

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

**NATALIIA HALCHUN**

**ENGLISH**

**IN PROFESSIONAL COMMUNICATION**

**Lutsk 2023**



**КОМУНАЛЬНИЙ ЗАКЛАД ВИЩОЇ ОСВІТИ  
«ВОЛИНСЬКИЙ МЕДИЧНИЙ ІНСТИТУТ»  
ВОЛИНСЬКОЇ ОБЛАСНОЇ РАДИ  
Кафедра дисциплін загальної підготовки**

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

**Луцьк 2023**

*Рекомендовано до друку науково-методичною радою Комунального закладу вищої освіти «Волинський медичний інститут» Волинської обласної ради, протокол (№ 1 від 28.08.2023)*

**Рецензенти:**

**Гусак Л. Є.** – доктор педагогічних наук, професор кафедри іноземних мов гуманітарних спеціальностей Волинського національного університету імені Лесі Українки

**Ковальчук О. М.** – кандидат педагогічних наук, доцент, доцент кафедри іноземної та української філології Луцького національного технічного університету

**Гальчун Н. П**

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. 201 с.

Навчальний посібник «Англійська мова в професійній комунікації» містить 30 структурованих уроків, які представлені у логічній послідовності, щоб здобувачі освіти мали змогу опанувати навчальний матеріал з освітнього компонента «Англійська мова в професійній комунікації».

Рекомендовано здобувачам другого (магістерського) рівня вищої освіти спеціальності 223 Медсестринство.

## **ЗМІСТ**

1.	Передслово	5
2.	Компетентності та програмні результати навчання	7
3.	Global Health	9
4.	Health Service in Ukraine	13
5.	Health Service in English-Speaking Countries	20
6.	History of Nursing	27
7.	Nurse's Profession in Ukraine and Abroad	34
8.	Main Tasks of Nursing in Ukraine	39
9.	Preparation of Nurses in Ukraine	45
10.	Modern Nursing Characteristics	54
11.	The Nursing Qualifications and Skills	58
12.	Nurses' Functional Duties	65
13.	13 Different Types of Nurses and What They Do	71
14.	Nursing of Code Ethic	80
15.	Nurse Leadership	86
16.	Current Issues of Modern Nursing	93
17.	Nursing Innovations and Development	100
18.	Scientific Experiments in the Field of Nursing	107

19. Nursing in Public Health	111
20. Clinical Nursing	116
21. Transcultural Nursing	120
22. Nursing Process	125
23. Nurse Practical Skills	131
24. Nursing Interventions	135
25. Medical Procedures	141
26. Treatment Methods	146
27. Modern Methods of Examination	150
28. Nurse's Work with Patients	154
29. Nurse-Patient Relationship	160
30. Healthy Diet	168
31. Sports and Health	174
32. I am a Master's Degree Nurse	178
33. Список використаних джерел	185

## ПЕРЕДСЛОВО

Відповідно до Стандарту другого (магістерського) рівня вищої освіти за спеціальністю Медсестринство інтегративна компетентність випускника визначається як здатність розв'язувати задачі дослідницького та/або інноваційного характеру у сфері медсестринства. Формування всіх передбачених компетентностей для досягнення програмних результатів навчання здобувачів освіти, однозначно, не можливе без належного рівня професійної комунікації, зокрема англомовної.

Розробники освітньо-професійної програми Сестринська справа керувалися низкою мотивів, вносячи до обов'язкових освітніх компонентів «Англійську мову в професійній комунікації». Головним із них є надання англійській мові особливого статусу відповідно до її ролі в реалізації євроінтеграційних процесів України.

Необхідність розробки навчального посібника для забезпечення оволодіння навчальною дисципліною зумовлена тим, що на момент початку роботи над посібником, в Україні не було підручника для здобувачів медсестринської освіти магістерського рівня.

Тематика підібрана відповідно до сучасних світових тенденцій розвитку медсестринства, щоб забезпечити медсестру-магістра знаннями як лексичних одиниць, так і надати відповідного рівня змістового наповнення освітнього компонента. Всі завдання мають автентичний характер, інформація, переважно з європейських та американських сайтів закладів освіти, охорони здоров'я, медсестринських спілок та організацій тощо, яка була опрацьована та адаптована для придатності до сприйняття та розуміння здобувачами освіти.

Навчальний посібник містить 30 занять, кожне з яких включає глосарій до теми, текст або діалог, вправи на закріплення лексичного матеріалу, діалоги з розробленими завданнями для формування іншомовної комунікативної компетентності з урахуванням сучасних інноваційних технологій навчання.



## **КОМПЕТЕНТНОСТІ ТА ПРОГРАМНІ РЕЗУЛЬТАТИ НАВЧАННЯ**

### ***Інтегральна компетентність***

Здатність розв'язувати задачі дослідницького та/або інноваційного характеру у сфері медсестринства.

### **Загальні компетентності**

ЗК1. Здатність до абстрактного мислення, пошуку, оброблення, аналізу та синтезу інформації.

ЗК2. Здатність застосовувати знання у практичних ситуаціях.

ЗК3. Здатність використовувати інформаційні та комунікаційні технології.

ЗК6. Вміння виявляти, ставити та вирішувати проблеми.

ЗК7. Здатність приймати обґрунтовані рішення.

ЗК8. Здатність працювати в команді.

ЗК9. Здатність до міжособистісної взаємодії.

ЗК10. Здатність спілкуватися іноземною мовою

### **Спеціальні (фахові, предметні) компетентності**

СК2. Здатність інтегрувати знання та розв'язувати складні задачі медсестринства у широких або мультидисциплінарних контекстах.

СК3. Здатність розв'язувати проблеми медсестринства у нових або незнайомих середовищах за наявності неповної або обмеженої інформації з урахуванням стандартів професійної діяльності та аспектів соціальної та етичної відповідальності.

СК8. Здатність продовжувати навчання з високим ступенем автономії.

### **Програмні результати навчання**

ПРН3. Володіти спеціалізованими уміннями/навичками розв'язання проблем, з урахуванням стандартів професійної діяльності та аспектів соціальної та етичної відповідальності.

ПРН4. Зрозуміло і недвозначно доносити власні знання, висновки та аргументацію у сфері охорони здоров'я до фахівців і нефахівців, зокрема до осіб, які навчаються.

ПРН10. Планувати і виконувати наукові та прикладні дослідження у сфері медсестринства, обирати методи та інструменти досліджень, висувати і перевіряти гіпотези, обґрунтовувати висновки.

ПРН13. Збирати, аналізувати та оцінювати інформацію, необхідну для розв'язання складних задач у сфері медсестринства, зокрема у науковій та професійній літературі, базах даних.

ПРН17. Вільно спілкуватись усно і письмово державною та іноземною мовами при обговоренні професійних питань, досліджень та інновацій в сфері медсестринства.

**(Освітньо-професійна програма  
Сестринська справа другого  
(магістерського) рівня вищої освіти за  
спеціальністю 223 медсестринство  
Галузі знань 22 Охорона здоров'я,  
освітня кваліфікація: магістр  
медсестринства, наказ в. о. ректора  
КЗВО «Волинський медичний  
інститут» № 118 від 26, 06, 2024)**

## 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 Organisation) – 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'spɑːti] – невідповідність здоров'ю

to target ['tɑːɡɪt] – 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'təːmɪnənt] – визначальний, вирішальний, детермінант

influential [ˌɪnflu'ɛnʃ(ə)l] – впливовий

evidence-based – що заснований на доказах

solution [sə'luːʃ(ə)n] – рішення

framework ['freɪmwɜːk] – рамки

governance ['ɡʌv(ə)nəns] – управління

regulation [ˌrɛɡjʊ'leɪʃ(ə)n] – правило, визначення

to generate ['dʒenəreɪt] – генерувати

to distribute [dɪ'strɪbjʊ:t] – розподіляти, поширювати, роздавати  
training – навчання

knowledge sharing ['ʃeərɪŋ] – обмін знаннями

to apply [ə'plʌɪ] – 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, governance, 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:

1.	global health	
2.	newly established branch	
3.	health sciences	
4.	public health	
5.	international health	
6.	input from the WHO	
7.	medical and health issues	
8.	global impact	
9.	to seek for global solutions	
10.	to the issues with global health impact	
11.	ultimate goal	
12.	the power of academic research	
13.	to promote health for all	
14.	to improve health equity	
15.	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.** Write 7 short sentences on the topic!

**Exercise 5.** Read the dialogue and play it out with a partner!

- Hi!

- Hi! Nice to meet you!

- Haven't seen you for ages! How is it going?

- Nice, thanks. I've heard you've joined the Nursing Master's Programme this year.

- Right you are! I know you've already been a second-year student at that programme.

- Yes.

- I've come across a very interesting theme for my research "Global Health".

- Sure. It's really worth of studying. It is a newly established branch of health sciences, growing out from medicine, public health and international health.

- And it has much input from the WHO. Besides, global health deals with only medical and health issues with global impact and its main task is to seek for global solutions to the issues with global health impact.

- Most of all, its 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.

- It's important that global health research and practice can be conducted locally. Do you know what the three fundamental tasks of global health are?

- As I remember these tasks are: 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.

- I'd like to add that like public health, medicine, and other branches of sciences, global health should have three basic functions: to generate new knowledge and theories about global health issues, influential factors, and develop global solutions; to distribute the knowledge through education, training, publication and other forms of knowledge sharing; to apply the global health knowledge, theories, and intervention strategies in practice to solve global health problems.

- Well, no doubt global health issues are worth of investigating.

- I'm sure you'll get success in it. Good luck!

- Thanks. Have a nice day!

## 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 [ʃeɪ] – 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'bɔːdɪnət] – підпорядковувати, підпорядкувати  
managerially [ˌmænə'dʒɪəriəli] – адміністративно  
answerable to ['ɑːns(ə)rəb(ə)l] – відповідальний перед  
accountability [əˌkaʊntə'bɪlɪti] – підзвітність  
compliance [kəm'plaiəns] – відповідність  
functional layer – функціональний рівень  
primary and preventive care – первинна і профілактична допомога  
secondary care – вторинна допомога  
tertiary care ['tɜːʃ(ə)rɪ keə] – третинна допомога  
general practitioner – лікар загальної практики  
medical insurance [ɪn'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'zekjutiv] – 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. 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 governments.

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 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 hospitals. 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 the corresponding academic departments of medical academies, institutes and universities, institutes of improving doctor's qualification work. 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:

1.	ccomplex, multi-layered, sometimes parallel system	
2.	the health care sector	
3.	national, oblast and sub-oblast (local) levels	
4.	responsibilities are delegated to	
5.	the Ministry of Health	
6.	numerous administrative bodies	
7.	oblast, municipal, district and community levels	
8.	state regulation	
9.	the health care providers	
10.	few regulatory activities	
11.	to approve state quality standards	
12.	clinical protocols	
13.	the organization and implementation	
14.	the mandatory accreditation of health care facilities	
15.	to issue licenses	
16.	Health Care Department	

17.	the Executive Committee	
18.	the City Council	
19.	legal entity	
20.	individuals engaged in	
21.	production and sale of pharmaceuticals	
22.	medical equipment	
23.	to subordinate functionally to	
24.	a division of accountability	
25.	compliance with norms and standards	
26.	primary and preventive care	
27.	secondary care	
28.	tertiary care	
29.	specialized republican hospitals	
30.	republican dispensaries	
31.	specialized sanatoria	
32.	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.** Listen to the dialogue, fill in the missing words and phrases from a table as in the example!

*Managerially and financially answerable, secondary care, clinical protocols clinical protocols, health care sector, at the national level, the Academy of Medical Sciences of Ukraine, the corresponding academic departments, the three functional layers, tertiary care, the Ministry of Health of Ukraine, specialised republican hospitals, the mandatory accreditation, primary and preventive care.*

*Ex. :1) the Ministry of Health of Ukraine;*

*2) ...*

- Hi! How's it going?  
- Hi! How have you been?  
- Long time no see!  
- So, what have you been up to lately?  
- Nice. You know, I've been working now for the Centre for Nursing Development of (1) ....

- Really! So, you can clear out some issues of today's Health reform.

- I hope to. The Ukrainian Health System is a complex, multi-layered, sometimes parallel system in which responsibilities in the (2) .... are fragmented.

- As I know it has three levels.

- Sure. National, oblast and sub-oblast or local. That's why 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.

- I came to know, state regulation of health care providers is concentrated (3) ....., with few regulatory activities under the authority of lower levels.

- Yes. And the Ministry of Health develops and approves state quality standards and (4) .... Besides, it's responsible for the organization and implementation of (5) ... of health care facilities and the issuing of licenses.

- And what are oblast and local health authorities responsible for?

- They take care of health care facilities in their territory and are functionally subordinate to the Ministry of Health, but (6) ... to regional and local governments. 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.

- Tell me, what (7) ... of the health care system are.

- They are primary and preventive care, secondary care, tertiary care. (8) .... is provided mainly by general practitioners.

- As I heard, (9) ... can be received in separate departments of city hospitals, central rayon hospitals or partially in oblast hospitals.

- Sure. And in turn, (10) ... can be received in (11) ..., republican dispensaries, specialized sanatoria, clinics at research institutes, subordinated to (12) ... and the Ministry of Health of Ukraine, clinical health care institutions.

- As I understand, here (13) ... of medical academies, institutes and universities, institutes of improving doctor's qualification work.

- Right!

