving hygiene standards in the hospital attending the wounded soldiers, which greatly reduced the number of deaths from infections.

The profession of nursing was pushed further forward in 1860 with the opening of the very first nursing school in London. This was the beginning of many other schools for new nurses so that they received appropriate training and education before they began practice on the field.

However, the need for nurses expanded with the world wars in the twentieth century, and many nurses were required to begin providing care without adequate training. Since this time, education institutions for nurses have continued to expand.

***Exercise 1.*** Guess the meaning of the words:

Nursing as a profession, to originate from, to suckle, to care for the sick, in the late 16<sup>th</sup> century, the first known documents, nursing as a profession, approximately 300 AD, the Roman Empire, to build a hospital in each town, a high requirement for nurses, to provide medical care alongside the doctors, considerably more prominent, in the middle ages, due to the drive for medical care, the Catholic church, many advancements and innovations, in the late 6<sup>th</sup> to early 7<sup>th</sup>, to retain the role, the very first nursing school, without adequate training, education institutions for nurses.

***Exercise 2.*** Answer the questions:

1. What does the term nurse originate from?

2. When were the first known documents that mention nursing as a profession written?

3. Where were hospitals included?

4. Who played a significant role in nursing development?

5. When was the very first nursing school in London opened?

6. What events caused the need for nurses expanding in the 20<sup>th</sup> century?

***Exercise 3. Find equivalents!***

1. to suckle	a. належна підготовка
2. wet-nurse	b. низькі гігієнічні норми
3. to care for the sick	c. комплекс медичних послуг
4. drive for medical care	d. штовхати далі вперед
5. a range of medical care services	e. зменшити кількість смертей
6. poor hygiene standards	f. запровадження медичної допомоги
7. to reduce the number of deaths	g. викормлювати, годувати грудьми
8. to push further forward	h. доглядати за хворими

9. practice on the field	і. практика у сфері, галузі
10. adequate training	ј. годувальниця

**Exercise 4.** Fill in the table “History of Nursing Development”!

№	Date	Event
1.		
2.		

## Lesson 13

### CURRENT ISSUES OF MODERN NURSING

current issues – актуальні питання

to meet the growing needs – задовольняти зростаючі потреби

improvement – покращення, поліпшення

to expand the range of powers – розширити коло повноважень

recovery process – процес одужання

outdated – застарілий

a nursing specialist new model – нова модель спеціаліста медсестринства

the wider spectrum of the nurse's authority – ширший спектр повноважень медсестри

a significant staffing imbalance – значний кадровий дисбаланс

in the ratio of doctors to nursing staff – у співвідношенні лікарів і медсестринського персоналу

norms for the nurses' workload – норми навантаження медичних сестер

two-level care of patients – дворівневий догляд за хворими

significant physical nurses' workloads – значні фізичні навантаження медсестер

bixes with surgical instruments – бікси з хірургічними інструментами

the issue of nurse safety – питання безпеки медичної сестри

to resolve [rɪ'zɔ:lv] – вирішити

to bring into compliance with – привести у відповідність з

emergency medical teams – бригади екстреної медичної допомоги

methods of paying nurses – методи оплати праці медичних сестер

nursing intervention [ɪntə'venʃ(ə)n] – сестринське втручання

The World Health Organization (WHO) considers nursing staff as a real potential to meet the growing needs of the population for health care. That is why great

attention is paid to the improvement of the middle level medical specialists, while a special emphasis is focused on improving the work of nurses.

In addition to improving the working conditions of the medical staff, it is necessary to pay attention to a higher quality and modern level of nurses' education, expanding the range of powers. The majority of health workers around the world are nurses. They are the ones who spend the most time with patients and the recovery process very often depends on them.

We currently have stereotypical, outdated approaches to the role of nurses in the health care system. They need changes and a nursing specialist new model is needed.

The wider spectrum of the nurse's authority saves the doctor a lot of time and gives the opportunity to help more patients. Therefore, it is necessary to introduce modern international standards and teach our nurses modern practices.

The health care system continues to have a significant staffing imbalance in the ratio of doctors to nursing staff. In order to eliminate this imbalance, it is necessary to review and approve new norms for the nurses' workload in accordance with international standards.

It is necessary to review the standards of nursing personnel, to reduce the number of patients cared by one nurse. The number of nurses in hospitals should be



increased and two-level care of patients should be introduced, which would be carried out by nurses of the first level of training and bachelor nurses

Significant physical nurses' workloads are associated with transportation, lifting, moving patients, bixes with surgical instruments, etc. The issue of nurse safety at the workplace is important and, unfortunately, not resolved. There are few properly equipped workplaces in medical institutions.

Special physical and emotional load nurses have at intensive care and emergency medical care departments. Therefore, it is necessary to bring the staff of emergency medical teams into compliance with the standards.

It is absolutely necessary to develop recommendations for setting a differential load on nursing staff, methods of paying nurses depending on the quality and number of nursing interventions.

***Exercise 1.*** Guess the meaning of the words:

The World Health Organization, nursing staff, to meet the growing needs, improvement of the middle level medical specialists, improving the working conditions, a higher quality and modern level of nurses' education, the range of powers, the recovery process, stereotypical and outdated approach, a nursing specialist new model, the wider spectrum of the nurse's authority, the opportunity to help more patients, a significant staffing imbalance, in the

ratio of doctors to nursing staff, significant physical nurses' workloads, boxes with surgical instruments, nurse safety at the workplace, not resolved, special physical and emotional load, intensive care and emergency medical care departments, therefore, the staff of emergency medical teams, to bring into compliance with the standards.

**Exercise2.** Numerate the current issues of modern nursing!

**Exercise 3.** Find equivalents!

1. to meet the growing needs	I. нова модель спеціаліста медсестринства
2. to expand the range of powers	II. питання безпеки медичної сестри
3. recovery process	III. методи оплати праці медичних сестер
4. a significant staffing imbalance	IV. розширити коло повноважень
5. a nursing specialist new model	V. привести у відповідність з
6. methods of paying nurses	VI. сестринське втручання
7. emergency medical teams	VII. задовільняти зростаючі потреби
8. to bring into compliance with	VIII. значний кадровий дисбаланс
9. the issue of nurse safety	IX. процес одужання

10. nursing intervention	Х. бригади екстреної медичної допомоги
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***Exercise 4.*** Fill in the table!

№	Issues of Nursing	Solving
1.		
2.		
3.		

## **Lesson 14**

### **NURSING INNOVATIONS AND DEVELOPMENT**

proper legal regulation – належне правове регулювання  
to innovate nursing – впроваджувати інновації в медсестринстві

extension of powers of the nurse – розширення повноважень медичної сестри

to extend the authority of nurses to – розширити повноваження медичних сестер на

the provision of care and patronage services – надання послуг з догляду та патронажу

palliative patient ['pæliətɪv] – паліативний хворий

the elderly – люди похилого віку

nursing support services – допоміжні послуги медсестер

definition of the concept – визначення поняття

nursing care – сестринський догляд  
nursing practice – сестринська практика  
the legal level – правовий рівень  
legislation [ˌledʒɪsˈleɪʃən] – законодавство  
providing medical care – надання медичної допомоги  
certification of nurses – атестація медичних сестер  
to ensure the quality of training and skills – забезпечити  
якість навчання та навичок  
various levels of authority – різні рівні повноважень  
lifelong learning – навчання протягом життя  
career development – розвиток кар'єри  
to create transparent mechanisms of competition –  
створити прозорі механізми конкуренції  
educational services for nurses – освітні послуги для  
медсестер  
legal market – легальний ринок  
private nursing services – приватні послуги медсестри  
proper quality control – належний контроль якості  
safety for patients – безпека для пацієнтів  
a profession "in her hands" – професія "в руках"  
intermediary [ɪntə'miːdjəri] – посередник  
illegally – незаконно  
unqualified providers – некваліфіковані постачальники  
to discredit [dɪsˈkredit] – дискредитувати  
self-governance – самоврядування  
self-regulated – саморегульований

to adapt standards – адаптувати стандарти  
procedures for licensing – процедури ліцензування  
to maintain registers and databases – вести реєстри та бази даних  
to develop nursing professional standards – розробити професійні стандарти медсестринства  
to implement ethical standards – запроваджувати етичні стандарти  
the only electronic register – єдиний електронний реєстр  
informed decision-making – обґрунтоване рішення  
evidence-based policy development – розробка політики на основі фактичних даних  
to empower nurses – розширити можливості медсестер  
to introduce professional standards – запровадити професійні стандарти  
health care facility – заклад охорони здоров'я  
beyond require – поза вимогою  
to involve nurses in making management decisions – залучати медичних сестер до прийняття управлінських рішень

Both patients and nurses lose from the lack of proper legal regulation of nursing services outside the hospital.

The following steps should be taken to innovate and develop nursing:

**1. Extension of powers of the nurse.** It is advisable to extend the authority of nurses to the provision of care and patronage services at home or in a hospital for palliative patients and the elderly. The introduction of nursing support services in a hospital, at home or in specialized institutions makes the patient's life as comfortable as possible.

**2. Definition of the concepts of "nursing care" and "nursing practice" at the legal level.** A separate definition of "medical care", "nursing practice" in the legislation will make nurses the subjects of providing medical care to the patient on the same level as the doctor. The practice of Canada, Finland, Australia, Great Britain, Sweden, the USA, Kenya or other countries can be used as a basis.

**3. Introduction of professional standards and certification of nurses.** Professional standards in the nursing profession are needed to ensure the quality of training and skills of nurses of various levels of authority. Such a system will stimulate lifelong learning and career development in nursing profession. It will create transparent mechanisms of competition in the job market of medical professionals and stimulate the development of educational services for nurses.

**4. Creation of a legal market for private nursing services.** In order to ensure proper quality control and

safety for patients and proper working conditions for nurses, it is necessary to create a "white" market for nursing services. A nurse in Ukraine today has a profession "in her hands", but she cannot provide her professional services without intermediaries - doctors and health care institutions. Using the services of nurses illegally leaves unqualified providers on the market and discredits real professionals.

**5. Self-governance of the nursing profession.** In Ukraine, medical professions are not self-regulated. Institutes of nursing self-governance create and adapt standards for the education of nurses, rules and procedures for their licensing, maintain registers and databases of licensed nurses, develop nursing professional standards of practice and standards of working conditions, form and implement ethical standards of the profession, etc.

**6. The only electronic register of medical nurses.** Data is the foundation for informed decision-making and evidence-based policy development. Today, there is no data on the number of nurses with different levels of education, specialization, experience, and professional level. Any further steps to empower nurses, introduce professional standards, and opportunities for nursing practice in health care facilities and beyond require clear and up-to-date information about these professionals.

In order for reforms in medicine to move more smoothly and for the government to successfully implement such complex but necessary transformations, it is necessary to involve nurses in making management decisions.