- Thanks for explaining all the details. It'll help me and my family to get professional medical care if needed.

- You are welcome. Bye.

- Bye.

**Exercise 5.** Make up your own dialogue and play it out with a partner!

## Lesson 3

### HEALTH SERVICE IN ENGLISH-SPEAKING COUNTRIES

to inaugurate [ɪ'nɔːgjureɪt] – вводити в дію (урочисто)

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

publicly funded healthcare – державна охорона здоров'я

accountable [ə'kaʊntəb(ə)l] – підзвітний

in short supply – в дефіциті

to serve – надати послугу

tuberculosis sanatoria [tjʊ,bækjʊ'leʊsɪs,sænə'tɔːrɪə] – санаторій для лікування туберкульозу

infectious disease unit – інфекційне відділення

provision [prə'vɪz(ə)n] – забезпечення

Regional Hospital Board – регіональна лікарняна рада

medical institution – заклад ОЗ

US Public Health Service – Система ОЗ США

examination – огляд

inoculation [ɪ,nɒkjʊ'leɪʃn] – 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'taɪəmənt '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'naɪtmɜ:] – бюрократичний кошмар  
 permanent resident – постійний житель  
 to be eligible for ['ɛlɪdʒɪb(ə)l] – мати право на  
 straightforward [streɪt'fɔ:wəd] – простий, прямий

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:

1.	the National Health Service	
2.	to be inaugurated	
3.	the Minister for Health	
4.	the National Health Service Act	
5.	to operate within	
6.	publicly funded healthcare	
7.	accountable to separate governments and parliaments	
8.	not quite enough	
9.	to serve millions of patients	
10.	patients treated at the National Health Service,	
11.	in short supply	
12.	the Health Care System in the USA	
13.	in three levels	

14.	family doctor	
15.	the medical institution or hospital	
16.	the US Public Health Service	
17.	regular examinations	
18.	inoculations	
19.	professional service and care	
20.	to arrange for the specialist or a hospital	
21.	pay directly from the patient	
22.	private practice	
23.	centrally managed	
24.	Canadian healthcare system	
25.	to cover medically necessary treatments	
26.	regional differences in enrolment standards	
27.	to access government healthcare	
28.	residency requirements	
29.	to sign up for healthcare	
30.	private insurance	
31.	bureaucratic nightmare	
32.	Canadian citizens	
33.	permanent residents	
34.	to be eligible for Medicare	
35.	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.** Read the dialogue! Play it out with a partner!

- Oh, Joseph. Surprised to see you.

- Hi, Helen. How are you?

- I'm doing well. As I know you've been in the USA for the last two years.

- Yes. But recently I've come back as my mom is not well.

- I'm so sorry. Is something serious?

- I don't know for sure. Now she's taking labtests and other examinations.

- Couldn't you take her to the States for that?

- Oh, no. The cost of medical care there is very high. About 75% of the population have their health insurance, life insurance, disability protection and retirement benefits at their place of employment.

- I see. But your mom can't have any of these possibilities.

- Sure.

- And what about you? Can you get some medical care there?

- As most Americans I can come directly to the hospitals for my medical needs because I don't have a family doctor. I always address the government-financed hospitals.

- I see. Can you tell me about the system of family doctors?

- So, a family doctor is one of the three levels of the US HealthCare System. A family or private doctor gives patients regular examinations and inoculations. In case when professional service and care are needed, he arranges for the specialist or a hospital for his patients. The family doctor receives pay directly from the patient. Most of them have private practice.

- You've mentioned that a family doctor arranges hospitalization. Are there a large range of departments in hospitals?

- Most hospitals have at least the following major medical departments or units: surgery, obstetrics and gynecology, paediatrics and general medicine. And emergency units are very special in the hospitals.

- You see, it's quite different from our domestic Health Care System.

- Right you are! As for me, our British Health Service is safer and clearer for patients.

- There is no place like home.

- Of course. I hope your mom will get better. Bye!

- Thanks. Bye.

***Exercise 5.*** Make up your own dialogue about the Health Care System in the UK or Canada! Play it out with your partner!

## Lesson 4

### HISTORY OF NURSING

to originate [ə'ɪdʒɪneɪt] – 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 – схилитися 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	i. практика у сфері, галузі
10. adequate training	j. годувальниця

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

№	Date	Event
1.		
2.		

**Exercise 5.** Read the dialogue!

**NC:** I’ve been reading about the history of nursing, and it’s fascinating how far we’ve come. It started so differently than what we know today, didn’t it?

**NL:** Absolutely! Nursing as a profession has deep roots that go back centuries. In fact, the term *nurse* itself comes from the Latin word *nutire*, meaning “to suckle.” Originally, the term referred to a wet nurse, someone who breastfed babies, rather than a caregiver for the sick.

**NC:** That's surprising! So, when did nursing start to evolve into what we think of as a healthcare profession?

**NL:** It really began to take shape around 300 AD, during the existence of Roman Empire. The Romans were building hospitals in nearly every town, which created a need for trained people to provide medical care alongside the physicians. That's when we start to see more formal roles for nurses.

**NC:** That's interesting. I didn't realize hospitals were so widespread back then. But nursing didn't really become more prominent until the Middle Ages, right?

**NL:** Yes, during the Middle Ages, nursing really began to grow in prominence, especially because of the Catholic Church's involvement. The Church established many of the early hospitals, and nursing became a formal part of the healthcare system. Monasteries were a big part of this, and many nurses at the time were monks or nuns who provided a range of services – everything from caring for the sick to providing spiritual support.

**NC:** It sounds like the Catholic Church really played an important role in advancing healthcare at that time. Did nursing continue to grow after that?

**NL:** Yes, nursing continued to evolve, especially during the 6th and 7th centuries. In Spain, for example, the first Spanish hospital was built in Mérida with the intent to care for anyone who was sick, regardless of their background or religion. That's a really significant point in history because it marked a more inclusive approach to healthcare.

**NC:** I had no idea hospitals started so early in Spain! But it seems like there were some challenges as well, right? Like when monasteries began to close in the 17th century?

**NL:** Exactly. In the early 17th century, nursing faced a setback. Many of the hospitals that had been run by the Catholic Church closed as monasteries were dissolved, and with them, many of the nursing roles disappeared. However, in some regions of

Europe where the Catholic Church still had influence, nursing remained an essential part of the healthcare system, especially in hospitals that were still operating.

**NC:** That must have been tough for the profession to survive those changes. But then came Florence Nightingale, who changed everything, didn't she?

**NL:** Florence Nightingale is often seen as the founder of modern nursing. During the Crimean War in the 1850s, she became known for her work in improving hospital conditions. She noticed that soldiers were dying not just from their injuries, but from infections caused by poor hygiene. She introduced sanitary practice, like proper handwashing and cleaning the environment, which drastically reduced the death rate.

**NC:** So, Nightingale wasn't just a nurse – she was a pioneer in healthcare reform. Did her work lead to any lasting changes?

**NL:** Absolutely. Her work led to lasting changes in the way hospitals were run, especially regarding hygiene and sanitation. In fact, her efforts were a huge turning point for nursing, showing how the profession could have a direct impact on patient outcomes. And in 1860, Nightingale opened the first formal nursing school in London, which became the model for nursing education worldwide.

**NC:** That's such a pivotal moment in nursing history. So, that's when nursing really started to become a formal profession, right?

**NL:** Yes, that's when nursing began to be recognized as a professional field that required formal education and training. The opening of Nightingale's school in London set a precedent for nursing education, which led to the establishment of nursing schools all over the world.

**NC:** And the need for trained nurses only grew during the world wars, didn't it?

**NL:** Yes, the world wars were critical moments for nursing. Nurses were required to provide care on the frontlines, often without enough formal training. This created a huge push for better nursing education and more specialized training. As a result, nursing schools expanded significantly throughout the 20th century, and more advanced nursing roles, like nurse anesthetists and nurse practitioners, were developed.

**NC:** It's incredible to think about how nursing expanded so rapidly during those times of crisis. And today, we have a well-established educational system that prepares nurses for so many different specialties.

**NL:** Exactly. Nursing's history is one of resilience, adaptability, and continuous growth. From the ancient roots of caregiving to the sophisticated, evidence-based practice we have today, nurses have always been at the forefront of improving healthcare. It's amazing to be part of a profession with such a rich and dynamic history.

**NC:** It is really inspiring. I'm proud to be part of a profession with such a powerful legacy and to be helping shape its future.

**NL:** And that's the beauty of nursing – we're always building on the past while adapting to meet the challenges of the future. Our role as caregivers, leaders, and advocates continues to evolve, but the core values of compassion and commitment to patient care remain timeless.

***Exercise 6.*** Ask 10 questions to the dialogue!

***Exercise 7.*** Make up a plan for the dialogue!

***Exercise 8.*** Make up a dialogue on one of the items of your plan and play it out with a partner!

## Lesson 5

### NURSE'S PROFESSION IN UKRAINE AND ABROAD

provision [prə'vɪz(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 ['tʃalɪn(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'fɪliət] – 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 [rɪ'sə:tʃ ɪn'devə] – дослідницька спроба  
wage [weɪdʒ] – заробітна плата  
dispute resolution [dɪ'spju:t rezə'lu:ʃ(ə)n] – вирішення спорів

output – вихід, виготовлення, результат

to possess [pə'zɛs] – володіти

to value ['valju:] – 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 organisation 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 organisation 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 optimising 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 healthcare 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 organisation 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 a back translation!

1.	первинна медико-санітарна допомога	
2.	перша точка контакту	
3.	не залишати нікого позаду	
4.	масштабна реформа	
5.	еволюціонувати	
6.	адаптувати компетенції	
7.	медсестринська посада	
8.	ефективність та дієвість	
9.	сфера практики	
10.	користь для всіх пацієнтів	
11.	приєднатися до	
12.	законна влада	
13.	поле діяльності охорони здоров'я	
14.	дослідницька спроба	
15.	заробітна плата	
16.	вирішення спорів	
17.	новаторство	

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

**Exercise 3.** Write 6 sentences on the topic “Nurse’s Profession in Ukraine”.

**Exercise 4.** Write 6 sentences on the topic “Nurse’s Profession in the EU”.

**Exercise 5.** Listen to the dialogue, fill in the missing words and phrases from a table as in the example!

*The nurses’ professional standards, to achieve maximum efficiency and effectiveness, the nursing profession in light of the European Union, medical facilities and staff, create more nursing posts, the provision of primary health care, value the skills and competences, ensure all patients benefit, the EU’s impact on nursing education, large-scale reform of the PHC, focuses on real-life situations, the organisation of the nursing profession, increasing scope of practice.*

**Ex.:** 1) the EU’s impact on nursing education;

2) ....

- Hi, Mary!
- Oh, Stew. Nice to meet you!
- How’s everything?
- Pretty good, thanks! How about you?
- I’m OK, too.
- So pleased to attend this conference. It’s definitely interesting and deals with important issues of modern nursing.
- I also find it very useful for us, healthcare providers. And its programme touches upon important issues of practical nursing in Ukraine and the EU.



- It is noticed that nurses play a key role in (1) ... and the coordination and organisation of medical care overall. They are usually the first point of contact with the health system.

- And it's important that (2) ... in Ukraine started in 2018. It evolves and expands practices that lead to new challenges for both (3) ....

- Most of all, it has become critically important to initiate new practices in (4) ..., to adapt and increase their competencies, invest in skills development and (5) .... This requires policy development and the creation of conditions that allow nursing staff (6) ....

- Well, these also should be done by optimising their responsibilities, (7) ... and increasing resources for education and continuing professional development. These changes (8) ... from the PHC reforms.

- Sure. And (9) ... should comply with European one's. 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.

- Besides, all this focuses on (10) ..., regulation, and research endeavours, and suggests strategies to achieve desired objectives.

- I must add that nursing in the European Union also (11) ... and problems EU nurses face: wages, stress, and dispute resolution.

- Right you are! It's worth noticing that the European experience integrates nursing with the world, and presents (12) ..., its components, its mechanisms, and its output and activities.

- Furthermore. Nurses have become healthcare professionals in their own right who possess a great deal of knowledge. However, the public does not always (13) ... nurses have acquired through education and innovation.

- I really hope that this conference will help to solve many problems of the nursing profession.
- Me too. See you soon!
- Bye!

***Exercise 6.*** Make up your own dialogue and play it out with a partner!

## Lesson 6

### 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 – ні одна медична послуга

instrumental research – інструментальне дослідження

medical manipulation [mə'pi:ʃə'leiʃ(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 ['paliətɪv] – 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 2018, the government began reforming the health care system. For patients to feel this better, transformations in approaches to nursing are needed. It is a nurse who is in frequent contact with patients, organise interaction with them, and ensures 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 specialisations. 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 specialised 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 a back translation!***

1.	підхід	
2.	частий контакт	
3.	забезпечити відповідність	
4.	норми інфекційної безпеки	
5.	ні одна медична послуга	
6.	інструментальне дослідження	

7.	медичні маніпуляції	
8.	якісний сестринський догляд	
9.	доступні для пацієнтів	
10.	повноваження, сфера компетенції медичних сестер	
11.	медсестринська посада	
12.	посилена освітня підготовка	
13.	практичний досвід	
14.	розширені повноваження, сфера компетенції	
15.	відповідний до	
16.	надання догляду	
17.	патронажна служба	
18.	паліативний пацієнт	
19.	люди похилого віку	
20.	допоміжні послуги медсестер	
21.	емоційна підтримка	
22.	професійні стандарти	
23.	якість підготовки та навичок	
24.	атестація	
25.	навчання протягом усього життя	
26.	розвиток кар'єри	
27.	освітні послуги для медсестер	
28.	саморегуюючий	
29.	професійна медична асоціація	
30.	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!

Issue of Nursing Activity	Function	To be implemented
Organise interaction with patient		

**Exercise 5.** Read the dialogue! Play it out with a partner!

- You know, Alice, after our previous lesson I understand that we've chosen (1) *a highly needed profession*.

- Hm, Nick, you've read my mind. Nobody but a nurse is (2) *in the most frequent contact with patients and organises interaction with them*.

- Sure. And the health care system reform began in 2018 is aimed to make patients feel better, and (3) *to transform approaches to nursing*.

- Everybody knows that (4) *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 (5) *access to quality nursing care*.

- According to the reform's declarations Ukrainian nurses will become more independent. International practice shows that the (6) *line between the professions of doctor and nurse is shifting towards giving more to nurses*.

- Most of all, if (7) *nurses can provide services on their own* where possible, such services become cheaper and more accessible to patients.

- I learned that there are up to (8) *15 or more categories of nursing positions with different levels* of training abroad. So, it's worth dividing the different levels of authority of Ukrainian nurses.

- That's why (9) *increased educational training combined with practical experience* allows the nurse to receive extended authority in various areas and specialisations. It is appropriate (10) *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.

- No doubt that (11) *to make the patient's life as comfortable as possible* is the priority task of the nurse's activity. The introduction of (12) *nursing support services* in the hospital, at home or in specialised institutions is the main tool of this. That also will help (13) *to provide emotional support to patients* and their families, to teach them to live with the disease.

- It appears that (14) *professional standards in the nursing profession* are needed (15) *to ensure the quality of training and skills of nurses* with different levels of authority.

- Besides, the systems of (16) *professional standards and certification* will stimulate (17) *lifelong learning and career development* in the nursing profession, the development of (18) *educational services for nurses*.

- As we know, medical professions are (19) *not self-regulating* in Ukraine. So, (20) *professional medical associations* should (21) *create and adapt* nursing education standards, (22) *rules and procedures for their licensing*, maintain registers and databases of licensed nurses, develop nursing professional standards of practice and working conditions, form and (23) *implement ethical standards of the profession*.

- As our teacher concluded at the previous lesson, nurses needed (24) *to be involved in management decisions*. Their experience and closeness to the patient should go a long way in developing health policy tools.

- Sure.

**Exercise 6.** Translate into Ukrainian the italicised phrases from the dialogue!



## Lesson 7

### 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'vɑːnsmənt] – просування, прогрес, успіх  
to revise [rɪ'vaɪz] – 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 [kən'fə'meɪʃ(ə)n] – підтвердження  
career advancement [əd'vɑːnsmənt] – просування по службі

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 Centre 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 bachelors, bachelors and masters 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 for a professional junior bachelor or 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.

During recent years Ukrainian universities launched educational and scientific programmes in Nursing to train Philosophy Doctors in Nursing to give the education seeker the opportunity to get all stages of higher education regarding life-long learning and professional and career advancement.

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

1.	the traditional approach to nursing	
2.	as a matter of “nursing staff”	
3.	greater autonomy	
4.	separation of competencies	
5.	the acquisition of higher education by nurses	
6.	high responsibility	
7.	to introduce higher nursing education	
8.	to enhance professional status	
9.	development of a new model of nursing	

10.	the advancement of medicine	
11.	to expand the powers of nurses	
12.	the presence of higher education	
13.	to apply for the position of	
14.	a senior nurse	
15.	a chief nurse	
16.	nurse-bachelor education	
17.	professional junior bachelor	
18.	to pass a medical licensing exam	
19.	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 for professional junior bachelors 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 bachelors 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. підвищені 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 Centre, the Ministry of Health, specialty “Nursing”, the World Federation of Medical Education, Certified Nurse, Ministry of Education and Science of Ukraine.

**Exercise 6.** Read the dialogue! Play it out with a partner!

- Cate, do you remember our English teacher gave us the task of playing dialogue on the theme “Preparation of nurses in Ukraine”?

- Sure, Patrick.
- Let's train!
- Perfect idea! Let's begin!
- Do you know, Cate, that 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?
- Of course, steps have been taken to introduce higher nursing education and, accordingly, to enhance their professional status in Ukraine. Wasn't nursing neglected by changes in the Health Care System in Ukraine?
- Sure, no! Most of all, in summer 2019 the Nursing Development Centre has been set up in Ukraine to protect the interests of nurses. The Centre's staff works on the development of a new model of nursing in order to raise the standard of nurses.
- And what 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.
- I've heard that higher education and advanced degrees in Nursing were also introduced as a requirement.
- It's true! 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.
- To my mind, 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.
- Sure! Besides, 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.

- Tell me, please, Cate, what system of nurses’ preparation is provided?

- First of all, such a system functions 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. It embraces training of Certified Nurses with professional junior bachelor’s degree, of nurses with Bachelor’s degree and of nurses with Master’s degree.

- As I know students enrolled in nursing training must pass a medical licensing exam for a professional junior bachelor or for a bachelor. And this examination test is obligatory for all medical students to be allowed to graduate from colleges or universities and get confirmation of their diplomas.

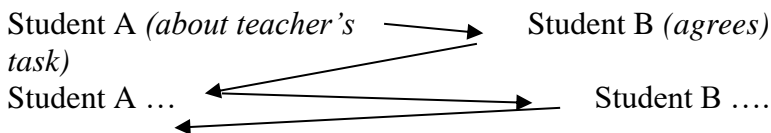
- Right! And during recent years Ukrainian universities launched educational and scientific programmes in Nursing to train Philosophy Doctors in Nursing to give the education seeker the opportunity to get all stages of higher education regarding life-long learning and professional and career advancement.

- I hope, Cate, our dialogue covers the proposed topic in its entirety.

- I agree, Patrick.

**Exercise 6.** Make up a scheme of the dialogue (as in the example)?

**Ex.:**



## Lesson 8

### 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 ['nʌrɪʃ] – годувати, харчувати  
to define – визначати  
to promote – сприяти, допомагати, просувати  
healing – лікування  
illness – захворювання, недуга  
disability [dɪsə'bɪlɪtɪ] – інвалідність, неспроможність  
suffering – страждання  
to enable people [ɪ'neɪb(ə)l] – дозволити людям  
to cope with – впоратися з, перебороти, подолати, перемогти  
inevitable [ɪn'evɪtəb(ə)l] – неминучий  
consequence ['kɒnsɪkw(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 ['freɪltɪ] – 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  
multidisciplinary team – мультидисциплінарна команда  
appropriate [ə'prəʊpriət] – відповідний  
to delegate ['delɪɡət] – 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 are:

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 in. 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 lifespan.

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 multidisciplinary 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!

1.	to keep a sick person safe, comfortable, nourished and clean	
2.	to assist the doctor	
3.	to carry out tasks	
4.	medical treatment	
5.	nursing practice	
6.	particular purpose	
7.	the purpose of nursing' to promote health, healing, growth and development	
8.	to prevent disease, illness, injury, and disability	
9.	to minimise distress and suffering	
10.	to enable people to understand and cope with disease or disability	
11.	to maintain the best possible quality of life	
12.	particular mode of intervention	
13.	nursing interventions	
14.	to empower people	
15.	to achieve, to maintain or to recover independence	
16.	an intellectual, physical, emotional and moral process	
17.	the identification of nursing needs	
18.	therapeutic interventions and personal care	
19.	information, education, advice and advocacy	
20.	physical, emotional and spiritual support	
21.	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.** Fill in the table!

No	Nursing Characteristic	Features
1.		
2.		
3.		

**Exercise 4.** Read the dialogue, fill in the missing words and phrases from a table as in the example!

*Florence Nightingale; assisting the doctor; modern nursing characteristics; written codes of ethics; the nursing interventions; Nursing Master's Programme; the privileged nurse-patient relationship; multidisciplinary team; people's unique responses and experience of health, illness; keeping a sick person safe, comfortable; multi-aspect partnership; the focus of nursing; nourished and clean; to promote health, healing, growth and development.*

**Ex.:** 1) Nursing Master's Programme

2) ...

- Hi!

- Hi! Nice to meet you!

- Haven't seen you for ages!? How are you?

- Ok, thanks. How is it going at your (1) ...?

- Nice! And what about you?

- I'm working now on my qualification thesis. Recently I found a very interesting article about (2) ....

- Oh! What a coincidence! I've also read about it on FB. It could be the same one.

- It says that nursing may be experienced at some time by almost everybody and is done by millions of nurses across the world. But it is still difficult to describe and is poorly understood.

- And they quote (3) ... who wrote that the elements of nursing were all but unknown. Though in the 21st century the statement is still true as some people associate nursing with the physical tasks concerned with (4) ....

- It's a pity but some see nursing only as (5) ... by carrying out tasks associated with medical treatment.

- The authors define six characteristics of nursing and detail each of them.

- It seems they enumerate such ones: a particular purpose, a particular mode of intervention, a particular domain and focus. Do you remember the rest?

- To my mind: a particular value base and a commitment to partnership.

- Yes. Just seven. It goes that the purpose of nursing is (6) ..., and to prevent disease, illness, injury, and disability.

- It is also mentioned the nurses' aims when caring of disabled or inevitable patients.

- As to (7) ... they are concerned with empowering people, and helping them to achieve, maintain or recover independence and many other issues. In addition to direct patient care, nursing practice includes management, teaching, and policy and knowledge development.

- Sure. This article deals with the specific domain of nursing as (8) ..., frailty, disability and health-related life events in whatever environment or circumstances they find themselves in.

- It's important that (9) ... is stressed and explained as the whole person and the human response rather than a particular aspect of the person or a particular pathological condition.

- I'd like to add that nursing is based on ethical values which respect the dignity, autonomy and uniqueness of human

beings, (10) ..., and the acceptance of personal accountability for decisions and actions.

- I know that these values are expressed in (11) ..., and supported by a system of professional regulation.

- Nursing also involves (12) .... It includes communication with patients, their relatives and other carers, and collaboration with others as members of a (13) ....

- Wow. It's so nice to discuss nursing issues with you!

- Really, nice. No wonder we are the future nurse-masters.

- Sure. Bye!

- Bye!

***Exercise 5.*** Make up your own dialogue and play it out with a partner!

## Lesson 9

### 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)lti] – 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'trɪbjʊ: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 ['ɛmpəθi] – емпатія, співчуття  
patience ['peɪʃ(ə)ns] – терпіння  
circumstance ['sə:kəmst(ə)ns] – обставина  
graciously ['ɡreɪʃəsli] – люб'язно  
to ensure [ɪn'ʃʊ:] – забезпечити  
urgent care ['ɜ: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 specialisations, each with its own set of educational requirements.

In the United States and Canada, many nurses 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, to 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 explain 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 a 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 not be 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!

1.	nurse qualifications	
2.	to fill a specific role in nursing	
3.	formal training	
4.	certifications	
5.	experience levels	
6.	to qualify for job openings	
7.	nursing levels	
8.	specialization	
9.	educational requirements	
10.	expert knowledge	
11.	specialty-certified nurse	
12.	to have higher rates of patient satisfaction work-related errors in patient care	
13.	to instill professionalism	

14.	to make the nurse more attractive to employers	
15.	to earn a higher salary over their non-certified colleagues	
16.	health care facilities	
17.	to pay extra	
18.	nursing supervisor	
19.	lead nurse	
20.	to instill confidence in the nurses	

**Exercise 2.** 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	j. побоювання пацієнтів

**Exercise 3.** Fill in the table!

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

**Exercise 4.** Read the dialogue and play it out with a partner!

- Hi, Mary!
- Oh, Stew. Nice to meet you!
- How's everything?
- Pretty good, thanks! How about you?
- I'm OK, too.
- You have such a businesslike look.
- Yes. I've just been at a meeting at (1) *the Regional Health*

*Department.*

- And what was the meeting about?
- We've discussed nurses' qualifications and skills (2) *as part of the medical reform.*

- It's really an actual issue. Two days before we also debated about it at our (3) *Nursing Department sittings.*

- No doubt that nurses' qualifications are the requirements that someone needs to fill a specific role in nursing.

- Besides nurse qualifications include (4) *formal training, certifications and experience levels* nurses must have to qualify for job openings.

- Furthermore in the United States and Canada, many nurses who choose a specialty become certified in that area, signifying that they (5) *possess expert knowledge.* There are (6) *over 200 nursing specialties and subspecialties.*

- It's important that (7) *specialty-certified nurses* have higher rates of (8) *patient satisfaction*, as well as lower rates of (9) *work-related errors* in patient care. Certification instills professionalism and makes the nurse more attractive to employers.

- Most of all certified nurses may (10) *earn a higher salary* over their (11) *non-certified colleagues.* Some hospitals and other health care facilities usually (12) *pay a certified nurse extra* when he or she works within their specialty.

- There are also other qualifications that nurses need in order to succeed in their roles. These qualifications include (13) *the personal characteristics and attributes* that nurses must develop outside of their formal education and certifications.

- But (14) *the other skills are just crucial*, sometimes even more for professional success. For example, (15) *communication skills*. Nurses communicate with the patients and their relatives, answer any questions that may arise. Good nurses are (16) *able to clearly and accurately explain medical information*.