***Exercise 1.*** Make back translation:

Належне правове регулювання, впроваджувати інновації в медсестринстві, розширення повноважень медичної сестри, розширити повноваження медичних сестер на, надання послуг з догляду та патронажу, надання медичної допомоги атестація медичних сестер, забезпечити якість навчання та навичок, різні рівні повноважень, навчання протягом життя, процедури ліцензування, вести реєстри та бази даних, розробити професійні стандарти медсестринства, запроваджувати етичні стандарти, єдиний електронний реєстр, обґрунтоване рішення, розробка політики на основі фактичних даних, розширити можливості медсестер, запровадити професійні стандарти.

***Exercise2.*** Numerate the innovation steps in nursing!

***Exercise 3.*** Find equivalents!

1. private nursing services	I. запроваджувати етичні стандарти
2. proper quality control	II. єдиний електронний реєстр



3. safety for patients	ІІІ.сестринський догляд
4. to adapt standards	ІV.сестринська практика
5. procedures for licensing	V.вести реєстри та бази даних
6. to maintain registers and databases	VI.приватні послуги медсестри
7. to implement ethical standards	VII.належний контроль якості
8. the only electronic register	VIII.адаптувати стандарти
9. nursing care	IX.процедури ліцензування
10. nursing practice	X.безпека для пацієнтів

***Exercise 4.*** Fill in the table!

№	Innovation step	Actions
1.		
2.		
3.		

## **Lesson 15**

# **SCIENTIFIC EXPERIMENTS IN THE FIELD OF NURSING**

research training – наукова підготовка

investigator – дослідник

health sciences workforce – наукові працівники

медичних наук

scientists in the discipline of nursing – науковці у галузі  
медсестринства

ultimate intent – кінцевий намір

to assess the health care environment – оцінити  
середовище охорони здоров'я

to enhance – покращити, підвищувати

to shape health policy – формувати політику охорони  
здоров'я

themes of inquiry – теми запиту

well-being – добробут

optimum function ['ɑ:ptɪməm] – оптимальна функція

patterns of human behaviour – моделі поведінки людини

health status – стан здоров'я

biobehavioural responses ['baɪəʊ bi'heɪvjər(ə)l] –  
біоповедінкові реакції

translational research – перекладні дослідження

classic policy paper – класичний аналітичний документ

to ameliorate the consequences of disease [ə'mi:lɪəreɪt] –  
полегшити наслідки хвороби

to manage the symptoms of illnesses – справлятися з  
симптомами захворювань

to facilitate individuals and families coping [fə'sɪlɪteɪt] –  
сприяти окремим особам і сім'ям впоратися  
to enhance or redesign the environment – покращити або  
змінити дизайн середовища

Research training in nursing prepares investigators who are a part of the larger health sciences workforce. Study questions are raised from the nursing perspective but contribute to knowledge in general. For scientists in the discipline of nursing, the ultimate intent of the knowledge generated through research is to provide information for guiding nursing practice; assessing the health care environment, enhancing patient, family, and community outcomes; and shaping health policy.

The science of nursing is characterized by three themes of inquiry that relate to the function of intact humans:

- 1) principles and laws that govern life processes, well-being, and optimum function during illness and health;

- 2) patterns of human behaviour in interaction with the environment in critical life situations;

- 3) processes by which positive changes in health status are affected. Thus, within the health sciences, nursing studies integrate biobehavioural responses of humans.

The science of nursing can also be classified as translational research because it advances clinical knowledge and has the directional aims of improved health care and human health status. As stated in a classic policy paper, research for nursing focuses on ameliorating the consequences of disease, managing the symptoms of illnesses and treatments of disease, facilitating individuals and families coping or adapting to their disease, and dealing in large part with promoting healthy lifestyles for individuals of all ages and under different backgrounds and disease conditions. In addition, nursing research focuses on enhancing or redesigning the environment in which health care occurs in terms of the factors that influence patient, family, and community outcomes.

***Exercise 1.*** Make back translation:

Наукові працівники медичних наук, науковців у галузі медсестринства, кінцевий намір, оцінити середовище охорони здоров'я, формувати політику охорони здоров'я, моделі поведінки людини, стан здоров'я, біоповедінкові реакції, перекладні дослідження, класичний аналітичний документ, полегшити наслідки хвороби, справлятися з симптомами захворювань.

***Exercise 2.*** Answer the questions:

1) Where are study questions raised from?

2) What is the ultimate intent of the discipline of nursing to provide?

3) How many themes are study questions raised from?

4) How can the science of nursing be classified?

5) What does research for nursing focus on?

**Exercise 3.** Fill in the missing words from the table:

*Clinical knowledge, the nursing perspective, enhancing or redesigning the environment, the function of intact humans, health sciences workforce.*

1) Research training in nursing prepares investigators who are a part of the larger ....

2) Study questions are raised from ... but contribute to knowledge in general.

3) The science of nursing is characterized by three themes of inquiry that relate to ....

4) The science of nursing can also be classified as translational research because it advances ... and has the directional aims of improved health care and human health status.

5) In addition, nursing research focuses on ... in which health care occurs in terms of the factors that influence patient, family, and community outcomes.

**Exercise 4.** Find equivalents!

1. research training	I. класичний аналітичний документ
2. investigator	II. моделі поведінки

	людини
3. ultimate intent	III. теми запиту
4. to shape health policy	IV. кінцевий намір
5. themes of inquiry	V. перекладні дослідження
6. patterns of human behaviour	VI. полегшити наслідки хвороби
7. health status	VII. наукова підготовка
8. translational research	VIII. формувати політику охорони здоров'я
9. classic policy paper	IX. стан здоров'я
10. to ameliorate the consequences of disease	X. дослідник

## Lesson 16

### NURSING IN PUBLIC HEALTH

challenge – виклик

health care needs of a population – потреби населення в охороні здоров'я

subpopulation – субпопуляція

to benefit from health promotion – отримати користь від зміцнення здоров'я

disability – інвалідність

premature death [ˌpri:mə'tʃʊr] – передчасна смерть

to encourage lifestyle changes – заохочувати до зміни способу життя

vulnerable [ˈvʌln(ə)rəb(ə)l] – вразливий

to make a great impact on – справити великий вплив на

to build on – покладатися на

opioid crisis response [ˈəʊpiɔɪd] – відповідь на опіоїдну кризу

outbreak – спалах, початок

natural disaster – природна катастрофа

emerging public health issues – нові проблеми охорони здоров'я

the most informed treatment decisions – найбільш обґрунтовані рішення щодо лікування

to empower [ɪmˈpaʊə] – надати можливості

the full extent of the expertise – повний обсяг експертизи

by facilitating – сприяючи

public health nursing's scope – сфера діяльності медсестринського персоналу

to evolve [ɪˈvɑːlv] – розвиватися, виявляти

In an era of increasing challenges for public health, nurses have the potential to make a dramatic difference. Public health nursing is a systematic process by which the health and health care needs of a population are assessed in order to identify subpopulations, families and individuals

who would benefit from health promotion or who are at risk of illness, injury, disability or premature death.

As individuals, nurses directly influence the health and wellbeing of patients every day. Through frequent contact, nurses are best placed to encourage lifestyle changes in communities and offer education on healthy living – particularly to the most vulnerable in society.

By working together, nurses can make a great impact on public health as a whole. The American Nurses Association (ANA) builds on individual nurse contributions to public health, by supporting policy, advocacy, and education at the highest levels. These areas of interest include, but are not limited to: immunizations, infection prevention, environmental health and opioid crisis response.

Nurses must be prepared to respond directly to public health crises: from outbreaks of disease to natural disasters. ANA keeps nurses up-to-date on emerging public health issues, to help nurses to make the most informed treatment decisions.

ANA empowers nurses to perform to the full extent of their expertise, for the benefit of public health. By facilitating the review and revision of public health nursing's scope and standards of practice, ANA ensures that nursing responsibilities evolve at the same pace as the demands of public health.



**Exercise 1.** Guess the meaning of the words:

Health care needs of a population, to benefit from health promotion, premature death, to encourage lifestyle changes, to make a great impact on, to build on, opioid crisis response, emerging public health issues, the most informed treatment decisions, to empower, the full extent of the expertise.

**Exercise 2.** Answer the questions:

- 1) Where do nurses have the potential to make a dramatic difference&
- 2) Is public health nursing a systematic process?
- 3) What do nurses influence directly?
- 4) What can nurses make a great impact on?
- 5) What must nurses be prepared to?

**Exercise 3.** Find equivalents!

1. challenge	I. надати можливості
2. disability	II. природна катастрофа
3. premature death	III. повний обсяг експертизи
4. vulnerable	IV. спалах, початок
5. to make a great impact on	V. виклик
6. to build on	VI. інвалідність
7. outbreak	VII. покладатися на
8. natural disaster	VIII. вразливий
9. to empower	IX. справити великий

	ВПЛИВ НА
10.the full extent of the expertise	X. передчасна смерть

**Exercise 4. Exercise 3.** Fill in the missing words from the table:

*The benefit of public health, environmental health, wellbeing of patients, a great impact on public health, outbreaks of disease.*

1) As individuals, nurses directly influence the health and ... every day.

2) By working together, nurses can make ... as a whole.

3) These areas of interest include, but are not limited to: immunizations, infection prevention, ... and opioid crisis response.

4) Nurses must be prepared to respond directly to public health crises: from ... to natural disasters.

5) ANA empowers nurses to perform to the full extent of their expertise, for ... .

## Lesson № 17

### Clinical Nursing

to enable – давати можливість

to share passion – ділитися терпінням

fulfilling career – повноцінна кар’єра

passionate, dedicated nurse – терпляча, віддана медсестра

niche practice area [ni:ʃ] – ніша практичної області

a variety of patient-focused factors – різні фактори, орієнтовані на пацієнта

an area of specialty – напрямок спеціальності

care settings – налаштування догляду

home health – домашній догляд

to order medical tests – призначити медичне обстеження

to provide clinical expertise – надати клінічну експертизу

complex case – складний випадок

to manage health conditions – керувати станом здоров'я

to mentor nurse – наставляти медсестру

ancillary staff ['ænsələri] – допоміжний персонал

academic papers – навчальні матеріали

revising and implementing health care procedures – перегляд і впровадження медичних процедур

to design assessment tools – розробити інструменти оцінювання

to evaluate – оцінювати

to allocate employer's resources – розподілити ресурси роботодавця

problem-solving – вирішення проблем

## **What is a clinical nurse?**

Becoming a clinical nurse can enable you to demonstrate leadership skills and share your passion for nursing. This specialized field can offer fulfilling careers for passionate, dedicated nurses who enjoy helping patients find solutions to problems related to health.

A clinical nurse, that some health care professionals call a clinical nurse specialist, is a highly educated nurse leader who specializes in a niche practice area. Clinical nurses support the work of other nurses and influence health care innovation within their organization and the wider community. They also may perform traditional nursing duties, including diagnosing and treating patients, but they typically focus on consulting and research.