- As for me, (17) *the ability of critical thinking* is a must for any nurse both when providing care and (18) *diagnosing patients*.

- It's also necessary to have knowledge of (19) *assessing patient conditions* and determining whether he needs (20) *emergency care*, and nurses should be good at monitoring (21) *vital signs*, checking pulse, etc.

- We've also spoken about nurses' ability (22) *to maintain their patience and empathy*, ensuring that patients (23) *feel comfortable and secure*, no matter the situation.

- I must admit that nurses should be able (24) *to provide urgent care* to patients in (25) *life-threatening conditions*, *to triage patients* as they come into the emergency room, ensuring them (26) *the appropriate level of care*.

- Yes. Right you are! And nurses should be (27) *in good physical health* to provide *optimal patient care*.

- So many skills are necessarily to be mastered by nurses including different (28) *technological health monitoring systems*, *portable medical devices* to provide (29) *knowledgeable care*.

- Naturally, a modern nurse should practise a lot (30) *to master all obligatory professional skills*.

- Sure. And our Healthcare Authorities should (31) *facilitate* her gaining that.

- I agree.

**Exercise 5.** Translate into Ukrainian the italicised phrases from the dialogue!

## Lesson 10

### NURSES' FUNCTIONAL DUTIES

surface ['sə:fɪs] – поверхня

huge, diverse profession – колосальна, різностороння професія

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

noticing irregularities – помічення порушень

vanguard ['vɑŋɡɑ: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 ['həʊlɪstɪk] – 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 'məʊʃənz] – 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'sɪʒ(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 [drɪ'saɪsɪvli] – відповісти рішуче  
niche duties [niːʃ] – нішеві обов'язки  
different settings – різне оточення  
more specialized career options – більш спеціалізовані кар'єрні  
можливості  
to realize ['rɪəlɪz] – усвідомити  
to advance – прогресувати  
to specialize ['spɛʃ(ə)lɪz] – 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 as a 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 the 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 opportunities to advance, grow and specialize.

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

1.	колосальна, різностороння професія	
2.	використовувати власні унікальні таланти	
3.	помічення порушень	
4.	захист інтересів пацієнтів	
5.	холістичний підхід до медсестринства	
6.	дивитися на пацієнтів з точки зору	
7.	близькі хворого	



8.	руйнівні емоції	
9.	побудова довіри з	
10.	сприймати нові технології	
11.	аналіз змінних	
12.	виводити, робити висновок	
13.	навички проникливої оцінки	
14.	розкривати, виявляти	
15.	основні проблеми	

**Exercise 2.** Find equivalents!

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

**Exercise 3.** Fill in the table!

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

**Exercise 4.** Read the dialogue, fill in the missing words and phrases from a table as in the example!

*To educate others about the illness; technology trends; devastating emotions; the healthcare environment; catch any changes; opportunities to advance, grow and specialize; stay up-to-date; such a huge, diverse profession; the main nurses' functional duties; a multi-aspect professional; a physical, mental and spiritual perspective; astute assessment skills.*

**Ex.:** 1) take vitals;

2) ...

- Hi!

- Hi! Nice to meet you!

- Haven't seen you for ages! How is it going?

- Nice, thanks. I've heard you've joined the team of the Regional Clinical Hospital.

- Right you are! I know you've already got the post of lead nurse at our City Hospital.

- Yes. And I must admit that it's not an easy position that covers many functions.

- I also work as a nurse but just as a ward nurse at the therapeutic department.

- No matter what post a nurse possesses there is to do so much, not just (1) ... and administer medication.

- Sure. The duties of a nurse are only the surface.

- Yes. And nursing is (2) ..., and everyone who chooses it as a career has the chance to put their own unique talents and experiences to use. Though, all the same, we can differentiate (3) ....

- I'd like to mark one of them – noticing irregularities and problems. Nurses (4) ..., knowing which symptoms might be expected and which are indicators of a deeper problem.

- Besides, nurses have (5) ..., procedures and symptoms they experience in (6) ..., as well as their plan of care upon leaving.

- Another duty is advocating for patients beyond the healthcare environment. It allows us to look at patients from (7) ... and treat the patient as a whole.

- Of course. It often happens that nurses start taking care of everyone in the room, which includes not only the patient but also the family members, friends and loved ones who may be experiencing (8) ....

- Really. A nurse should be (9) ... who also builds trust with patients. For example, when a child needs an IV, the nurse spends plenty of time preparing and balancing the clinical requirements that need to be performed with precision with the more emotional work nurses often do can get very tricky.

- No doubt that any nurse must (10) ... in nursing and healthcare as she has increasing responsibility toward learning about (11) ....

- Well. I must say that nursing is a kind of detective work. Nurses use (12) ... to uncover what the underlying issues are and how they affect the patient.

- To sum up, I'd like to mention that nurses work in several different settings and have more specialized career options than most people realize. Nursing is full of (13) ....

- It's really so. I wish you success in your career!

- Thanks. You too. Bye.

- Bye. Have a nice day!

**Exercise 5.** Make up your own dialogue and play it out with a partner!

## Lesson 11

### 13 DIFFERENT TYPES OF NURSES AND WHAT THEY DO

to pursue [pər'sju:] – переслідувати, займатися

nursing career path – кар'єрний шлях медсестри

roughly ['rʌfli] – приблизно

Licensed practical nurses – дипломована практична медсестра

long-term care – довготривалий догляд

residential treatment centre – стаціонарний лікувальний заклад

Registered nurse – дипломована медсестра

diverse and growing patient population – різноманітний і зростаючий контингент пацієнтів

Associate of Science in Nursing [ə'səʊsientɪd] – кандидат наук з медсестринства

the most sought-after – найбільш затребуваний

travel nurse – медсестра на виїзді

to fill workforce gaps – заповнити дефіцит робочої сили

to be on maternity – перебувати у декретній відпустці

to be on sick leave – перебувати на лікарняному

to help deal – допомогти впоратися

med-surgical nurse – медична сестра хірургічна

multiple patient – пацієнт з політравмою

multiple healthcare team – мультидисциплінарна команда медиків

emergency room nurse – медсестра невідкладної допомоги

emergency medical staff – працівники екстреної медичної допомоги

first responders – працівники служби швидкого реагування

collaboration skills – вміння співпрацювати

Level 1 trauma centre – травматологічний центр 1-го рівня

rural hospital – сільська лікарня

to obtain additional certifications – здобувати додаткові сертифікати  
advanced cardiac, pediatric, and new-born life support – розширені заходи життєзабезпечення в кардіології, педіатрії, акушерстві  
oncology nurse – медична сестра в онкології  
symptom management – лікування симптоматики  
home care organizations – організації по догляду на дому  
specialty medical centres – спеціалізовані медичні заклади  
ambulatory centres – амбулаторно-поліклінічні установи  
pool – спільний фонд, кількість  
nurse informatics specialist – медсестра-фахівець з інформатики  
nursing informatics – інформатика в медсестринстві  
large medical facility – велика медична установа  
a vital “technology liaison” [ˌliɛɪˈzɒn] – життєво важливий «технологічний зв’язок»  
to identify and reduce risk of medical errors – виявляти та зменшувати ризик медичних помилок  
evaluating and implementing new workflow processes – оцінка та впровадження нових процесів документообігу  
to oversee – наглядати  
positive patient outcome – позитивні результати лікування пацієнтів  
nurse educator – медсестра-педагог  
to be on the rise – бути в тренді  
academic setting – академічне середовище  
clinical setting – клінічне середовище  
to mitigate risks – знизити ризики  
public health nurse – медсестра громадського здоров’я  
transition away from a bedside role – перехід від ролі приліжкового догляду  
to encompass [ɪnˈkʌmpəs] – охоплювати, включати в себе  
occupational nurse – ерготерапевт

maternal and child health nurse – медсестра з охорони здоров'я матері та дитини  
undergraduate nursing degree – ступінь бакалавра медсестринства  
entry-level position – посада початкового рівня  
graduate-level public health nursing program – програма рівня аспірантури з медсестринства у сфері громадського здоров'я  
nurse anaesthetist [æ'ni:sθætist] – медсестра-анестезіолог  
advanced practice registered nurse – дипломована медсестра передової практики  
to administer anaesthesia to patients [ˌænəs'θi:ziə] – вводити анестезію пацієнтам  
medically underserved areas – райони з недостатнім медичним обслуговуванням  
nurse midwife – медсестра в акушерстві  
prenatal, family planning and obstetric care [ˌpri:'neiəl] – пренатальна допомога, планування сім'ї та акушерська допомога  
primary caregiver – особа, яка надає первинну медичну допомогу  
general wellness care – послуги загального оздоровлення  
Nurse Practitioner – практикуюча медсестра  
advanced care – розширений догляд за хворими  
health promotion – підтримка здоров'я  
wellness – оздоровлення  
episodic illness – епізодичне захворювання  
increasingly – дедалі більше  
front line for patient care – передова лінія догляду за пацієнтами  
licensure ['laisənfə] – ліцензування  
expectation – очікування

Pursuing a specialised nursing career can help you take advantage of fast-growing employment opportunities and unlock your potential for career advancement. It's important to realise there are many different types of nursing career paths, from general practice to niche specialties like oncology.

Here's a list of all the types of nurses in the highest demand: descriptions of who they are, what they do, and what you need for education to become one – listed roughly in order of qualifications needed.

**1. *Licensed practical nurse (LPN).*** Licensed practical nurses (LPNs) work closely with registered nurses (RNs) and physicians to provide patients with basic nursing care. Many new nurses start out as an LPN to gain nursing experience before advancing their career with an associate (ASN) or bachelor's degree (BSN). Due to an ageing population, there is a growing need for LPNs and their duties in long-term care, such as rehabilitation centres, residential treatment centres and hospice. Employment for LPNs is expected to increase. She is to have a Diploma in Practical Nursing (DPN).

**2. *Registered nurse (RN).*** Registered nurses (RNs) play a central role in helping healthcare organisations provide quality care to a diverse and growing patient population. In general, RN positions are expected to grow. BSN-prepared nurses are the most sought-after RNs in the job market and can advance to leadership and management roles more quickly than the an ASN nurse. She is required to be ASN (Associate of Science in Nursing) or recommended BSN (Bachelor of Science in Nursing).

**3. *Travel nurse.*** Travel nurses are registered nurses who help hospitals and healthcare organisations fill workforce gaps. For example, travel nurses might fill in for nurses who are on maternity or sick leave, or they could be called to another country to help deal with an emergency situation like a national disaster. Education

required is ASN or BSN is recommended, and RN Certificate is demanded.

**4. *Med-surgical nurse.*** A med-surgical nurse works on the medical/surgical floor of a hospital. They must have strong time management and organisational skills, as they often care for multiple patients at a time. They also need to be skilled communicators in order to work effectively with multiple healthcare team members, such as doctors and surgical staff. Education required is ASN or BSN is recommended, and RN Certificate is demanded.

**5. *Emergency room nurse.*** Emergency room nurses provide urgent care to patients in hospitals suffering from sometimes life-threatening injuries or illnesses. ER nurses often work alongside emergency medical staff and first responders, so they must have strong communication, critical thinking and collaboration skills to coordinate care and share information across these teams. ER nurses can work in a variety of settings, from Level 1 trauma centres to rural hospitals or clinics, and across a range of nursing specialties, from trauma to paediatrics. ER nurses are registered nurses and must obtain at least an ASN. Many ER nurses have a BSN and can go on to obtain additional certifications for specialised care, such as advanced cardiac, podiatric, and new-born life support.

**6. *Oncology nurse.*** Oncology nurses are involved in many aspects of cancer diagnoses and treatment, from early detection to symptom management. They most often work in hospitals, but they can also be employed by home care organisations, specialty medical centres and ambulatory centres. The pool of older cancer patients increases, oncology nurses will become an even more important part of the healthcare workforce. Education required is ASN or BSN is recommended, and RN Certificate and Oncology Certified Nurse (OCN) are demanded.



**7. Nurse informatics specialist.** Nursing informatics is a growing field that integrates nursing science with information technology to improve systems and processes for hospitals and large medical facilities. A nursing informatics specialist serves as a vital “technology liaison” for the hospital staff, while still performing typical nursing duties. Their duties include analysing data to identify and reduce risk of medical errors, evaluating and implementing new workflow processes to improve patient care. A nurse informatics specialist is a critical team member of a hospital’s nursing and IT staff. Education required is BSN or recommended Master of Science in Nursing for advanced roles, and RN Certificate and/or advanced degrees in information technology or computer science.

**8. Nurse manager.** Nurse managers are experienced nurse leaders who oversee a team of nurses and other healthcare staff. They help ensure positive patient outcomes and make it possible for an organisation to achieve a higher standard of care. Effective nurse managers must have a combination of strong leadership, critical thinking and communication skills to effectively manage teams and coordinate patient care. If you want to play a role in improving the standard of patient care, then a nurse manager might be the right position for you. Education required is BSN or recommended Master of Science in Nursing for advanced roles, and RN Certificate.

**9. Nurse educator.** As more students seek entry to nursing degree programs, demand for skilled nurse educators is on the rise. In an academic setting, nurse educators design and implement continuing education programs for nursing students and practising nurses. In a hospital or other clinical setting, nurse educators help train nursing staff and other healthcare professionals. As experienced nursing professionals, nurse educators can identify opportunities to improve processes and mitigate risks to the patient, nurse and hospital. Education

required is Graduate-level Nursing Education Degree Program and RN Certificate.

**10. Public health nurse.** Becoming a public health nurse can be a great way to transition away from a bedside role but continue making an impact in nursing. Public health nurses assess, evaluate, and implement interventions to improve healthcare systems and policies. Public health nursing encompasses a wide variety of potential roles and responsibilities. Among them: a job of an occupational nurse, maternal and child health nurse, or school nurse. Education required is undergraduate nursing degree for many types of entry-level positions, graduate-level public health nursing program for leadership positions (the master's or doctorate level).

**11. Nurse anaesthetist.** A nurse anaesthetist is a special type of advanced practice registered nurse (APRN) who is certified and trained in administering anaesthesia to patients. They can provide care in a variety of settings, including hospitals, physician's offices, rural and medically underserved areas and the military. They can also work in non-clinical settings as a teacher, researcher, or administrator. Education required is MSN, DNP and Certificate of Nurse Anaesthetists.

**12. Nurse midwife.** Nurse midwives are APRNs who provide prenatal, family planning and obstetric care. Often, they serve as primary caregivers for women and their new-borns. They can also be involved in general wellness care for new mothers and babies, providing education on nutrition and disease prevention. Education required is MSN and Certificate of Nurse-Midwife (CNM).

**13. Nurse practitioner.** Nurse Practitioners (NPs) provide advanced care that includes health promotion, health prevention, wellness and disease management, as well as diagnosis and treating acute, chronic, and episodic illness. Family Nurse Practitioners (FNPs) are a special type of NP that works with patients of all ages.

In some rural or medically underserved areas, NPs are increasingly becoming the front line for patient care. Education required is MSN and State licensure requirements might vary.

But there are certainly more types of nurses, with expectations for educational requirements and everyday duties and differing pay.

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

1.	дипломована практична медсестра	
2.	довготривалий догляд	
3.	стаціонарний лікувальний заклад	
4.	різноманітний і зростаючий контингент пацієнтів	
5.	кандидат наук з медсестринства	
6.	найбільш затребуваний	
7.	медсестра на виїзді	
8.	перебувати у декретній відпустці	
9.	перебувати на лікарняному	
10.	медична сестра хірургічна	
11.	пацієнт з політравмою	
12.	мультидисциплінарна команда медиків	
13.	медсестра невідкладної допомоги	
14.	працівники екстреної медичної допомоги	
15.	працівники служби швидкого реагування	
16.	здобувати додаткові сертифікати	
17.	медична сестра в онкології	
18.	лікування симптоматики	
19.	організації по догляду на дому	
20.	спеціалізовані медичні заклади	
21.	амбулаторно-поліклінічні установи	
22.	медсестра-фахівець з інформатики	

23.	перехід від ролі приліжкового догляду	
24.	вводити анестезію пацієнтам	
25.	послуги загального оздоровлення	

**Exercise 2.** Find equivalents!

1. to fill workforce gaps	a. ерготерапевт
2. rural hospital	b. ліцензування
3. to help deal	c. кар'єрний шлях медсестри
4. collaboration skills	d. заповнити дефіцит робочої сили
5. nursing career path	e. підтримка здоров'я
6. nurse midwife	f. вміння співпрацювати
7. occupational nurse	g. знизити ризики
8. health promotion	h. допомогти впоратися
9. to mitigate risks	i. сільська лікарня
10. licensure	j. медсестра в акушерстві

**Exercise 3.** Fill in the table!

№	Nurse's Type	Description	Education
1.			
2.			
3.			
4.			
5.			

**Exercise 4.** Read and play the dialogue with a partner!

- Hi, Stew!
- Oh, Mary. Nice to meet you!
- How's everything?
- Pretty good, thanks! How about you?
- I'm OK, too. As I know you've been in the USA for the last three years.
- Right you are! And what about you?

- I'm getting over my Nursing Master's Qualification Thesis and going to leave for the USA as I've won a post of a med-surgical nurse in one of the Californian Clinics.
- Lucky you are! I'm sure you will succeed there.
- I hope to.
- As I know there are 13 different types of nurses in the US.
- It's true. And each of them has many duties to do and different demands as to the education so as to the qualification.
- How interesting!
- Yes. And mastering one of these types of nursing can help to take advantage of fast-growing employment opportunities and unlock potential for career advancement.
- As I know those types are different – from general practice to niche specialties like oncology.
- Besides, all those types of nurses are in the highest demand.
- To my mind there is a list of who they are, what they do, and what you need for education to become one.
- It's really so.
- Well. I wish you good luck in your future career!
- Thanks.
- Bye! See you later!
- Bye!

**Exercise 5.** Make up your own dialogue about 2 of 13 different types of nurses and discuss what they do! Act it out with your partner!

## Lesson 12

### 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'vɪʒ(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'tɛgrɪti] – 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'kwɒlɪŋ] – дослідження та науковий пошук  
generation – генерація  
to promote health diplomasy – 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 herself 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 organisation, 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!

1.	the origins of the Code of Ethics for Nurses	
2.	the founder of modern nursing	
3.	the foundations of ethics in nursing practice	
4.	modern ethical standards	
5.	a tool for nurses at all levels of practice	
6.	the fundamental commitments and values of nurses	



7.	the boundaries of professional nursing practice	
8.	the duties of nurses extending beyond individual patient encounters	
9.	the social contract	
10.	to advocate for safe	
11.	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.** 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 consistent with	f. індивідуальна зустріч 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

**Exercise 4.** Read and play the dialogue with a partner!

- Oh, Joseph. Surprised to see you.
- Hi, Helen. How are you?
- I'm doing well. As I know you've been in the GB for the last two years.

- Right you are! And what about you, Helen?
- I've joined the Master's Nursing Programme this year.
- My congratulations! Perfect decision!
- I hope to get success in this sphere. Well, well. You've just returned from the UK, so you can tell me something about Florence Nightingale.

- Sure. I've been at Florence Nightingale Museum in London. It's really worth seeing.

- I'd also like to visit it. But we were told about her at our Introduction to the Speciality lessons. As she was the founder of modern nursing Florence developed the foundations of ethics in nursing practice.

- The foundation of ethics she laid included preparing the groundwork for today's modern ethical standards. Besides, the origins of the Code of Ethics for Nurses date back to the late 1800s.

- We know that the Nursing Code of Ethics is a tool for nurses at all levels of practice. And it establishes and reiterates the fundamental commitments and values of nurses.

- Yes. I came to know at the excursion that the Code identifies the boundaries of professional nursing practice and loyalties and outlines the duties of nurses extending beyond individual patient encounters.

- Our teacher still says that 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.

- And it binds nurses to support each other so all nurses can fulfil their ethical and professional obligations.

- I'd like to note that the Code presents 9 provisions which were implemented to help guide nurses in ethical decision-making throughout their practice.

- Hm. It's very interesting. I'm sure that you'll implement all of them in your future practical activity.

- I'm sure I will!

- Bye for now!

- Bye! See you soon!

***Exercise 5.*** Make up your own dialogue about 9 provisions of the Nursing Code of Ethics! Act it out with your partner!

## Lesson 13

### 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 підлеглі

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 [rɪ'zɪliənsi] – розвиток стійкості  
turnover [ 'tə:nəʊvə] – 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	к. послідовність і любов
2. role model	л. почуття командної роботи
3. at the bedside	м. свідомо розвиватися
4. well-versed	п. управління конфліктами
5. to be consciously developed	о. активне слухання
6. over time	р. досягнення цілей
7. consistency and passion	қ. з часом

8. sense of teamwork	г. добре обізнаний
9. active listening	с. рольова модель
10.conflict management	т. біля ліжка хворого

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

№	Soft skills	Characteristic
1.		
2.		
3.		
4.		
5.		

**Exercise 5.** Read the dialogue! Write out Soft Skills and Hard Skills!

**NL – nurse leader**

**NC – nurse colleague**

**NC:** You know, I've been thinking a lot about the kind of leadership we need in nursing. It feels like there's so much more to it than just performing tasks – there's the whole dynamic of inspiring and motivating the team, too.

**NL:** Absolutely. Nurse leadership is all about influence, not just authority. It starts with being a role model, especially at the bedside. When nurses model good leadership, it impacts everyone around them – from the way they handle patient care to how they collaborate with the team.

**NC:** I like that – leadership begins at the bedside. But how can bedside nurses develop leadership skills? It seems like it's more than just being technically good at the job.

**NL:** That's right. A nurse leader doesn't just rely on clinical knowledge – they also need to develop interpersonal and communication skills. Effective leadership is about building trust, listening actively, and knowing how to advocate for both patients and team members. When you develop these “soft skills,” you're



able to coordinate and direct care more effectively, and that can make a real difference in patient outcomes.

**NC:** So, it's about being a role model, communicating well, and also managing the team's dynamics. But what are some of the specific skills that nurse leaders need to be really effective?

**NL:** Great question. There are a few key skills. For starters, we need strong interpersonal skills. That includes active listening, clear communication, and a sense of empathy. These help leaders build rapport and create an environment where people feel heard and supported. Then, there's the dedication to excellence. Nurse leaders must demonstrate a commitment to evidence-based practice, lifelong learning, and passion for the profession. When leaders lead by example, it inspires others to do the same.

**NC:** I can see how that would make a big difference in how the team operates. What about the culture of the unit? How can nurse leaders influence that?

**NL:** One of the most powerful things a nurse leader can do is foster a culture that prioritizes patient safety and high-quality care. This requires building high-reliability organizations – ones that consistently perform well in safety outcomes. Leaders create that culture by encouraging a teamwork mindset, setting clear roles and expectations, and making sure everyone is accountable to one another.

**NC:** It sounds like leadership is also about being open to new ideas – being creative and innovative.

**NL:** Exactly! Innovation and creativity are crucial for adapting to new challenges and improving care. Nurse leaders should always be looking for ways to improve systems, whether through new technologies, processes, or even just better ways of communicating. The willingness to embrace change and innovation keeps the care environment dynamic and responsive to patient needs.

**NC:** It's a lot to balance. You mentioned earlier that nurse leaders need to have both "hard" and "soft" skills. What kind of hard skills are we talking about here?

**NL:** Hard skills for nurse leaders include having advanced clinical knowledge, technical expertise, and a deep understanding of the healthcare system. But beyond that, they need to be familiar with things like policy, finance, human resource management, and strategic planning. They must also know how to navigate conflict and manage negotiations, especially since healthcare teams often face complex challenges.

**NC:** That makes sense. With all of that, it's no wonder that leadership can make such an impact on the productivity.

**NL:** Exactly. When nurse leaders effectively apply these skills, you see improved staff satisfaction, lower turnover, and better patient outcomes. Ultimately, leadership in nursing isn't just about managing – it's about creating an environment where people thrive, both professionally and personally. And part of that is also making sure you're practicing self-care and building resilience, especially in such a high-stress field.

**NC:** Self-care is so important. It's easy to forget that, but I can see how being resilient as a leader makes a huge difference for the whole team.

**NL:** Definitely. A resilient leader models how to handle stress and maintain balance, which creates a positive ripple effect. If nurses feel supported, they're more likely to provide excellent care, and that leads to better patient outcomes. It all comes full circle.

**NC:** It's clear now that being a nurse leader involves a lot more than just clinical expertise. It's about communication, compassion, and a commitment to continuous improvement.

**NL:** Exactly. Leadership in nursing isn't just a skill – it's a mindset. It's about creating an environment where everyone feels

empowered to do their best for the patients and for each other. And when that happens, it's a win-win for everyone.

***Exercise 6.*** Make up your own dialogue about Soft Skills or Hard Skills! Act it out with your partner!

## Lesson 14

### 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:lʌv] – 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, boxes 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, bixes 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.

***Exercise 2.*** 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	X. бригади екстреної медичної допомоги

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

№	Issues of Nursing	Solving
1.		
2.		
3.		

**Exercise 5.** Read the dialogue!

- Hi!
- Hi! Nice to meet you!
- Haven't seen you for ages! How is it going?
- Nice, thanks.
- I've been thinking a lot lately about how much potential nurses have to make a difference in the healthcare system. The WHO really sees us as key players in meeting the growing demand for healthcare, but it feels like we're still stuck in these outdated roles.
- You're right. There's such an opportunity for nurses to step up and play a much bigger role, but there's still a lot of resistance

to change. The health system has been slow to adapt, and as a result, nurses often find themselves overworked and underappreciated. One of the biggest things we need is a new model for nursing – a model that recognizes the broader scope of what nurses are capable of.

- Absolutely. It's frustrating because we spend the most time with patients, and their recovery often depends on the care we provide. Yet, in many systems, nursing roles are still limited by outdated stereotypes. There's so much more we can do if we're given the training, authority, and resources.

- Exactly. The first step is improving the education and training of nurses. We need to make sure that nursing education aligns with current healthcare needs and modern practices. Expanding the authority of nurses would not only relieve some of the burden on doctors but also give nurses the chance to make a bigger impact on patient outcomes. Nurses are often the ones who provide continuous care, so empowering them with more responsibilities makes sense.

- I couldn't agree more. And yet, the health care system still struggles with a major staffing imbalance – the ratio of doctors to nurses is completely off. That imbalance leads to nurses being stretched too thin, which ultimately affects the quality of care. What do you think needs to change?