There are a variety of patient-focused factors clinical nurses may consider for an area of specialty, including:

- demographic, such as paediatrics or women's health;
- care settings, such as an emergency room or home health;
- care necessary, such as rehabilitation or psychiatric;
- disease, such as diabetes or infectious diseases;
- type of medical problem, such as pain or stress.

### **Common clinical nurse duties**

The duties of a clinical nurse vary based on their employer and specialty. Some of their common tasks include:

- Assessing patients, ordering medical tests and developing treatment plans;
- Providing clinical expertise for complex cases and medical emergencies;

- Teaching patients and categories how to manage health conditions;
- Mentoring and educating nurses;
- Supervising nurses and ancillary staff;
- Researching the area of specialty;
- Writing and publishing academic papers;
- Creating scientific presentations;
- Creating, revising and implementing health care procedures, policies and teaching programs;
- Collecting data from patients and medical records to improve nursing services;
- Designing assessment tools to evaluate care and education programs and suggesting improvements;
- Allocating employer's resources, including nursing staff and funding.

Necessary clinical nurse skills are:

- leadership,
- ability to stay calm,
- problem-solving,
- interpersonal skills,
- written and verbal communication.

***Exercise 1.*** Guess the meaning of the words:

To enable, to share passion, fulfilling career, passionate, dedicated nurse, niche practice are, a variety of patient-focused factors, an area of specialty, care settings, home health, ancillary staff, academic papers, revising and implementing health care procedures, to design assessment

tools, to evaluate, to allocate employer's resources, problem-solving.

**Exercise 2.** Answer the questions:

- 1) What can becoming a clinical nurse enable to?
- 2) What can this specialized field offer fulfilling careers for?
- 3) Is clinical nurse a highly educated nurse leader?
- 4) What can a clinical nurse also perform?
- 5) Are there a variety of patient-focused factors clinical nurses may consider?

**Exercise 3.** Numerate:

- a) patient-focused factors clinical nurses should consider;
- b) clinical nurse clinical nurse duties;
- c) clinical nurse skills.

**Exercise 4.** Find equivalents!

1. an area of specialty	I. ніша практичної області
2. care settings	II. допоміжний персонал
3. home health	III. навчальні матеріали
4. complex case	IV. терпляча, віддана медсестра
5. ancillary staff	V. вирішення проблем
6. academic papers	VI. складний випадок

7. passionate, dedicated nurse	VII. розробити інструменти оцінювання
8. niche practice area	VIII. домашній догляд
9. to design assessment tools	IX. налаштування догляду
10. problem-solving	X. напрямок спеціальності

## Lesson 6 (18). Transcultural Nursing

Транскультурне медсестринство. С/р «Захворювання м'язів» (4 год.)

transcultural nursing – транскультурне медсестринство  
 especially topical – особливо актуальний  
 differences and similarities – відмінності та подібності  
 concept [ 'kɑ:nsept ] – поняття, концепція  
 anthropology – антропологія  
 cultural guardianship [ 'gɑ:rdiənʃɪp ] – культурна опіка  
 Transcultural Care – транскультурний догляд  
 comparative values – порівняльні цінності  
 belief – віра, вірування, переконання  
 culture-specific care – культурно-спеціальний догляд

public health-specific care – громадський медико-спеціальний догляд

health practices – медичні практики

adverse human conditions – несприятливі для людини умови

in culturally significant ways – культурно значущими способами

health professional – медичний працівник

general practitioner – лікар загальної практики

culturally available care – культурно доступний догляд

in terms of the nursing process – з точки зору сестринського процесу

aware, competent and safe care – обізнаний, компетентний і безпечний догляд

to be consistent with – бути сумісним з

the final cure result – остаточний результат лікування

the two-dimensional nature – двовимірна природа

formal research – формальне дослідження

intercultural nursing practice – міжкультурна сестринська практика

international and transcultural content – міжнародний і транскультурний зміст

international health issues – міжнародні питання охорони здоров'я

a specific cognitive specialty – особлива когнітивна спеціальність



comparative phenomena of health care and nursing –  
порівняльні явища охорони здоров'я та медсестринства  
culturally appropriate nursing care – культурно  
відповідний сестринський догляд

Nowadays transcultural nursing is becoming especially topical as a tool for professional intercultural competence of nurses.

Note that in the literature the use of the terms “transcultural”, “intercultural” and “cross-cultural” care or nursing, as well as a nurse, is considered equivalent.

Madeleine Leininger (1925-2012) is the founder of intercultural nursing. She considers that it consists of knowledge about cultural differences and similarities that exist.

The basis of M. Leininger's concept in the development of her theory was that nurses' own concerns should be adapted to the cultural and social characteristics of patients. Specialists must have certain concepts of anthropology and apply them in their work for more effective and adequate patient care.

Though Madeleine Leininger began with the theory of cultural guardianship, later she turned it into a nursing specialty called Transcultural Care.

According to the author, transcultural care is the main area of study and practice, focused on the comparative

values of cultural guardianship, beliefs and practices of people or groups of similar or different cultures. The purpose of transcultural nursing is to provide culture-specific and public health-specific care and health practices, to be human to help patients cope with adverse human conditions, disease or death in culturally significant ways.

Transcultural nurses are usually nurses who act as health professionals, general practitioners, and consultants to study the relationship between culturally available care in terms of the nursing process. They are nurses who provide aware, competent and safe care to people of different cultures, themselves and others.

Intercultural care is practiced by nurses who have knowledge of different cultures and apply them in their work intuitively. At the same time, knowledge is not formal, but pragmatic. The suggested care should be consistent with patients' cultural beliefs. Thus, the final cure result is improved, and patients respond better to treatment and care.

The two-dimensional nature of intercultural nursing, both formal research and intercultural nursing practice, helps to improve the nursing process and patient care in more humane ways in the globalized world in which we live.

From Madeleine Leininger's point of view, transcultural nursing is a major area of study and practice that focuses on comparative cultural values, beliefs and practices of people or groups of similar or different cultures. As a discipline, it focuses on combining international and transcultural content in nursing education, which includes the study of cultural differences, nursing in other countries, international health issues and international health organizations.

Intercultural nursing is a specific cognitive specialty in nursing that focuses on global cultures and comparative phenomena of health care and nursing. It is a body of knowledge that helps to provide culturally appropriate nursing care.

***Exercise 1.*** Make back translation:

Транскультурне медсестринство, особливо актуальний, відмінності та подібності, антропологія, культурна опіка, транскультурний догляд, порівняльні цінності, культурно-спеціальний догляд, громадський медико-спеціальний догляд, медичні практики, несприятливі для людини умови, культурно значущими способами, міжкультурна сестринська практика, міжнародний і транскультурний зміст, міжнародні питання охорони здоров'я

особлива когнітивна спеціальність, порівняльні явища охорони здоров'я та медсестринства, культурно відповідний сестринський догляд.

**Exercise 2.** Write out as many sentences as possible, beginning with “Transcultural nursing/care ...”!

**Exercise 3.** Answer the questions:

- 1) Who is the founder of intercultural nursing?
- 2) What does the transcultural nursing consist of?
- 3) What is the basis of M. Leininger's concept?
- 4) What did Madeleine Leininger begin her theory with?
- 5) What is the transcultural care's main area of study and practice focused on?
- 6) Who are the transcultural nurses?
- 7) What kind of care do the transcultural nurses provide?
- 8) What knowledge should the transcultural nurses have?
- 9) What is the nature of intercultural nursing?
- 10) What kind of specialty is nursing?

**Exercise 4.** Look through the presentation added and make up a plan on the presentation's topic!

**Lesson 7 (19). Nursing Process.** Сестринський процес.  
С/р «Палати та обладнання» (4 год.)

to guide – керувати, направляти

client-centered approach – клієнто-центрований підхід

goal-oriented task – цілеспрямоване завдання

evidence-based practice – доказова практика

EDP (electronic data processing) – електронна обробка даних

compassionate, quality-based care – співчутливий, якісний догляд

sequential steps – послідовні кроки

assessment – оцінка

implementation – впровадження

evaluation – аналіз

measurable, tangible data – вимірювані, відчутні дані

intake and output – вхід і вихід

to populate – заповнювати (тут)

concept-based curriculum changes – зміни навчального плану на основі концепції

employing clinical judgment – використовуючи клінічне судження

on the part of – зі сторони

to encompass – охоплювати

Maslow's Hierarchy of Needs – ієрархія потреб Маслоу

to prioritize [praɪ 'ɒrɪtaɪz] – розставляти пріоритети

outcome – результат, наслідок

patient-specific goal – специфічна для пацієнта мета

attainment – досягнення

tailored – з урахуванням

comorbid conditions – супутні захворювання

reimbursement – відновлення (тут)

continuity – тривалість

healthcare continuum [kən'tɪnjʊəm] – безперервність

охорони здоров'я

nursing intervention – сестринське втручання

to reassess – переоцінити

In 1958, Ida Jean Orlando started the nursing process that still guides nursing care today. Defined as a systematic approach to care using the fundamental principles of critical thinking, client-centered approaches to treatment, goal-oriented tasks, evidence-based practice, EBP recommendations, and nursing intuition. Holistic and scientific postulates are integrated to provide the basis for compassionate, quality-based care.

The nursing process functions as a systematic guide to client-centered care with 5 sequential steps. These are assessment, diagnosis, planning, implementation, and evaluation.

### **Assessment**

Assessment is the first step and involves critical thinking skills and data collection: subjective and objective. Subjective data involves verbal statements from the patient or caregiver. Objective data is measurable, tangible data such as vital signs, intake and output, and height and weight.

Data may come from the patient directly or from primary caregivers who may or may not be direct relation family members. Electronic health records may populate data and assist in assessment. Critical thinking skills are essential to assessment, thus the need for concept-based curriculum changes.

## **Diagnosis**

The formulation of a nursing diagnosis by employing clinical judgment assists in the planning and implementation of patient care.

Nurses should be provided with an up-to-date list of nursing diagnoses. A nursing diagnosis is defined as a clinical judgment about responses to actual or potential health problems on the part of the patient, family, or community.

A nursing diagnosis encompasses Maslow's Hierarchy of Needs and helps to prioritize and plan care based on patient-centered outcomes.

## **Planning**

The planning stage is where goals and outcomes are formulated that directly impact patient care based on EDP guidelines. These patient-specific goals and the attainment of such assist in ensuring a positive outcome. Nursing care plans are essential in this phase of goal setting. Care plans provide a course of direction for personalized care tailored to an individual's unique needs. Overall condition and comorbid conditions play a role in the construction of a care plan. Care plans enhance communication, documentation, reimbursement, and continuity of care across the healthcare continuum.

## **Implementation**

Implementation is the step that involves action or doing and the actual carrying out of nursing interventions outlined in the plan of care. This phase requires nursing interventions such as applying a cardiac monitor or

oxygen, direct or indirect care, medication administration, standard treatment protocols, and EDP standards.