- The solution starts with reviewing and adjusting the norms around nurse workload. International standards exist, and we should implement them. Nurses shouldn't have to care for so many patients at once. The staffing needs to be adjusted, and hospitals should increase the number of nurses on their teams. One approach could be to introduce a two-level care system where nurses with different levels of training – like bachelor-level nurses and those with more advanced certifications – can take on more specialized roles.



- That sounds like a good plan. A two-level system would allow for more tailored care, and nurses wouldn't be overwhelmed. But another thing we often overlook is the physical demands of our jobs. Between transporting patients, lifting, and dealing with heavy equipment, nurses are putting a lot of strain on their bodies. There's also the issue of safety – too many workplaces aren't properly equipped to protect us.

- That's a big issue. Nurses are often working in unsafe conditions, and that puts both patient and nurse at risk. The physical strain is one thing, but the emotional toll is just as significant. In departments like intensive care and emergency medicine, nurses are under extreme pressure, handling life-or-death situations constantly. We need more attention on creating safer, more supportive work environments. There should be proper equipment, better staffing, and adequate training for these high-risk areas.

- I agree. The emotional and physical load on nurses in high-stress departments is immense. But another aspect that's often overlooked is how our work is measured and compensated. Right now, it feels like the quality and quantity of nursing interventions aren't reflected in how nurses are paid. There's no real system for differential pay based on workload or the complexity of the care we provide.

- That's a critical point. A more structured approach to compensating nurses based on their workload and the quality of care they provide would be a huge step forward. This could also help address some of the burnout nurses face, because when nurses see that their hard work is valued and rewarded, it can make a big difference in morale. We need systems in place to measure and compensate the full range of nursing interventions – everything from basic care to more complex procedures and decision-making.

- It's all connected, isn't it? Staffing, workload, safety, education, and compensation – they all need to be addressed

together. If we want to improve the health system, we have to start by looking at how nurses are supported and recognized.

- Absolutely. Nurses are the backbone of healthcare, but if we don't improve the conditions in which they work, we're only going to continue seeing burnout, poor retention, and worse patient outcomes. We need to push for systemic change – more focus on nursing education, better staffing ratios, safer working environments, and compensation that reflects the true value of nurses' contributions.

- It's a really hard task, but I think it's possible. We've seen other healthcare systems adopt more modern models for nursing, and those systems are seeing positive outcomes. The key is making the case for these changes, both at the policy level and within individual healthcare institutions.

- Exactly. And it starts with conversations like this – raising awareness about the issues nurses face and advocating for better support. We can make a difference, but we need to be united in pushing for change. The time is now for a new model of nursing that reflects our true value in the healthcare system.

- I'm on board. Let's keep pushing for change. The healthcare system will be better for it, and, most importantly, so will the patients we care for.

- Bye for now!

- Bye. See you soon!

**Exercise 6.** Answer the questions on the dialogue:

1. What is one of the main issues discussed regarding the role of nurses in healthcare?

What is suggested as a first step to enhance the role of nurses?

2. What staffing issue in healthcare is highlighted in the conversation?

3. How could a two-level care system benefit the nursing profession?

4. What physical challenges do nurses often face on the job?
5. What emotional challenges are nurses in high-stress departments likely to encounter?
6. Why is compensation for nurses an issue according to the dialogue?
7. How does inadequate staffing affect the safety of nurses and patients?
8. What systemic changes are suggested to improve nursing conditions?
9. What is the ultimate goal of the systemic changes discussed in the conversation?

***Exercise 7.*** Play out your own dialogue with a partner!

## Lesson 15

### 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 [intə'mi:djəri] – посередник  
illegally – незаконно  
unqualified providers – некваліфіковані постачальники  
to discredit [dis'kredit] – 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 a 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.		

**Exercise 5.** Read the dialogue!

**Professor:** Today, we'll discuss the innovation and development of nursing services. Anna, can you start by explaining one suggested step for improvement?

**Anna:** Sure, Professor. One suggestion is to extend the authority of nurses. For example, they could provide care at home or in specialized institutions for palliative patients and the elderly.

**Maria:** Does that mean nurses will work independently, like doctors?

**Professor:** Not exactly, Maria. But the idea is to define “nursing care” and “nursing practice” at the legal level. This will recognize nurses as key providers of medical care, alongside doctors.

**Maria:** Interesting! Does this happen in other countries?



**Professor:** Yes, countries like Canada, Sweden, and the USA already follow this model.

**Anna:** Professor, you mentioned professional standards earlier. What role do they play?

**Professor:** Excellent question. Professional standards ensure nurses are well-trained and certified. This helps maintain quality care and encourages lifelong learning in the nursing field.

**Maria:** So, would there also be changes in how nurses work privately?

**Professor:** Exactly. A legal market for private nursing services could ensure proper quality control, protect patients, and improve working conditions for nurses.

**Anna:** It sounds like all these changes require organization. How would that be managed?

**Professor:** Through nursing self-governance. This involves creating standards for education, licensing, and professional conduct. Additionally, having a single electronic register of nurses would help track qualifications and specializations.

**Maria:** I see. So, involving nurses in decision-making would also be key to implementing these reforms smoothly?

**Professor:** Absolutely, Maria. Including nurses in management decisions ensures practical and realistic policies are created.

**Anna:** This sounds like a significant shift. It's inspiring to see how nursing can evolve to benefit both professionals and patients.

**Professor:** Well said, Anna. With informed policies and proper implementation, these changes can make a big difference in healthcare.

**Exercise 6.** Answer the questions on the dialogue!

1. What will they discuss?

2. What will recognize nurses as key providers of medical care, alongside doctors?
3. In what countries does this happen?
4. What could ensure proper quality control, protect patients, and improve working conditions for nurses?
5. What do professional standards ensure?
6. How would a legal market for private nursing services be managed?
7. What sounds like a significant shift?

***Exercise 7.*** Play out your own dialogue with a partner!

## Lesson 16

### 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)] – 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 a 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

**Exercise 5.** Read the dialogue!

**Liam:** Hi Emma, I've been reading about nursing research, but some concepts seem a bit complex. Can you help me?

**Emma:** Of course, Liam! What do you want to know?

**Liam:** Well, I read that nursing research focuses on improving health outcomes. But how does it differ from other health sciences?

**Emma:** That's a great question! Nursing research is unique because it looks at health from the perspective of nursing. It focuses on guiding nursing practices, improving patient and community outcomes, and even influencing health policy.

**Liam:** Oh, so it's more patient-centered?

**Emma:** Exactly. It integrates how humans behave and respond in different health situations. For example, nursing research studies the principles of life processes during health and illness, patterns of human behavior in critical situations, and processes that bring positive health changes.

**Liam:** Interesting! Is it only about patients?

**Emma:** Not at all. It also includes families and communities, like how to adapt to diseases, manage symptoms, or create a better healthcare environment.

**Liam:** So, would you say it's practical?

**Emma:** Definitely! Nursing research is translational, meaning it takes scientific knowledge and applies it directly to clinical practice. The goal is to make health care better for everyone.

**Liam:** That makes a lot of sense now. Thanks, Emma!

**Emma:** Anytime, Liam. Nursing is all about making a positive difference, and research is a big part of that.

**Exercise 6.** Are the sentences True or False?

1. Nursing research aims to improve health outcomes.
2. Nursing research focuses on guiding medical practices rather than nursing practices.
3. Nursing research studies human responses during health and illness.
4. Nursing research is limited to studying individual patients and does not include families or communities.
5. Nursing research is practical because it applies scientific knowledge directly to clinical practice.
6. Nursing research does not influence health policy.
7. Translational research in nursing means converting theoretical knowledge into practical applications.

**Exercise 7.** Play out your own dialogue with a partner!

## Lesson 17

### 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 [ɪm'paʊə] – 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 [ɪ'vɔ:lʌ] – 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 place 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 ....

**Exercise 5.** Read the dialogue! Complete it with words from the table!

*Make healthier choices, disease outbreaks, improve vaccines, public health, challenges, improve public health, health problems.*

**Professor:** Today, we're going to talk about how nurses help 1) \_\_\_\_\_. Can anyone tell me why nurses are important in this area?

**Alex:** Is it because they spend a lot of time with patients? They can help people 2) \_\_\_\_\_.

**Professor:** Exactly, Alex. Nurses work closely with patients, so they're in a great position to teach people about healthy living. Maya, can you think of any specific areas where nurses make a difference?

**Maya:** Maybe things like giving 3) \_\_\_\_\_ and stopping infections?

**Professor:** That's right! Nurses also work on other important issues like environmental health and helping during 4) \_\_\_\_\_ or natural disasters. Do you know how nurses stay prepared for these 5) \_\_\_\_\_?

**Alex:** They must keep learning so they know about the latest 6) \_\_\_\_\_?

**Professor:** Exactly, Alex. Organizations like the American Nurses Association, or ANA, help nurses stay updated. They also help set rules and policies for public health nursing. Maya, why do you think this is important?

**Maya:** So they can do their job better and help more people.

**Professor:** That's exactly the point, Maya. As future doctors, you'll work with nurses a lot. Working as a team will help 7) \_\_\_\_\_ the health of your patients. Any final thoughts?

**Alex:** I didn't realize how much nurses do for 8) \_\_\_\_\_. It's impressive.

**Maya:** Yeah, I agree. It's good to know we'll be working with them closely.

**Professor:** Great observations! Let's move on to a simple case study to see how nurses and doctors can work together in public health.

***Exercise 6.*** Play out your own dialogue with a partner!

## Lesson 18

### 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

**Exercise 5.** Read the dialogue and act it out!

**Dr. Smith:** Good morning, everyone! Today, we'll discuss clinical nurses. Does anyone know what a clinical nurse does?

**Anna:** They're nurses who work with patients, right?

**Dr. Smith:** That's correct, Anna, but there's more to it. A clinical nurse, or clinical nurse specialist, is a highly educated nurse who focuses on a specific area of practice. Can anyone guess what some of these areas might include?

**John:** Maybe pediatrics or something like women's health

**Dr. Smith:** Exactly! They can specialize based on demographics, care settings like emergency rooms, or even specific diseases such as diabetes.

**Maria:** Do they only work with patients?

**Dr. Smith:** Not quite. They also mentor nurses, create healthcare policies, perform research, and even publish academic papers. They're leaders who help improve healthcare.

**Anna:** That sounds like a lot of responsibility.



**Dr. Smith:** It is, which is why clinical nurses need strong leadership skills, the ability to stay calm, problem-solving abilities, and excellent communication skills.

**John:** Do they still diagnose and treat patients?

**Dr. Smith:** Sometimes, but they typically focus more on consulting, supervising, and improving care systems.

**Maria:** What's the most important skill for a clinical nurse?

**Dr. Smith:** All the skills are important, but leadership stands out because clinical nurses influence other nurses and healthcare innovation.

**Anna:** I see. It sounds like a rewarding career.

**Dr. Smith:** It truly is. Clinical nurses play a vital role in healthcare. Any questions before we wrap up?

***Exercise 6.*** Make up your own dialogue and act it out with a partner!

## Lesson 19

### TRANSCULTURAL NURSING

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 a 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!

**Exercise 5.** Read the dialogue! Complete it with words from the table!

*Cultural values, culturally safe and competent care, beliefs, patient care, transcultural nursing, nursing education, anthropology.*

**Instructor:** Good morning, everyone. Today, we'll discuss the concept of 1)\_\_\_\_\_, founded by Madeleine Leininger. Does anyone know what transcultural nursing means?

**Student 1:** Is it related to understanding patients' cultures?

**Instructor:** Exactly! Leininger believed that nursing care should adapt to the cultural and social characteristics of patients. Why do you think this is important?

**Student 2:** Maybe because patients feel more comfortable when their 2)\_\_\_\_\_ are respected?

**Instructor:** Right! When care aligns with patients' cultural values, they respond better to treatment. Can anyone think of an example where a patient's cultural beliefs might influence their care?

**Student 3:** Perhaps when some cultures avoid certain types of food or medicine?

**Instructor:** Great example. Understanding these differences helps nurses provide culturally appropriate and effective care. Now, Leininger suggested that transcultural nurses need knowledge from 3)\_\_\_\_\_. Can anyone guess why?

**Student 4:** Because anthropology studies cultures and behaviors?

**Instructor:** Exactly. This knowledge helps nurses act as consultants, providing 4)\_\_\_\_\_. Finally, why do you think transcultural nursing is important in today's world?

**Student 5:** Maybe because the world is so interconnected now, and nurses might care for patients from many different cultures?

**Instructor:** Spot on! That's why Leininger emphasized combining international and transcultural content in 5)\_\_\_\_\_. Any final thoughts or questions?

**Student 6:** How can we start learning about different cultures as students?

**Instructor:** Excellent question! Start by being curious, asking respectful questions, and learning about 6)\_\_\_\_\_ in your local community. It's a small step that makes a big difference in 7)\_\_\_\_\_.

***Exercise 6.*** Make up your own dialogue and play it out with your fellow-students!

## Lesson 20

### NURSING PROCESS

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'ɒrətaɪz] – 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 пріоритети
3. evidence-based practice	III. аналіз
4. EDP (electronic data processing)	IV. клінічне судження
5. compassionate, quality-based care	V. клієнто-центрований підхід
6. sequential steps	VI. електронна обробка даних
7. implementation	VII. послідовні кроки
8. evaluation	VIII. доказова практика

9. clinical judgment	IX. співчутливий, якісний догляд
10. to prioritize	X. цілеспрямоване завдання

**Exercise 5.** Read the dialogue!

**Instructor:** Today, we'll discuss the nursing process. It's a systematic way to provide quality, patient-centered care.

**Student:** What are the steps involved?

**Instructor:** There are five steps: assessment, diagnosis, planning, implementation, and evaluation.

**Student:** Could you explain them briefly?

**Instructor:** Sure. Assessment is gathering information about the patient, like their symptoms and vital signs.

**Student:** So, we look at what the patient says and measurable data?

**Instructor:** Exactly. Next is diagnosis, where we identify the patient's health problems based on what we've assessed.

**Student:** Like figuring out the cause of their symptoms?

**Instructor:** That's right. Then, in planning, we set goals and create a care plan to address the patient's needs.

**Student:** What happens after planning?

**Instructor:** Implementation is the action step. You carry out the care plan, such as giving medications or assisting with daily tasks.

**Student:** And evaluation?

**Instructor:** That's where we check if the care plan worked. If the goals aren't met, we reassess and adjust the plan.

**Student:** That makes sense. It seems like a continuous process.

**Instructor:** It is. It ensures we provide the best care possible for our patients.

**Student:** Thanks for explaining it clearly!

**Instructor:** You're welcome. Keep practicing, and it will become second nature.

***Exercise 6.*** Answer the questions!

1. How many steps are involved in the nursing practice?
2. What are they?
3. What is assessment?
4. Why do we use diagnosis?
5. What do we do in planning?
6. What is implementation?
7. What is evaluation?

***Exercise 7.*** Take an interview of a nurse about nursing process!

## Lesson 21

### NURSE PRACTICAL SKILLS

dimension – вимір

performance – виконання, продуктивність

intention – намір, мета

“disciplined” understanding – розуміння дисципліни

to be enacted – бути прийнятим

diversified [daɪ'vɜ:səfaɪd] – 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 [ˈpɜ:rvju:] – 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 nurse 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 ...”

**Exercise 5.** Read the dialogue!

**Hospital Ward**



**Nurse Julia:** Good morning, Mr. Carter. I'm here to check on you and ensure you're comfortable. How are you feeling today?

**Mr. Carter:** Morning, Nurse Julia. I'm feeling a bit weak, but I think I slept better last night.

**Nurse Julia:** That's a good sign. Let's start by checking your vitals and adjusting your bed for better support. (*She carefully adjusts the bed and begins taking his vital signs.*)

**Mr. Carter:** Thank you. You're always so gentle with these checks.

**Nurse Julia:** It's my intention to ensure every procedure feels as comfortable as possible for you. Your well-being is my priority.

(*Dr. Lee enters the room.*)

**Dr. Lee:** Good morning, Mr. Carter, Nurse Julia. How's everything going here?

**Nurse Julia:** Good morning, Dr. Lee. Mr. Carter's vitals are stable, and he mentioned sleeping better last night.

**Dr. Lee:** That's excellent progress. Mr. Carter, I'll be reviewing your chest X-rays later today to ensure there's no residual infection. Nurse Julia, could you remind him about the breathing exercises we discussed?

**Nurse Julia:** Absolutely. Mr. Carter, remember those breathing exercises we practiced yesterday? They're essential for strengthening your lungs. I'll go over them with you again after breakfast.

**Mr. Carter:** Yes, I remember. They were a bit challenging, but I'll give them another go.

**Nurse Julia:** That's the spirit! I'll guide you through it step-by-step to ensure you're comfortable and safe.

**Dr. Lee:** Excellent. Julia, let's also ensure his medication schedule aligns with his current recovery pace. Adjustments may be needed.

**Nurse Julia:** Understood, Dr. Lee. I'll double-check the dosages and ensure they're administered on time.

**Mr. Carter:** It's reassuring to know I'm in capable hands.

**Nurse Julia:** We're here to make sure you recover fully, Mr. Carter. If you have any questions about your care or need anything at all, just let me know.

**Mr. Carter:** Thank you, Nurse Julia. And thank you, Dr. Lee.

**Dr. Lee:** You're welcome, Mr. Carter. Keep up the positive attitude – it's a big part of the healing process.

*(Dr. Lee leaves the room, and Nurse Julia stays to assist Mr. Carter with his morning care.)*

**Exercise 6.** Make up your own dialogue and act it out with a partner!

## Lesson 22

### NURSING INTERVENTIONS

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 [ˈkætəɡəraɪz] – 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 громадськимдським медсестринством

a fun run – веселі старту

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 the 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 a 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 введення
6. domain	VI. методи подолання
7. coping methods	VII. допомога в харчуванні
8. insertion of an IV line	VIII. кризове консультування
9. repositioning	IX. приліжковий догляд
10. to avoid pressure ulcers	X. післяпологова підтримка

**Exercise 5.** Read the dialogue!

**Nurse:** Good morning, Mr. Thompson! How are you feeling today?

**Mr. Thompson:** A bit sore, but otherwise okay. Thank you for checking on me.

**Nurse:** That's normal after surgery. Let me adjust your bed position to help with your comfort. Also, I'll check your vital signs now.

*(Nurse Alice adjusts the bed and checks his blood pressure and heart rate.)*

**Nurse:** Your vitals look stable, which is a great sign. Dr. Patel prescribed some medication for pain relief. I'll administer it shortly.

**Mr. Thompson:** Thank you. Will this help with the soreness?

**Nurse:** Yes, it should help you feel more comfortable. Dr. Patel will also stop by later to discuss the next steps in your recovery.

*(Nurse Alice prepares the medication and administers it.)*

**Dr. Smith (entering the room):** Good morning, Mr. Thompson! I see Nurse Alice has already been taking excellent care of you.

**Mr. Thompson:** Yes, she's wonderful.

**Dr. Smith:** That's great to hear. For your recovery, we'll need to collaborate with a physical therapist to help you regain mobility. Nurse Alice will also assist with your daily care, and we'll monitor your progress together.

**Nurse:** Exactly. Once the physical therapist visits, I'll help coordinate and ensure you're comfortable throughout the process.

**Mr. Thompson:** I appreciate all of this teamwork.

**Dr. Smith:** That's what we're here for. Each of us plays a role in your recovery. Do you have any concerns or questions?

**Mr. Thompson:** Not at the moment. I feel well-supported, thank you.

**Nurse:** Wonderful. I'll check in later to assist you with lunch and ensure you're staying hydrated. For now, take some rest.

**Mr. Thompson:** Thanks again, Nurse Alice, Dr. Patel.

**Dr. Smith:** You're welcome. We'll see you soon.

**Exercise 6.** Make up your own dialogue and act it out with a partner!



## Lesson 23

### MEDICAL PROCEDURES

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, вислухування

congenital malfunctions – вроджені вади

speech pathologist – логопед

dietitian – дієтолог

vision loss occupational therapist – ерготерапевт з втрати зору

aesthetic [esˈθetik] – естетичний

self-esteem [self ɪˈstiːm] – 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

**Exercise 5.** Read the dialogue!

**Doctor:** Good afternoon, Mr. James. How can I help you today?

**Patient:** Good afternoon, Doctor. I've been experiencing some discomfort in my joints and wanted to know what options I have for treatment.

**Doctor:** There are several medical procedures we could consider, depending on the severity and the cause of your discomfort. Some are diagnostic to determine the issue, while others are therapeutic or rehabilitative to treat it.

**Patient:** Could you explain the difference?

**Doctor:** Certainly. Diagnostic procedures, such as body fluid tests or scans, help us identify the underlying problem. Once we know what's wrong, therapeutic procedures like physical therapy or medication aim to treat or improve the condition.

**Patient:** That makes sense. Would these involve surgery?

**Doctor:** Not necessarily. Many non-surgical procedures are available. For instance, physical therapy or radiation therapies for certain conditions can be effective and are less invasive.

**Patient:** What if it's not just about pain, but also improving mobility or strength?

**Doctor:** In that case, rehabilitative procedures might be suitable. Health professionals such as physiotherapists or occupational therapists specialize in helping patients restore or maintain physical function.

**Patient:** That sounds like what I need. Are there risks involved?

**Doctor:** All procedures, whether surgical or non-surgical, have potential risks and side effects. That's why we discuss your goals and expectations thoroughly before proceeding.

**Patient:** I appreciate that. If it's not urgent, could we start with diagnostic tests?

**Doctor:** Absolutely. We'll begin with a physical examination and possibly some scans to gather more information. Based on the results, we'll plan the best course of action.

**Patient:** Thank you, Doctor. I feel more confident now.

**Doctor:** You're welcome. Let's work together to get you feeling better.

**Exercise 6.** Are the sentences True or False?

1. The patient visits the doctor to discuss discomfort in their joints.
2. Diagnostic procedures are used to treat the condition.
3. Physical therapy is an example of a therapeutic procedure.

4. All joint discomfort requires surgical intervention.
5. Rehabilitative procedures aim to restore or maintain physical function.
6. Physiotherapists and occupational therapists specialize in performing diagnostic tests.
7. The doctor emphasizes discussing risks and expectations before proceeding with any procedure.
8. The patient prefers to start with therapeutic procedures rather than diagnostic tests
9. The doctor suggests starting with a physical examination and possibly scans.
10. The dialogue ends with the patient feeling more confident about their treatment plan

***Exercise 7.*** Take an interview of a doctor about medical procedures as if you are the patient's family member!

## Lesson 24

### TREATMENT METHODS

curative [ˈkjʊərətɪv] – лікувальний

palliative [ˈpælɪətɪv] – паліативний

onset – початок

etymology treatment – лікування етимології

strep throat – гострий фарингіт

antalgic [ænˈtældʒɪk] – болезаспокійливий

medico techniques – медичні техніки

injectable – ін'єкційний

speech therapy – логопедія

psychiatry [saɪˈkɪətri] – психіатрія

to resort to surgical treatment – вдаватися до хірургічного лікування

phototherapy – світлолікування

observation – спостереження

non-conventional medicine – нетрадиційна медицина

acupuncture [ˈækjuˌpʌŋktʃə(r)] – акупунктура, голкотерапія

balneotherapy [ˌbælnɪˈvʊeəri] – бальнеотерапія

detoxification [diːˌtɒksɪfɪˈkeɪʃ(ə)n] – детоксикація

homeopathy [ˌhəʊmiˈɒrəði] – 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 techniques	V. акупунктура, олковотерапія
6. injectable	VI. болезаспокійливий
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 parts 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!

**Exercise 5.** Read the dialogue!

**Doctor:** Good afternoon, Mrs. Lee. How can I assist you today?

**Patient:** I've been feeling persistent throat pain. Could it be serious?

**Doctor:** It's possible you have an infection like strep throat. If that's the case, I'd recommend a curative treatment, such as antibiotics.

**Patient:** That makes sense. What if the pain persists?

**Doctor:** To manage the pain, we could add a symptomatic treatment, like an antalgic, to ease discomfort.

**Patient:** Are there non-medical approaches I should consider?

**Doctor:** Certainly. Adjusting your diet or lifestyle can complement the treatment. Physical therapy or even alternative methods like acupuncture may help, depending on the condition.

**Patient:** Thank you, Doctor. I appreciate your guidance.

**Doctor:** My pleasure. Let's get you on the path to recovery.

**Exercise 6.** Do the microphone-exercise: ask and answer the questions on the treatment methods!

**Exercise 7.** Make up your own dialogue and act it out with a partner!

## Lesson 25

### MODERN METHODS OF EXAMINATION

to arrange for quiet and privacy – організувати тишу та усамотнення

darkening the room – затемнення кімнати

bone scan – сканування кісток

to locate deep – розташувати глибоко

by revealing spots – шляхом виявлення плям

to illuminate [ɪˈluːmineɪt] – опромінювати

to inject into a vein – вводити у вену

radiotracer [ˌreɪdɪəʊ ˈtreɪsər] – 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 [ˈʌltrəsəʊnd] – 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 [ˌekəʊkɑːdɪˈɒɡrəm] – 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 плям
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?

**Exercise 5.** Read the dialogue! Complete it with the words from the table!

*Prenatal care, a computerized tomography, a bone scan, ultrasound, an echocardiogram, a quiet and private space, injected into your vein.*

**Doctor:** Good morning, Mr. Smith. How are you feeling today?

**Patient:** Good morning, Doctor. I've been feeling a bit off lately. I'm not sure what's wrong.

**Doctor:** Let's get to the bottom of it. To ensure the best quality examination, we'll need 1)\_\_\_\_\_, and we might dim the room for parts of the examination to enhance accuracy. Comfort is also key for both of us during the process.

**Patient:** That sounds thorough. What kind of tests are we looking at?

**Doctor:** Depending on your symptoms, we might consider a few. For example, if we suspect any bone-related issues, 2)\_\_\_\_\_ could be helpful. It's an advanced X-ray that uses a radiotracer 3)\_\_\_\_\_. The tracer highlights areas of abnormal bone activity, allowing us to detect infections or cancer.

**Patient:** Interesting. What about other types of scans?

**Doctor:** Another option is 4)\_\_\_\_\_, or CT scan. It takes X-rays from multiple angles and creates detailed images of the body. It's useful for diagnosing a range of conditions.

**Patient:** Are these scans invasive?

**Doctor:** The bone scan requires an injection, but it's minimal. If you're looking for something non-invasive, 5)\_\_\_\_\_ is an excellent choice. It uses high-frequency sound waves to create images of the body. This is often used for 6)\_\_\_\_\_ but is also effective for examining organs like the liver or kidneys for abnormalities.