### **Evaluation**

This final step of the nursing process is vital to a positive patient outcome. Whenever a healthcare provider intervenes or implements care, they must reassess or evaluate to ensure the desired outcome has been met. Reassessment may frequently be needed depending upon overall patient condition. The plan of care may be adapted based on new assessment data.

#### ***Exercise 1.*** Make back translation:

Клієнто-центрований підхід, цілеспрямоване завдання, доказова практика, електронна обробка даних, співчутливий, якісний догляд, послідовні кроки, оцінка, впровадження, аналіз, вимірювані, відчутні дані, використовуючи клінічне судження, ієрархія потреб Маслоу, розставляти пріоритети, супутні захворювання, безперервність охорони здоров'я, сестринське втручання.

#### ***Exercise 2.*** Answer the questions:

- 1) Who and when started the nursing process?
- 2) How is the nursing process defined?
- 3) What is EDP?
- 4) What does a nursing diagnosis encompass?
- 5) How many steps does the nursing process function with?

***Exercise 3. a)*** Numerate 5 sequential steps of Nursing process!



**b) Fill in the table “5 Sequential Steps of Nursing Process”!**

№	Step	Description
1.		
2.		
3.		
4.		
5.		

***Exercise 4. Find equivalents!***

1.client-centered approach	I.впровадження
2.goal-oriented task	II. розставляти пріорит
3.evidence-based practice	III.аналіз
4.EDP (electronic data processing)	IV.клінічне судження
5.compassionate, quality-based care	V.клієнто-центрований п
6.sequential steps	VI.електронна обробка да
7.implementation	VII.послідовні кроки
8.evaluation аналіз	VIII.доказова практика
9.clinical judgment	IX.співчутливий, якісний
10. to prioritize	X.цілеспрямоване завдан

## **Lesson 8 (20). Аудіювання «Science for Health». Nurse Practical Skills.**

Практичні навички медсестри. С/р «Візит до лікаря» (4 год.)

dimension – вимір

performance – виконання, продуктивність

intention – намір, мета

"disciplined" understanding – розуміння дисципліни  
to be enacted – бути прийнятим  
diversified [daɪ'vɜːsəfaɪd] – диверсифікований,  
багатогалузовий, різноманітний  
to moderate – стримувати  
to adjust – налаштовувати  
inherent – притаманний, властивий  
human recipient – людина-реципієнт  
a time- and situation-bound event – подія, пов'язана з  
часом і ситуацією  
purview ['pɜːrvjuː] – компетенція  
to pace actions – вести дії  
regulations governing health care facilities – нормативні  
акти, що регламентують діяльність закладів охорони  
здоров'я  
ultrasound examination – ультразвукове дослідження  
compatibility – сумісність

Practical nursing skills ensure patient's physical comfort, hygiene, and safe medical treatment. Nursing practical skills embrace dimensions of performance, intention, and nursing "disciplined" understanding.

***Performance.*** Nursing practical skills are enacted in a diversified and rapidly changing clinical environment that creates the need to moderate or adjust the sequence as well as the speed of most any practical action. Also inherent in most nursing practical skills is a human recipient of these motor movements, a person who reacts to and interacts

with the nurse. In this context, there is a need for creative solutions and improvisations of movement without jeopardizing the patient's safety.

***Intention.*** The nursing developed knowledge and understanding of being a human, ill, and dependent on others for daily care. In nursing, intentions should be both manual/technical and caring. In nursing, the basis for interaction is one human's need for help from the other. Caring intentions are necessary in practical nursing actions because they can transform the acts of handling and helping into tolerable or even meaningful experiences for the patient.

***Disciplined Understanding.*** Disciplined understanding directs practitioners in the choice of goals and actions. Nursing discipline is not only narrowly focused on motor aspects of nursing practical skills. Any nursing practical skill performed on, or with, the patient is only one of many situations experienced by a patient. It is a time- and situation-bound event that may have meaning in itself. It is within the nurse's purview to support the patient's personal control throughout the intervention by informing, giving adequate instruction, and by pacing her actions to the patient's reactions. The nurse can also use the situation to convey respect for and interest in the patient.

The nurse should know current health care legislation and regulations governing health care facilities: the rights, responsibilities, and responsibilities of the nurse; normal and pathological anatomy and physiology of the person.

Nurse practical skills also include knowledge of modern methods of laboratory, radiological, endoscopic, and ultrasound examination, treatment of patients; peculiarities of observation and care of patients in fever, with disturbances of respiration, circulation, digestion, urinary, etc.; manipulation according to the profile of work; pharmacological action of the most common medicinal substances, their compatibility, dosage, methods of administration.

A nurse should also know the methods of disinfection and sterilization of tools and dressings; organization of sanitary-anti-epidemic and medical-protective regimes; basic principles of medical nutrition; safety rules while working with medical instruments and equipment; rules of registration of medical documentation; modern literature on the specialty.

***Exercise 1.*** Make back translation:

Вимір; виконання, продуктивність; намір, мета; розуміння дисципліни; бути прийнятим; диверсифікований, багатогалузевий, різноманітний; стримувати; налаштовувати; притаманний, властивий; людина-реципієнт; подія, пов'язана з часом і ситуацією; компетенція; вести дії; нормативні акти, що регламентують діяльність закладів охорони здоров'я; ультразвукове дослідження; сумісність.

***Exercise 2.*** Answer the questions:

- 1) What do practical nursing skills ensure?

- 2) What dimensions do nursing practical skills embrace?
- 3) What should the nurse know?
- 4) What knowledge do nurse practical skills also include?
- 5) What else should a nurse know?

**Exercise 3. a)** Numerate nursing practical skills dimensions!

**b)** Fill in the table “Nursing Practical Skills Dimensions”!

№	Dimension	Description
1.		
2.		
3.		

**Exercise 4.** Make up as many sentences as possible beginning with “A nurse should ...”

## Lesson 9 (21). Сестринські втручання. Nursing Interventions

*С/р «Перша допомога» (4 год.)*

psychotherapy [ˌsaɪkəʊˈθerəpi] – психотерапія

crisis counselling – кризове консультування

bedside care – приліжковий догляд

postpartum support – післяпологова підтримка

feeding assistance – допомога в харчуванні

monitoring of vitals and recovery progress – моніторинг

життєвоважливих показників і процесу відновлення

independent – незалежний

dependent – залежний

interdependent – взаємозалежний

input – інформація на вході

collaborative – спільний

to categorize ['kætəgəraɪz] – класифікувати, розділяти по категоріях

occupational therapist – ерготерапевт

domain – домен, галузь

Family Nursing Interventions – втручання пов'язані з сімейним доглядом

to entail education – тягнути за собою освіту

breastfeeding – грудне вигодовування

Behavioural Nursing Interventions – Поведінкові сестринські втручання

unhealthful – нездоровий

coping methods – методи подолання

to quit [kwɪt] – кинути

Physiological Nursing Interventions – Маніпуляційні сестринські втручання

insertion of an IV line – внутрішньовенне введення

Community Nursing Interventions – Втручання пов'язані з громадським медсестринством

a fun run – веселі старти

Safety Nursing Interventions – післяопераційні медсестринські втручання

after undergoing surgery – після перенесеної операції

to use a walker or a cane – використовувати ходунки або тростину

Health System Interventions – Загальномедичні втручання

repositioning – зміна положення

to avoid pressure ulcers – уникати пролежнів

Nursing interventions are actions a nurse takes to implement their patient care plan, including any treatments, procedures, or teaching moments intended to improve the patient's comfort and health. These actions can be as simple as adjusting the patient's bed and resting position – or as involved as psychotherapy and crisis counselling. While some nursing interventions are doctors' orders, nurse practitioners can also develop orders using principles of evidence-based practice. Common nursing interventions include: bedside care and assistance, administration of medication, postpartum support, feeding assistance, monitoring of vitals and recovery progress.

Nursing interventions are grouped into three categories according to the role of the healthcare professional involved in the patient's care:

***Independent:*** A nurse can perform independent interventions on their own without assistance from other medical personnel; e.g., routine nursing tasks such as checking vital signs.

***Dependent:*** Some actions require instructions or input from a doctor, such as prescribing new medication. A nurse cannot initiate dependent interventions alone.

***Interdependent:*** Collaborative, or interdependent, interventions involve team members across disciplines. In certain cases, such as post-surgery, the patient's recovery plan may require a prescription medication from a doctor, feeding assistance from a nurse, and treatment by a physical therapist or occupational therapist.

There are several types of nursing interventions aimed at meeting the variety of medical needs and conditions of patients. The Nursing Interventions Classification (NIC) system categorizes a wide range of possible treatments that a nurse may perform.

***NIC categorizes nursing interventions across seven domains:***

1. **Family Nursing Interventions.** Family nursing interventions are those that address not only the patient, but other family members as well. They could entail education of family members about caring for the patient; or, in the case of new mothers, interventions could consist of instruction and assistance with breastfeeding and other forms of infant care.
2. **Behavioural Nursing Interventions.** This category includes actions a nurse takes to help their patient change an unhealthful behaviour or habit; for example, suggesting



physical and emotional coping methods for a patient who wants to quit smoking.

3. Physiological Nursing Interventions (Basic). Basic interventions concerning the patient's physical health include hands-on procedures ranging from feeding to hygiene assistance.

4. Physiological Nursing Interventions (Complex). Some physiological nursing interventions are more complex, such as the insertion of an IV line to administer fluids to a dehydrated patient.

5. Community Nursing Interventions. Some hospitals and clinics focus on public health initiatives to educate patients, their families, and local communities. These community nursing interventions are organized efforts that encourage general health and wellness. For example, many clinics and pharmacies are currently administering the COVID-19 vaccine, or a hospital may offer a free education program about diabetes or organize a fun run to raise money for breast cancer research.

6. Safety Nursing Interventions. After undergoing surgery, patients need education on safety procedures and protocols to prevent injury. These safety interventions may include instructions for using a walker or a cane or how to take a shower safely.

7. Health System Interventions. During their shift, nurses take the initiative to ensure that the patient's environment

is safe and comfortable, such as repositioning them to avoid pressure ulcers in bed. These routine procedures classify as health system interventions.

While a nurse may not use every type of intervention every day, each is an essential form of care needed to maintain the patient's physical, emotional, and mental well-being and reach the desired outcome.

***Exercise 1.*** Make back translation:

Кризове консультування, приліжковий догляд, післяпологова підтримка, допомога в харчуванні, моніторинг життєвоважливих показників і процесу відновлення, методи подолання, внутрішньовенне введення, після перенесеної операції, використовувати ходунки або тростин, зміна положення, уникати пролежнів.

***Exercise 2. a)*** Numerate three categories of nursing interventions according to the role!

**b)** Fill in the table “Nursing Interventions”!

№	Intervention	Description
1.		
2.		
3.		

***Exercise 3.*** Fill in the table “NIC categorizes nursing interventions across seven domains”!

№	Domain	Description
1.		
2.		

**Exercise 4.** Find equivalents!

1. crisis counselling	I. уникати пролежнів
2. bedside care	II. зміна положення
3. postpartum support	III. ерготерапевт
4. feeding assistance	IV. домен, галузь
5. occupational therapist	V. внутрішньовенне вв
6. domain	VI. методи подолання
7. coping methods	VII. допомога в харчуван
8. insertion of an IV line	VIII. кризове консультува
9. repositioning	IX. приліжковий догляд
10. to avoid pressure ulcers	X. післяпологова підтр

## Lesson 10 (22). Медичні процедури. Medical Procedures

*С/р «Ліки та здоров'я» (4 год.)*

the delivery of healthcare – надання медичної допомоги

highly invasive – високоінвазивний

general practitioner – лікар загальної практики

diagnostician – діагност

propaedeutic procedures [ˌprəʊpiˈduːtɪk] – пропедевтичні процедури

diagnostic procedures – діагностичні процедури

malfunction – несправність

allied health treatment – суміжне лікування

hands-on method – практичний метод

palpation – пальпація

percussion – перкусія, вистукування

auscultation – аускультация, вислуховання

congenital malfunctions – вроджені вади

speech pathologist – логопед

dietitian – дієтолог

vision loss occupational therapist – ерготерапевт з втрати зору

aesthetic [es'θetik] – естетичний

self-esteem [self i'sti:m] – самооцінка

psychological wellbeing – психологічне благополуччя

A medical procedure is a course of action intended to achieve a result in the delivery of healthcare. A medical procedure with the intention of determining, measuring, or diagnosing a patient condition or parameter is also called a medical test. Other common kinds of procedures are therapeutic (i.e., intended to treat, cure, or restore function or structure), such as surgical and physical rehabilitation procedures. "An activity directed at or performed on an individual with the object of improving health, treating disease or injury, or making a diagnosis," - International Dictionary of Medicine and Biology

We can define surgical and non-surgical procedures. Non-surgical medical procedures are used to diagnose, measure, monitor or treat problems such as diseases or injuries that don't require surgery. They are generally not highly invasive and don't involve cutting. Non-surgical procedures are carried out by a health professional such as a physician, general practitioner (GP), diagnostician or nurse.

All medical procedures have benefits, risks and possible side effects.

Non-surgical procedures can be grouped into five broad classes:

- physical examination (propaedeutic procedures),
- tests, x-rays and scans (diagnostic procedures),
- treatments to repair the effects of injury, disease or malfunctions, including medicines, physical and radiation therapies (therapeutic procedures),
- allied health treatments to improve, maintain or restore a person's physical function (rehabilitative procedures),
- cosmetic procedures to improve a person's physical appearance for aesthetic reasons.

Commonly known as a physical examination, propaedeutic procedures are basic hands-on methods used by a doctor to get a general sense of a person's health and wellbeing. Some examples include: palpation, percussion,

auscultation, taking note of the person's vital signs (such as temperature and blood pressure).

Diagnostic procedures are tests that a doctor uses to help diagnose a person's medical problem or to measure the severity of the problem. The results of diagnostic procedures also help a doctor or other health professional to plan the best course of treatment. Many diagnostic procedures are available. Some examples include: body fluid tests, non-invasive scans, electrographs, angiograms, endoscopy.

Therapeutic procedures are treatments that a doctor or other health professional uses to help, improve, cure or restore function to a person. This may be to repair the effects of injury, disease or congenital malfunctions (birth defects). Non-surgical therapeutic procedures are generally less invasive than surgical options. Among them: medicines, physical therapies, radiation therapies.

Rehabilitation procedures are treatments that help to improve, maintain or restore a person's physical function. They are also known as 'allied health' therapies. Examples of health professionals who offer rehabilitative care include: physiotherapist, speech pathologist, dietitian, occupational therapist, vision loss occupational therapist.

Non-surgical cosmetic procedures use many of the same techniques as therapeutic procedures, but the aim is to improve a person's physical appearance for aesthetic

reasons. A person may choose to have cosmetic treatment (surgical or non-surgical) to improve their body image, self-esteem and psychological wellbeing. It is important to discuss benefits, risks and your expectations with your doctor before making a decision to go ahead with a cosmetic procedure.

***Exercise 1.*** Make back translation:

Надання медичної допомоги, високоінвазивний, лікар загальної практик, пропедевтичні процедури, діагностичні процедури, суміжне лікування, практичний метод, пальпація, перкусія, вистукування, аускультация, вроджені вади, логопед, самооцінка, психологічне благополуччя.

***Exercise 2. a)*** Numerate non-surgical procedures!

**b)** Fill in the table “Non-surgical procedures”!

№	Intervention	Description
1.		
2.		
3.		

***Exercise 3.*** Answer the questions:

- 1) What is a medical procedure?
- 2) What are two types of medical procedures?
- 3) Are non-surgical procedures not highly invasive?
- 4) What do all medical procedures have?

5) How many classes can non-surgical procedures be grouped into?

**Exercise 4.** Find equivalents!

1. highly invasive	I. аускультация, вислуховування
2. general practitioner	II. діагностичні процедури
3. propaedeutic procedures	III. суміжне лікування
4. diagnostic procedures	IV. перкусія, вистукування
5. allied health treatment	V. пропедевтичні процедури
6. hands-on method	VI. вроджені вади
7. palpation	VII. практичний метод
8. percussion	VIII. пальпація
9. auscultation	IX. високоінвазивний
10. congenital malfunctions	X. лікар загальної практики

**Lesson 11 (23). Treatment Methods.** Методи лікування. С/р «Госпіталізація пацієнтів» (4 год.)

curative ['kjʊrətɪv] – лікувальний

palliative ['pæliətɪv] – паліативний

onset – початок

etymology treatment – лікування етимології

strep throat – гострий фарингіт

antalgic [æn'tældʒɪk] – болезаспокійливий

medico techniques – медичні техніки

injectable – ін'єкційний

speech therapy – логопедія



psychiatry [saɪ'kɪətri] – психіатрія

to resort to surgical treatment – вдатися до хірургічного лікування

phototherapy – світлолікування

observation – спостереження

non-conventional medicine – нетрадиційна медицина

acupuncture [ˈækjuˌpʌŋktʃə(r)] – акупунктура, голкотерапія

balneotherapy [ˌbælnɪ'v'θeərəpi] – бальнеотерапія

detoxification [diːˌtɒksɪfɪ'keɪʃ(ə)n] – детоксикація

homeopathy [ˌhəʊmi'vɹəθi] – гомеопатія

Theoretically, there are three classifications of medical treatment:

- curative – to cure a patient of an illness,
- palliative – to relieve symptoms from an illness,
- preventative – to avoid the onset of an illness.

The doctor can also recommend an etymology treatment, like antibiotics to treat strep throat, for example. To relieve pain in this case, the treatment can be accompanied by a symptomatic treatment like an antalgic.

Treatments prescribed by doctors can be classified using one or several of the following methods: medical, surgical, or medico techniques. A medical treatment generally prescribes diet and lifestyle measures, like changing certain habits, as well as medication intake,

whether injectable or not. Physical therapy, speech therapy, psychiatry, and physiotherapy are equally part of medical treatments. For certain illnesses, it is necessary to resort to surgical treatment. Certain examinations are situated between traditional treatments and surgery, such as, radiology, endoscopy, and phototherapy.

To heal, relieve, or prevent an illness, health professionals can resort to other specific methods. In any case, observation is an integral part of treatment, like regularly examining blood pressure, or asking for an X-ray. In non-conventional medicine, certain therapies and techniques, like acupuncture, balneotherapy, taking supplements, detoxification, or homeopathy, can also be prescribed.

**Exercise 1.** Guess the meaning of the words:

Curative, palliative, гострий фарингіт, болезаспокійливий, медичні техніки, ін'єкційний, логопедія, психіатрія, вдатися до хірургічного лікування, світлолікування, спостереження, нетрадиційна медицина, бальнеотерапія, homeopathy.

**Exercise 2.** Find equivalents!

1. curative	I. нетрадиційна медицина
2. palliative	II. бальнеотерапія
3. strep throat	III. медичні техніки
4. antalgic	IV. логопедія
5. medico	V. акупунктура,

techniques	голко́терапія
6. injectable	VI.болеза́спокійливий
7. speech therapy	VII.ін'єкційний
8. non-conventional medicine	VIII.паліативний
9. acupuncture	IX.гострий фарингіт
10.balneotherapy	X.лікувальний

**Exercise 3.** Answer the questions:

- 1) How many classifications of medical treatment are there?
- 2) What does generally a medical treatment prescribe?
- 3) What are equally part of medical treatments?
- 4) Is observation an integral part of treatment?
- 5) What are the therapies and techniques of non-conventional medicine?

**Exercise 4.** Make up a plan of the text!

## **Lesson 24. Modern Methods of Examination. Сучасні методи обстеження.**

to arrange for quiet and privacy – організувати тишу та уса́мітнення

darkening the room – затемнення кімнати

bone scan – сканування кісток  
to locate deep – розташувати глибоко  
by revealing spots – шляхом виявлення плям  
to illuminate [ɪ'luːmineɪt] – опромінювати  
to inject into a vein – вводити у вену  
radiotracer [ˌreɪdɪəʊ 'treɪsər] – радіоіндикатор  
image – зображення  
to image problem areas – зображувати проблемні зони  
computerized tomography (CT) – комп'ютерна  
томографія (КТ)  
angle – кут  
X-ray beams – рентгенівське проміння  
to shape the data into – формувати дані у  
ultrasound [ˈʌltrəsaʊnd] – ультразвук  
ultra-high-frequency waves – ультрависокочастотні  
хвилі  
to bounce off [baʊns] – відскочити  
to bounce back – відскочити назад  
prenatal care – допологовий догляд  
to make diagnose – встановлювати діагноз  
echocardiogram [ˌekəʊkɑːdɪ'ɒɡrəm] – ехокардіограма

As the environment affects the quality of the examination, it is wise to arrange for quiet and privacy, darkening the room for parts of the examination, and comfort for the patient and examiner. The general physical

examination can take many forms depending upon circumstances. Most often, the examiner evaluates body regions in a general way, looking for abnormalities.

The most often used methods of modern examination are:

## **BONE SCANS**

A bone scan is a type of X-ray that helps doctors locate areas of infection or cancer deep within the bone. It does this by revealing spots of increased or decreased bone cell activity. First, a radiotracer, which can illuminate certain areas when scanned, is injected into a vein. The scan is performed hours later, once the radiotracer has had time to circulate in the body. A computer records the data from the scan and translates it into an image. By comparing places on the image where the tracer has (or has not) collected, doctors can image problem areas where bones may be damaged or infected.

## **COMPUTERIZED TOMOGRAPHY**

Computerized tomography or CT, scans X-ray the body from a variety of angles. A scanner detects the X-ray beams and transmits those data to a computer, which shapes the data into a series of images or photographs.

## **ULTRASOUND**

In ultrasound, ultra-high-frequency waves are beamed into the body, where they bounce off various structures. Ultrasound is painless and cannot be heard by

the human ear. The machine records where the waves strike and bounce back and interprets this data, creating images. Ultrasound is widely used to help make diagnoses. One of the most common uses is part of regular prenatal care, when ultrasound is used to look at a baby in the womb to make sure it is developing normally. Ultrasound can be used to check specific organs, such as the liver or kidneys, to look for unusual masses (tumors) or for abnormal size or density, such as might be seen with an abscess. An ultrasound image may appear as a single image, somewhat like a photograph, or as a moving image, like a video or movie.

## **ECHOCARDIOGRAM**

An echocardiogram is a specific type of ultrasound that sends sound waves into the chest to "paint a picture" of the heart's structure. This test can be used to see the size of the heart's valves and chambers, how well they move, and other qualities that a physician would need to know.

***Exercise 1.*** Guess the meaning of the words:

Darkening the room, bone scan, to locate deep, by revealing spots, to illuminate, to inject into a vein, radiotracer, to image problem areas, computerized tomography (CT), angle, X-ray beams, to shape the data into, ultrasound, ultra-high-frequency waves.

***Exercise 2.*** Find equivalents!

1. darkening the room	I. розташувати глибоко
2. bone scan	II. ехокардіограма
3. to locate deep	III. рентгенівське проміння
4. by revealing spots	IV. радіоіндикатор
5. to illuminate	V. ультразвук
6. to inject into a vein	VI. затемнення кімнати
7. radiotracer	VII. вводити у вену
8. X-ray beams	VIII. сканування кісток
9. ultrasound	IX. шляхом виявлення пд
10. echocardiogram	X. опромінювати

**Exercise 3.** a) Numerate modern methods of examination!

b) Fill in the table “Modern Methods of Examination”!

№	Method	Description
1.		
2.		
3.		

**Exercise 4.** Answer the questions:

- 1) Does environment affect the quality of the examination?
- 2) What is a bone scan?
- 3) What does CT do?
- 4) Where is ultrasound widely used?
- 5) What is an echocardiogram used for?

## Lesson 25. Nurse's Work with Patients

relevant information – відповідна інформація  
nonverbal cue [kju:] – невербальний сигнал  
underlying cause – основна причина  
to feel cared for, listened to and understood – відчувати,  
що турбуються, чують і розуміють  
to deliver challenging medical news – повідомляти  
складні медичні новини  
guidance – керівництво  
to equip patients with – забезпечити пацієнтів  
effective coping strategy – ефективна стратегія  
подолання  
inpatient and outpatient resources – стаціонарні та  
амбулаторні можливості  
to manage an illness – справлятися з хворобою  
to provide clear instructions – забезпечувати чіткими  
інструкціями  
a follow-up appointment – наступний прийом  
post-treatment home care needs – потреби домашнього  
догляду після лікування  
advocating for the health – захист здоров'я  
to ensure safety – гарантувати безпеку  
translating the medical information – пояснення медичної  
інформації  
resources at another facility – можливості в іншому  
закладі  
to advocate for patients – виступати за пацієнтів



basic bedside care tasks – основні завдання ліжкового догляду  
particular working environment – особливе робоче середовище  
to track vitals – відстежувати життєво важливі показники

Nurse's Work with Patients is characterized by several important aspects. Among them:

***Monitoring patients' health***

Nurses must carefully monitor and observe their patients to record any symptoms or relevant information that could lead to a diagnosis or a change in their treatment plan. This may involve carefully checking patient records to ensure the correct medications and dosages are listed, maintaining intravenous (IV) lines to ensure they are changed regularly and monitoring the patient's vital signs. Nurses must also pay close attention to nonverbal cues from their patients to help them identify underlying causes for their health-related issues.

***Providing support and advice to patients***

It is important to make sure patients feel cared for, listened to and understood, especially when nurses need to deliver challenging medical news. Patients often look to nurses for support and advice to help them process their diagnoses and determine what steps they should take next.

Nurses who are empathetic toward patients and their family members can provide comfort and guidance during these situations. They may also equip their patients with effective coping strategies or provide them with inpatient and outpatient resources.

### ***Educating patients about how to manage an illness***

Part of a nurse's role is to educate their patients about various medical conditions and provide clear instructions on how they can manage their symptoms. This could include explaining what medications the patient needs to take, when the patient should schedule a follow-up appointment and instructions for rehabilitative exercises or practices. Nurses may also be responsible for explaining additional post-treatment home care needs to a patient's family or caregiver. This can include recommendations for the patient's diet and nutrition, exercise routine and physical therapy.

### ***Advocating for the health and well-being of patients***

In order to properly care for their patients and ensure their safety, nurses may often act as advocates for their health and overall well-being. This can involve translating the medical information or diagnosis a doctor provides to ensure the patient understands the important details, encouraging patients to ask questions or connecting patients with resources at another facility that's better suited for their needs. Nurses can also advocate for their

patients by taking the time to actively listen to their concerns, respecting their wishes and communicating what the patient wants with their family or other staff members.

### ***Providing basic bedside care***

Nurses may be responsible for a wide range of basic bedside care tasks, depending on their particular working environment. These tasks can include helping patients bathe, use the bathroom and perform other hygiene-related activities. Bedside nurses also offer their patients emotional support, administer medications and track their vitals.

### ***Exercise 1.*** Guess the meaning of the words:

Relevant information, nonverbal cue, underlying cause, to feel cared for, listened to and understood, to deliver challenging medical news, effective coping strategy, inpatient and outpatient, to manage an illness, to provide clear instructions, a follow-up appointment, post-treatment home care needs, translating the medical information , resources at another facility, to advocate for patients , basic bedside care tasks .

### ***Exercise 2.*** Find equivalents!

1. relevant information	I. ефективна стратегія подолання
2. nonverbal cue	II. наступний прийом
3. underlying cause	III. стаціонарні та

	амбулаторні можливості
4. effective coping strategy	IV. можливості в іншому закладі
5. inpatient and outpatient resources	V. забезпечувати чіткими інструкціями
6. to manage an illness	VI. основна причина
7. to provide clear instructions	VII. пояснення медичної тінформації
8. a follow-up appointment	VIII. відповідна інформація
9. translating the medical information	IX. справлятися з хворобою
10. resources at another facility	X. невербальний сигнал

**Exercise 3.** a) Numerate aspects of nurse's work with patients!

b) Fill in the table “Aspects of Nurse's Work with Patients”!

№	Aspect	Description
1.		
2.		
3.		

**Exercise 4.** Answer the questions:

- 1) What must nurses pay close attention?
- 2) Is it important to make sure patients feel cared for, listened to and understood?

- 3) What should nurse educate her patients about?
- 4) What can advocating patients involve?
- 5) What can basic bedside care tasks include?

## **Lesson 26. Nurse-Patient Relationship**

interaction – взаємодія

to aim – прагнути, націлюватися

enhancing the well-being – покращення самопочуття

to drive – переслідувати

boundary – межа

to impose – зобов'язувати

confidentiality – конфіденційність

trust – довіра

disclosing personal information – розкриваючи особисту інформацію

to obtain – отримати

therapeutic nurse behaviours – терапевтична поведінка медсестри

intent – намір

to meet needs – задовільняти потреби

self-awareness – самосвідомість

internal evaluation – внутрішня оцінка

perception – сприйняття

to frame – утворювати, будувати

to distort – деформувати

genuine, warm and respectful ['dʒenjuɪn] – щирий,  
теплый і шанобливий  
open-mindedness – відкритість, неупередженість  
to incorporate – включати, об'єднувати  
perceptual world – світ сприйняття  
to convey support – передати підтримку  
cultural sensitivity – культурна чутливість  
culturally diverse environment – культурно різноманітне  
середовище  
ethnic background – етнічне походження  
cultural competency – культурна компетентність  
viewpoint – точка зору  
to put aside – відкласти  
intricately ['intrɪkətli] – хитромудро  
to mimic – імітувати, віддзеркалювати  
collaborative goal setting – спільне цілепокладання  
responsible, ethical practice – відповідальна, етична  
практика  
communication-based relationship – стосунки на основі  
спілкування  
genuinely ['dʒenjuɪnli] – щиро  
abuse – образа, знущання  
CNO Standard (Chief Nursing Officer Standard) –  
Стандарт головної медсестри  
safe from harm – захищений від шкоди

The nurse–patient relationship is an interaction between a nurse and client/patient aimed at enhancing the well-being of the client, who may be an individual, a family, a group, or a community.

The nurse-patient relationship is a key aspect in the development of nursing care, without which it is difficult to understand the professional goal that drives nurses.

The nurse-patient relationship is composed of several elements:

***Boundaries*** are an integral part of the nurse-client relationship. They represent invisible structures imposed by legal, ethical, and professional standards of nursing that respect the rights of nurses and patients. These boundaries ensure that the focus of the relationship remains on the patient's needs, not only by word but also by law.

***Confidentiality*** makes the relationship safe and establishes trust. The patient should feel comfortable disclosing personal information and asking questions. The nurse is to share information only with professional staff that needs to know and obtain the patient's written permission to share information with others outside the treatment team.

***Therapeutic nurse behaviours.*** Nurses are expected to always act in the best interests of the patient to maintain a relationship that is strictly with all intent to only benefit the client. The nurse must ensure that their patient's needs

are met while being professional. Caring for patients is beyond the treatment of disease and disability.

***Self-awareness*** is an internal evaluation of oneself and of one's reactions to emotionally charged situations, people and places. It offers an opportunity to recognise how our attitudes, perceptions, past and present experiences, and relationships frame or distort interactions with others. Until individuals can fully understand themselves they cannot understand others. Nurses need self-awareness in this relationship to be able to relate to the patient's experiences to develop empathy.

***Genuine, warm and respectful.*** Highly skilled, experienced nurses must possess certain attributes or skills to successfully establish a nurse-patient relationship. Attributes such as being genuine, warm and respectful are a few to mention. An aspect of respect is respecting an individual's culture and ensuring open-mindedness is being incorporated all throughout the relationship.

***Empathy.*** Having the ability to enter the perceptual world of the other person and understanding how they experience the situation is empathy. This is an important therapeutic nurse behaviour essential to convey support, understanding and share experiences. Patients are expecting a nurse who will show interest, sympathy, and an understanding of their difficulties. When receiving care patients tend to be looking for more than the treatment of



their disease or disability, they want to receive psychological consideration. This happens through good communication, communication with patients is the foundation of care.

***Cultural sensitivity.*** Healthcare is a culturally diverse environment and nurses have to expect that they will care for patients from many different cultures and ethnic backgrounds. Cultural competency is a viewpoint that increases respect and awareness for patients from cultures different from the nurse's own. Cultural sensitivity is putting aside our own perspective to understand another person's perspective. Caring and culture are described as being intricately linked. This is believed because there can be no cure without caring and caring involves knowing the different values and behaviours of a person's culture. It is important to assess language needs and request for a translation service if needed and provide written material in the patient's language; also, trying to mimic the patient's style of communication.

***Collaborative goal setting.*** A therapeutic nurse-patient relationship is established for the benefit of the patient. It includes nurses working with the patient to create goals directed at improving their health status. Goals are centered on the patient's values, beliefs and needs. A partnership is formed between nurse and client. The nurse

empowers patient and families to get involved in their health.

***Responsible, ethical practice.*** This is a communication-based relationship, therefore, a responsibility to interact, educate, and share information genuinely is placed upon the nurse. The fourth statement of the CNO Standard is, Protecting Clients from Abuse. It is stated that it is the nurse's job to report abuse of their patient to ensure that their client is safe from harm.

***Exercise 1.*** Guess the meaning of the words:

Enhancing the well-being, to drive, boundary, confidentiality, trust, disclosing personal information, therapeutic nurse behaviours, self-awareness, internal evaluation, genuine, warm and respectful, open-mindedness, to incorporate, perceptual world, to convey support, cultural sensitivity, culturally diverse environment, ethnic background, cultural competency, intricately, to mimic, collaborative goal, responsible, ethical practice, communication-based relationship.

***Exercise 2.*** Find equivalents!

1. to drive	I. особиста інформація
2. boundary	II. культурна компетенція
3. confidentiality	III. межа
4. trust	IV. самосвідомість
5. personal information	V. внутрішня оцінка
6. therapeutic nurse behaviours	VI. переслідувати

7. self-awareness	VII. конфіденційність
8. internal evaluation	VIII. межа
9. self-awareness	IX. довіра
10. cultural competency	X. терапевтична поведінка

**Exercise 3.** a) Numerate the elements of the nurse-patient relationship!

b) Fill in the table “The Elements of the Nurse-Patient Relationship”!

№	Element	Description
1.		
2.		
3.		

**Exercise 4.** Answer the questions:

- 1) What is the nurse–patient relationship?
- 2) Is the nurse-patient relationship a key aspect in the development of nursing care?
- 3) What do the boundaries represent?
- 4) What is the function of confidentiality?
- 5) How do nurses are expected to act?
- 6) What is the definition of the nurse’s self-awareness?
- 7) What kind of attributes must a highly skilled, experienced nurses possess?
- 8) What is empathy?
- 9) What do patients expect to receive from a nurse?
- 10) What is a cultural competency?
- 11) What does caring involve?

- 12) What are the nurse-patient relationship goals centered on?
- 13) What is a responsible, ethical practice?
- 14) What does it go about in the fourth statement of the CNO Standard?

## **Lesson 27. Sports and Health**

to go hand in hand – бути тісно пов'язаними

cycling – їзда на велосипеді, велоспорт

enjoyment – задоволення

noncommunicable diseases (NCDs) – неінфекційні хвороби

breast and colon cancer – рак грудей і товстої кишки

overweight – надмірна вага

obesity [əʊ'bi:səti] – ожиріння

changing transport patterns – зміна транспортних моделей

urbanization [ˌzɜːbənə'zeɪʃən] – урбанізація

to keep in good health – зберігати здоров'я

field-and-track athletics – легка атлетика

significant impact – значний вплив

health status – стан здоров'я

world-wide – світовий, всесвітній

mental illness – психічне захворювання

Sports and health go hand in hand, offering people all over the world, of different abilities and ages, the chance for happier, healthier and more productive lives.

Physical activity refers to all movement, including sports, cycling, walking, active recreation and play. It can be done at any level of skill and for enjoyment by everybody.

Regular physical activity helps prevent and treat noncommunicable diseases (NCDs) such as heart disease, stroke, diabetes and breast and colon cancer. It also helps prevent hypertension, overweight and obesity and can improve mental health, quality of life and well-being. Yet, much of the world is becoming less active. As countries develop economically, levels of inactivity increase. In some countries, these levels can be as high as 70%, due to changing transport patterns, increased use of technology, cultural values and urbanization.

Thousands of people go in for sports, because sports help people to keep in good health. The most popular sports in our country are field-and-track athletics, football, volleyball, basketball, hockey, gymnastics, tennis, table-tennis. There are lots of stadiums, sports clubs, gymnasiums, and sports grounds in our country.

If you want to keep fit, you must go in for one kind of sport or another.

Participation in physical activity and sport, through a number of mechanisms, can have significant impact on the health of individuals and communities. The physical, social, emotional and cognitive benefits of sport and physical activity are connected with the reduction of chronic illness and disease.

Inactivity is a major risk factor in a number of chronic diseases that are having immense impact on health status world-wide. Sport and physical activity can promote activity lifestyles, which in combination with other approaches, can reduce the risk of chronic lifestyle diseases such as cardiovascular disease, cancer, diabetes, obesity and mental illness.

***Exercise 1.*** Make back translation:

Бути тісно пов'язаними, їзда на велосипеді, неінфекційні хвороби, рак грудей і товстої кишки, надмірна вага, ожиріння, урбанізація, зберігати здоров'я, легка атлетика, значний вплив, стан здоров'я, психічне захворювання.

***Exercise 2.*** Answer the questions:

- 1) What does physical activity refer to?
- 2) What does regular physical activity help?
- 3) What do sports help people to?
- 4) What are the benefits of sport?

5) What is a major risk factor in a number of chronic diseases?

**Exercise 3.** Find equivalents!

1. to go hand in hand	I. стан здоров'я
2. noncommunicable diseases (NCDs)	II. психічне захворювання
3. breast and colon cancer –	III. легка атлетика
4. overweight	IV. урбанізація
5. obesity	V. бути тісно пов'язаним
6. urbanization	VI. надмірна вага
7. to keep in good health	VII. неінфекційні хвороби
8. field-and-track athletics	VIII. рак грудей і товстої ки
9. health status	IX. зберігати здоров'я
10. mental illness	X. ожиріння

**Exercise 4.** Make up a plan of the text!

**Lesson 28.** Аудіювання «Coffee and Tea». **Healthy Diet.**

Здорове харчування. С/р «Антибіотики» (4 год.)

consuming a healthy diet – дотримання здорової дієти

life-course – життєвий цикл

malnutrition – недоїдання

processed foods – оброблені харчові продукти

shift in dietary patterns – зміна режиму харчування

sodium ['səʊdiəm] – натрій

dietary fibre ['faɪbə] – харчові волокна

whole grains – цільозернові

exact make-up – точний склад  
diversified, balanced and healthy diet – різноманітне, збалансоване та здорове харчування  
gender – стать  
cultural context – культурний контекст  
locally available foods – місцеві продукти харчування  
dietary customs – дієтичні звичаї  
to constitute – складати  
total fat intake – загальне споживання жиру  
unhealthy weight gain – нездорове збільшення ваги  
saturated fats ['sætʃəreɪtɪd] – насичені жири  
industrially-produced trans-fats – транс-жири  
промислового виробництва  
steaming – приготування на пару  
boiling – варіння  
lard – смалець  
ghee [gi:] – топлене масло  
polyunsaturated fats – поліненасичені жири  
soybean – соєві боби  
canola (rapeseed) [kə'neʊlə] – канола (насіння ріпаку)  
safflower ['sæflaʊər] – сафлор  
lean meat – нежирне м'ясо  
trimming visible fat – обрізка видимого жиру  
pre-packaged – попередньо упаковані  
doughnut ['dəʊnʌt] – пончик  
potassium [pə'tæsiəm] – калій



insufficient – недостатній

to mitigate ['mitigeɪt] – полегшувати, пом'якшувати

elevated sodium consumption – підвищене споживання натрію

serum lipids – ліпіди сироватки крові

Consuming a healthy diet throughout the life-course helps to prevent malnutrition in all its forms as well as a range of noncommunicable diseases (NCDs) and conditions. However, increased production of processed foods, rapid urbanization and changing lifestyles have led to a shift in dietary patterns. People are now consuming more foods high in energy, fats, free sugars and salt/sodium, and many people do not eat enough fruit, vegetables and other dietary fibre such as whole grains.

The exact make-up of a diversified, balanced and healthy diet will vary depending on individual characteristics (e.g. age, gender, lifestyle and degree of physical activity), cultural context, locally available foods and dietary customs. However, the basic principles of what constitutes a healthy diet remain the same.

### ***Practical advice on maintaining a healthy diet***

#### ***Fruit and vegetables***

Eating at least 400 g, or five portions, of fruit and vegetables per day reduces the risk of NCDs and helps to ensure an adequate daily intake of dietary fibre.

## ***Fats***

Reducing the amount of total fat intake to less than 30% of total energy intake helps to prevent unhealthy weight gain in the adult population

Fat intake, especially saturated fat and industrially-produced trans-fat intake, can be reduced by:

- steaming or boiling instead of frying when cooking;
- replacing butter, lard and ghee with oils rich in polyunsaturated fats, such as soybean, canola (rapeseed), corn, safflower and sunflower oils;
- eating reduced-fat dairy foods and lean meats, or trimming visible fat from meat;
- limiting the consumption of baked and fried foods, and pre-packaged snacks and foods (e.g. doughnuts, cakes, pies, cookies, biscuits and wafers) that contain industrially-produced trans-fats.

## ***Salt, sodium and potassium***

Most people consume too much sodium through salt and not enough potassium. High sodium intake and insufficient potassium intake contribute to high blood pressure, which in turn increases the risk of heart disease and stroke.

People are often unaware of the amount of salt they consume. Most salt comes from processed foods or from foods consumed frequently in large amounts (e.g. bread). Salt is also added to foods during or at the point of consumption (e.g. table salt).

Some food manufacturers are reformulating recipes to reduce the sodium content of their products, and people should be encouraged to check nutrition labels to see how much sodium is in a product.

Potassium can mitigate the negative effects of elevated sodium consumption on blood pressure. Intake of potassium can be increased by consuming fresh fruit and vegetables.

### ***Sugars***

Consuming free sugars increases the risk of dental caries. Excess calories from foods and drinks high in free sugars also contribute to unhealthy weight gain, which can lead to overweight and obesity. Recent evidence also shows that free sugars influence blood pressure and serum lipids, and suggests that a reduction in free sugars intake reduces risk factors for cardiovascular diseases

### ***Exercise 1. Make back translation:***

Дотримання здорової дієти, недоїдання, оброблені харчові продукти, зміна режиму харчування, натрій, харчові волокна, цільнозернові, точний склад, культурний контекст, місцеві продукти харчування, дієтичні звичаї, загальне споживання жиру, нездорове збільшення ваги, насичені жири, транс-жири промислового виробництва, приготування на пару, поліненасичені жири, підвищене споживання натрію, ліпіди сироватки крові.

**Exercise 2.** Answer the questions:

- 1) What food are now people consuming?
- 2) What will balanced and healthy diet vary depending on?
- 3) What do eating fruit and vegetables reduce?
- 4) How can fat intake be reduced?
- 5) Where does most salt come?
- 6) What can potassium mitigate?
- 7) What does consuming free sugars increase?

**Exercise 3.** Find equivalents!

1.malnutrition	I. харчові волокна
2.processed foods	II. ліпіди сироватки к
3.locally available foods	III. поліненасичені жи
4.dietary customs	IV. нездорове збільше
5.dietary fibre	V. насичені жири
6.diversified, balanced and healthy diet	VI. недоїдання
7.saturated fats	VII. оброблені харчові
8.unhealthy weight gain	VIII. різноманітне, збал
9.polyunsaturated fats	IX. місцеві продукти х
10. serum lipids	X.дістичні звичаї

**Exercise 4.** a) Numerate the products that play an important role in healthy diet!

b) Fill in the table “Products that Play an Important Role in Healthy Diet”!

№	Product	Description
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1.		
2.		
3.		

## Lesson 29. I am a Master's Degree Nurse

Я – медична сестра-магістр. *С/р «В аптеці» (4 год.)*

BSN curriculum – навчальний план «Медсестра-бакалавр»

to be passionate about – бути захопленим

to qualify ['kwa:lɪfaɪ] – здобувати певну кваліфікацію, навчати

schedule – графік

diligent, problem-solving approach – старанний підхід до вирішення проблем

to incorporate – об'єднувати, включати

to promote greater curiosity – сприяти більшій допитливості

advanced practice nursing roles – прогресивні медсестринські ролі

administrative and leadership positions – адміністративні та керівні посади

specialized roles – спеціалізовані ролі

Family Nurse Practitioner (FNP) – сімейна медсестра

Adult-Gerontology Nurse Practitioner (AGNP) – медична сестра в геронтології

Psychiatric Mental Health Nurse Practitioner (PMHNP) –  
медична сестра

в психіатрії

Clinical Nurse Leader – головна медсестра в клінічній  
медицині

Patient Care Director – головна медсестра в догляді за  
хворими

Chief Nursing Officer – головна медсестра ділового  
адміністрування

Nurse Informatics Specialist – медсестра-спеціаліст по  
роботі з інформацією

Nurse Educator – медсестра-наставник

## **5 Benefits of Earning a Master's Degree in Nursing**

An MSN opens the door to new career opportunities in the short and long term. Some of the top benefits of earning your MSN degree include:

- **Achieving a nursing specialization.** Unlike the BSN curriculum, there are many different paths you can take within an MSN program. You can choose the area of care you're most passionate about or advance your skills in non-clinical areas like administration or technology.

- **Qualifying for positions with more predictable schedules.** As a bedside nurse, you likely work 12-hour shifts, weekends and holidays. An MSN can help you

advance to management roles, which typically come with better work schedules.

- Employing the principles of evidence-based practice to improve patient care. Evidence-based practice is a diligent, problem-solving approach to clinical nursing practice. It incorporates the best available evidence from well-designed studies, patient values and preferences – combined with a clinician's expertise – to make informed decisions about patient care.

- Increasing salary expectations without changing roles. If you're passionate about providing bedside care, a master's degree can still positively influence your salary expectations.

- Pursuing personal development and gaining lifelong learning skills. The healthcare industry and clinical practice are always changing. Earning an MSN degree can help promote greater curiosity and help you continuously gain new skills to stay at the forefront of nursing.

A master's degree in nursing, or MSN, is a good option for you and your ambitions. An MSN provides career flexibility and opens doors to new opportunities. There are three common paths for nurses who choose to earn their MSN – advanced practice roles, administrative and leadership positions and specialized roles. Let's dive into some of the highest-paying roles in each of these career paths.

## **Advanced Practice Nursing Roles**

An advanced practice nurse is a nurse with post-graduate education and training in nursing. Advanced practice nurses are often primary care providers who are on the front lines of providing preventive care to the public. Nurses who work at this level will choose to practice in either a specialist or generalist role as:

- Family Nurse Practitioner (FNP)
- Adult-Gerontology Nurse Practitioner (AGNP)
- Psychiatric Mental Health Nurse Practitioner (PMHNP)

## **Administrative and Leadership Roles**

Another career path for nurses with an MSN degree is to pursue an administrative or leadership role. These nurses focus on providing strategic leadership, team management and process efficiency in an effort to improve patient care and outcomes. Their functions could be:

- Clinical Nurse Leader
- Patient Care Director
- Chief Nursing Officer

## **Specialized Nursing Roles**

An MSN also offers options for nurses to move into specialized roles outside of clinical nursing, including jobs in technology and education. They do the duties of:

- Nurse Informatics Specialist
- Nurse Educator



**Exercise 1.** Find equivalents!

1. BSN curriculum	I. графік
2. advanced practice nursing roles	II. медична сестра в псих
3. administrative and leadership positions	III. головна медсестра діло адміністрування
4. specialized roles	IV. головна медсестра в до хворими
5. Family Nurse Practitioner (FNP)	V. навчальний план «Мед бакалавр»
6. Adult-Gerontology Nurse Practitioner (AGNP)	VI. прогресивні медсестри
7. Psychiatric Mental Health Nurse Practitioner (PMHNP)	VII. адміністративні та кер
8. schedule	VIII. спеціалізовані ролі
9. Patient Care Director	IX. медична сестра в герон
10. Chief Nursing Officer	X. сімейна медсестра

**Exercise 2.** a) Numerate 5 benefits of earning a master's degree in nursing!

b) Fill in the table “5 Benefits of Earning a Master's Degree in Nursing”!

№	Benefit	Description
1.		
2.		
3.		

**Exercise 3.** a) Numerate three common paths for nurses who choose to earn their MSN!

b) Fill in the table “Three Common Paths for Nurses Who Choose to Earn their MSN”!

№	Path	Roles
1.		
2.		
3.		

**Exercise 4.** Write the esse “I am a Master's Degree Nurse” (10-12 sentences), learn, record the video and place on the platform!

**Медична діагностика** ([дав.-гр. δια-γνωστικός](#) — *здатний розпізнавати*) — комплекс заходів та досліджень, спрямованих на встановлення [діагнозу](#), тобто точної причини [захворювання](#), а також змін внутрішнього середовища організму та супутніх захворювань, та призначення ефективного лікування захворювання. Медична діагностика поділяється на [семіотику](#); методи обстеження хворих, які поділяються на [фізикальні методи обстеження](#), [лабораторні](#) та інструментальні; а також методологічні основи встановлення діагнозу.

Для уточнення [діагнозу](#) захворювання хворому також призначаються лабораторні, інструментальні та фізикальні методи обстеження.

До інструментальних методів обстеження належать [рентгенологічні](#), [ендоскопічні](#), [ультразвукові](#), методи реєстрації електричної активності органів (зокрема [ЕКГ](#) та [ЕЕГ](#)) та ряд інших методів обстеження.<sup>[2]</sup>

До рентгенологічних методів обстеження відноситься [рентгенографія](#), [рентгеноскопія](#), [томографія](#), [скринінго](#)

вий метод для раннього виявлення захворювань дихальної системи — **флюорографія**, а також метод обстеження із створенням зображень органів із високою роздільною здатністю — **комп'ютерна томографія**.<sup>[3][2]</sup> Близьким до цього методу, хоча й із використанням інших фізичних явищ, є **магнітно-резонансна томографія**<sup>[4]</sup> та **позитрон-емісійна томографія**.<sup>[5]</sup> У діагностиці також можуть застосовуватися рентгенологічні методи обстеження із використанням **рентгеноконтрастних препаратів**.<sup>[3]</sup>

Ендоскопічні методи обстеження, принципом яких є спостереження змін внутрішніх органів та порожнин людського організму з допомогою спеціального прилада — **ендоскопа**, застосовуються переважно для діагностики захворювань порожнистих і порожнинних органів. До них належать **фіброгастродуоденоскопія**, **колоноскопія**, **ректороманоскопія**, **риноскопія**, **ларингоскопія**, **бронхоскопія**, **цистоскопія**, **кольпоскопія**, **лапароскопія**, **артроскопія** та ряд інших обстежень. Ендоскопічні методи можуть поєднувати у собі як діагностичну мету, в тому числі взяття **біопсії** ураженого органу, при проведенні даних методів обстеження можуть також проводитись лікувальні маніпуляції.<sup>[6][7][8]</sup> Окрім того, найчастіше для вивчення стану органів **травної системи** застосовується відеокапсульна ендоскопія, під час якої в травний тракт хворого вводиться відеокапсула, яка самостійно рухається травним трактом і робить знімки стінок органів травної системи, що допомагає лікарю краще оцінити стан ураженого органу.<sup>[9]</sup>

Для обстеження щільних органів застосовуються **ультразвукові методи обстеження**. Ультразвукове обстеження застосовується для діагностики захворювань **печінки**, **підшлункової залози**, **жовчного міхура**, **селезінки**, **нирок**, **сечового міхура**, **простати**, **жіночих статевих органів**, **молочних залоз**, **серця** і **судин**, **суглобів**, застосовується також для діагностики патологічних станів у **плода**.<sup>[10][11]</sup>

У діагностиці різних захворювань також можуть використовуватися інші методи обстеження, зокрема введення в організм **радіоактивних ізотопів** та отриманні зображення шляхом визначення виділеного ними **випромінювання (сцинтиграфія)**<sup>[12]</sup>; реєстрація виділеного тепла з організму людини (**термографія**)<sup>[13]</sup>; пункційна **біопсія** та ряд інших методів діагностики захворювань, які є специфічними для різних розділів медицини.

**Higher Qualified Nurse:** incomplete higher education (junior specialist) or basic higher education (bachelor) “Medicine”, specialty “Nursing”, “Medical” or “Obstetrician”. Specialization in the work profile. Professional development (refresher courses, etc.). Certificate of assignment (confirmation) of the highest qualification category in this specialty. Professional experience for more than 10 years.

**Nurse of I** qualification category: incomplete higher education (junior specialist) or basic higher education (bachelor) in the field of preparation “Medicine”, specialty “Nursing”, “Medical” or “Obstetrician”. Specialization in the work profile. Professional development (refresher courses, etc.). Certificate of approval (confirmation) of I qualification category in this specialty. Professional experience of more than 7 years.

**Nurse of II** qualification category: incomplete higher education (junior specialist) or basic higher education (bachelor) in the field of preparation “Medicine”, specialty “Nursing”, “Medical” or “Obstetrician”. Specialization in the work profile. Professional development (refresher courses, etc.). Certificate of assignment (confirmation) of II qualification category in this specialty. Professional experience – more than 5 years.

**Nurse:** incomplete higher education (junior specialist) or basic higher education (bachelor) in the field of preparation “Medicine”, specialty “Nursing”, “Medical” or “Obstetrician”. Specialization in the work profile. Without requirements to work experience.