**Patient:** That sounds better. Is ultrasound accurate?

**Doctor:** It's very accurate for many diagnoses. For instance, if we need detailed information about your heart, we might perform 7)\_\_\_\_\_. This specialized ultrasound shows the heart's structure, including its valves and chambers, helping us assess its function.

**Patient:** That's impressive. What's the next step?

**Doctor:** We'll start by discussing your symptoms in more detail, then decide which tests are most appropriate. Each test gives us a unique perspective, so we'll choose based on what's most relevant to your condition.

**Patient:** Sounds like a plan. Thank you, Doctor.

**Doctor:** You're welcome. Let's work together to get you feeling better.

**Exercise 6. CASE:** You are a nurse educator delivering a lecture on Modern Methods of Examination. Make a report on the topic and ask the questions to the audience to check up if they understood your lecture!

## Lesson 26

### 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 інформації
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 to?
- 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?

**Exercise 5.** Read the dialogue!

- Hi! I have just read about the roles and responsibilities of nurses. Their work with patients is so multifaceted, don't you think?

- Absolutely! Nurses do so much. For example, monitoring patients' health is a big part of their job. They track symptoms, maintain IV lines, and keep a close eye on vitals. Did you know

they even pay attention to nonverbal cues to catch underlying health issues?

- That's amazing. It's like they have to be detectives as well as caregivers. And speaking of caregiving, I read that providing emotional support and advice is crucial too. Imagine how comforting it must be for patients to have someone empathetic to talk to, especially during tough times.

- Definitely. Patients often rely on nurses to help them process their diagnoses or figure out the next steps. And it's not just about listening – they also give practical advice and coping strategies, which can be a huge relief for both patients and their families.

- Right. And then there's the educational aspect. Nurses teach patients how to manage their illnesses. Whether it's explaining medication schedules, follow-up appointments, or even rehabilitation exercises, they ensure patients and caregivers understand every detail.

- That's such an important role. Nurses bridge the gap between treatment and everyday life. Plus, they even guide families on post-treatment care, like diet and physical therapy. It's really comprehensive.

- True! And let's not forget about advocacy. Nurses advocate for their patients by simplifying complex medical information, encouraging questions, and connecting them to the right resources. It's about ensuring patients feel heard and supported.

- Yes, and advocacy also means respecting patients' wishes and communicating them to family members or other healthcare staff. It's about putting the patient at the center of care.

- Exactly. And then there's the hands-on care at the bedside. From helping with hygiene tasks to administering medications and offering emotional support, nurses are there every step of the way.

- It's incredible how much they do, isn't it? They're not just focused on medical tasks but on the whole patient experience – physical, emotional, and even social aspects.

- Totally. It's a demanding job, but also one of the most rewarding. Nurses truly make a difference in patients' lives.

- Couldn't agree more. It's inspiring to see how much impact they have, not just in hospitals but in every healthcare setting.

***Exercise 6.*** Answer the questions!

1. What do nurses do?
2. Is it comforting for patients to have someone empathic to talk to?
3. What do nurses give to patients?
4. What do they teach patients?
5. Between what do nurses bridge the gap?
6. What does advocacy mean?
7. What are the nurses focused on?

***Exercise 7. CASE:*** You are a student-nurse practising at a hospital. Interview a chief nurse about nurse's work with patients!

## Lesson 27

### 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 ['dʒenjoɪn] – щирий, теплий 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] – хитроумно  
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 компетентність
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 медсестри

**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?

***Exercise 5.*** Read the dialogue!

**Anna:** Hey, Mark! Did you go through the reading about the nurse-patient relationship for our class?

**Mark:** Yeah, I did! It's such a critical aspect of nursing care. The idea that the relationship aims to enhance the patient's well-being really stuck with me.

**Anna:** Same here. I also found it interesting how boundaries play such a vital role. They're there to ensure the relationship stays focused on the patient's needs, right?

**Mark:** Exactly. Those boundaries are shaped by legal, ethical, and professional standards. It's about maintaining professionalism while respecting both the nurse's and patient's rights.

**Anna:** And confidentiality! I think it's key to building trust. Patients need to feel safe sharing personal details, knowing that their information won't go beyond the treatment team without consent.

**Mark:** Totally. It's the foundation for creating that safe space. What about therapeutic behaviors? Nurses are expected to always prioritize the patient's well-being. It's not just about treating diseases but about addressing their overall needs.

**Anna:** That's where self-awareness comes in, don't you think? Nurses need to understand their own reactions to emotionally charged situations so they can empathize with their patients better.

**Mark:** Right. Speaking of empathy, I loved how the text described it as entering the patient's perceptual world. It's not just about understanding their condition but also their feelings and experiences.

**Anna:** Exactly. Patients don't just want their illness treated; they need psychological support too. And communication is at the heart of all of this, isn't it?

**Mark:** Definitely. Communication ties everything together. It's how we show respect, genuine care, and cultural sensitivity. Speaking of which, cultural sensitivity was another big point. It's so important to respect and understand a patient's cultural background.

**Anna:** Absolutely. Things like offering translation services or providing materials in the patient's language can make a huge difference. It shows that we care about their comfort and understanding.

**Mark:** And don't forget about collaborative goal setting. The nurse-patient relationship is a partnership, where the nurse empowers the patient to take part in their health decisions.

**Anna:** I think that's so empowering. It helps patients feel more in control of their health. But there's also a responsibility on nurses to ensure ethical practice and protect patients from harm.

**Mark:** Agreed. The relationship is built on communication, but it's also about safeguarding the patient. Nurses must report any signs of abuse or harm to ensure the patient's safety.

**Anna:** There's so much depth to the nurse-patient relationship. It's not just a professional requirement; it's the essence of compassionate care.

**Mark:** Couldn't have said it better myself. It's what makes nursing such a unique and impactful profession.

**Exercise 6.** Are the sentences True or False?

1. The nurse-patient relationship aims to enhance the patient's well-being.

2. Confidentiality helps build trust between the nurse and the patient.

3. Therapeutic behaviors in nursing focus solely on treating diseases.

4. Nurses need self-awareness to empathize effectively with patients.

5. Empathy involves understanding only the medical condition of the patient.

6. Communication is central to showing respect, care, and cultural sensitivity in nursing.

7. Cultural sensitivity in nursing includes providing translation services when needed.

8. Collaborative goal setting means the nurse solely decides the patient's health goals.

9. Nurses are responsible for reporting signs of abuse or harm to protect patients.

10. The nurse-patient relationship is a professional requirement but does not involve compassionate care.

***Exercise 7.*** CASE: You are a nurse educator dealing a seminar for student-nurses on the topic “Nurse-Patient Relationship”. Act out a round-table discussion on the topic!

## Lesson 28

### HEALTHY DIET

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 – цільнозернові

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'nəʊlə] – 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 крові
3. locally available foods	III. поліненасичені жири
4. dietary customs	IV. нездорове збільшення ваги
5. dietary fibre	V. насичені жири
6. diversified, balanced and healthy diet	VI. недоїдання
7. saturated fats	VII. оброблені харчові продукти
8. unhealthy weight gain	VIII. різноманітне, збалансоване та здорове харчування
9. polyunsaturated fats	IX. місцеві продукти харчування

10. serum lipids	Х. дієтичні 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
1.		
2.		
3.		

**Exercise 5.** Read the dialogue! Complete it with words from the table!

*Consuming, a healthy diet, dietary fiber, sodium, cardiovascular diseases, malnutrition, saturated fats, a healthy diet, processed foods, total fat intake.*

**Instructor:** Good morning, everyone. Today, we're discussing the importance of 1)\_\_\_\_\_ throughout life and how it helps prevent malnutrition and noncommunicable diseases, or NCDs. Can anyone tell me why maintaining a balanced diet is so crucial?

**Student 1:** It helps prevent 2)\_\_\_\_\_, but it also reduces the risk of conditions like heart disease, stroke, and obesity.

**Instructor:** Absolutely correct. However, dietary patterns are changing due to rapid urbanization and increased production of 3)\_\_\_\_\_. How do you think these changes are affecting people's diets?

**Student 2:** People are eating more foods high in energy, fats, sugars, and salt, which leads to unhealthy outcomes.

**Instructor:** Spot on. Now, let's talk about the components of 4)\_\_\_\_\_. For example, how much fruit and vegetables should we ideally consume daily?

**Student 3:** At least 400 grams, or five portions per day. It ensures enough 5)\_\_\_\_\_ and lowers the risk of NCDs.

**Instructor:** Excellent! Fiber is indeed crucial. Now, what about fats? How can we minimize unhealthy fat consumption?

**Student 4:** By reducing 6)\_\_\_\_\_ to less than 30% of our daily energy. Also, we should avoid 7)\_\_\_\_\_ and trans-fats, and instead use oils like sunflower or canola oil.

**Instructor:** Perfect! Cooking methods matter too. What could we do instead of frying?

**Student 2:** We could steam or boil food instead.

**Instructor:** Right. Moving on to salt and sodium, many people consume too much 8)\_\_\_\_\_ and not enough potassium. What are the health risks associated with this imbalance?

**Student 1:** High sodium and low potassium increase blood pressure, which raises the risk of heart disease and stroke.

**Instructor:** And how can we increase potassium intake?

**Student 3:** By eating more fresh fruits and vegetables.

**Instructor:** That's correct. Now, let's discuss sugars. Why are free sugars a concern, and how do they impact health?

**Student 4:** They increase the risk of dental caries, contribute to unhealthy weight gain, and can affect blood pressure and cholesterol levels, raising the risk of 9)\_\_\_\_\_.

**Instructor:** Well done! To wrap up, how can we encourage healthier eating habits in our communities?

**Student 2:** Educating people on reading nutrition labels, choosing fresh foods over processed options, and promoting better cooking practices.

**Instructor:** Excellent suggestions. These principles are fundamental, not just for personal health but also for the advice you'll give your future patients. Keep these in mind as we dive deeper into clinical nutrition in upcoming lessons. Great discussion, everyone!

***Exercise 6.*** CASE: You take part at scientific and practical conference on Nutrition. Act out a discussion on the topic of Healthy Diet with your group-mates!

## Lesson 29

### 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 [ˌzɪrbənə'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 a 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'язаними
6. urbanization	VI. надмірна вага
7. to keep in good health	VII. неінфекційні хвороби
8. field-and-track athletics	VIII. рак грудей і товстої кишки
9. health status	IX. зберігати здоров'я
10. mental illness	X. ожиріння

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

**Exercise 5.** Read the dialogue and act it out.

**Alex:** Hey, Mia, did you know that sports and health go hand in hand? I read something fascinating about how physical activity impacts our well-being.

**Mia:** Yeah, I've heard about that. Physical activity isn't just about sports, though. It includes things like cycling, walking, and even just playing. It's great that everyone can participate at any skill level.

**Alex:** Exactly! Regular physical activity can prevent and even help treat noncommunicable diseases like heart disease, diabetes, and some cancers, like breast and colon cancer. It also improves mental health and overall quality of life.

**Mia:** That's true. But isn't it ironic that as countries develop, people become less active? I read that in some places, inactivity levels are as high as 70%. Urbanization and reliance on technology play a huge role.

**Alex:** Yeah, and it's a serious problem. Inactivity is a major risk factor for chronic diseases like cardiovascular disease,

diabetes, and obesity. But the good news is, sports and physical activities can counteract that risk.

**Mia:** Absolutely. And it's not just about physical health. Sports can boost emotional and social well-being too. Working out with others or playing on a team builds relationships and even improves cognitive skills.

**Alex:** That's a great point. I think it's cool how participation in sports can benefit entire communities, not just individuals. It promotes active lifestyles, which are key to preventing lifestyle diseases.

**Mia:** Totally agree. It's no wonder sports like basketball, volleyball, and gymnastics are so popular. They keep you fit and healthy while also being a lot of fun.

**Alex:** So, what sport do you think you'd take up if you wanted to stay fit?

**Mia:** Hmm, maybe tennis. It's great for cardio and hand-eye coordination. What about you?

**Alex:** I'd go for basketball. It's intense, keeps you moving, and is a great way to bond with friends. Plus, it's an awesome workout.

**Mia:** Nice choice! Honestly, it doesn't matter which sport we choose as long as we stay active. That's what really counts.

**Alex:** Couldn't agree more. Let's commit to making physical activity a priority. It's good for our health now and in the long run.

**Mia:** Deal! Let's keep each other motivated.

**Exercise 6.** Interview your group-mate about the role of sport for human health!



## Lesson 30

### I AM A MASTER'S DEGREE NURSE

BSN curriculum – навчальний план «Медсестра-бакалавр»

to be passionate about – бути захопленим

to qualify ['kwɑ: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 психіатрії
3. administrative and leadership positions	III. головна медсестра ділового адміністрування

4. specialized roles	IV. головна медсестра в догляді за хворими
5. Family Nurse Practitioner (FNP)	V. навчальний план «Медсестра-бакалавр»
6. Adult-Gerontology Nurse Practitioner (AGNP)	VI. прогресивні медсестринські ролі
7. Psychiatric Mental Health Nurse Practitioner (PMHNP)	VII. адміністративні та керівні посади
8. schedule	VIII. спеціалізовані ролі
9. Patient Care Director	IX. медична сестра в геронтології
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)!

### ***Exercise 5.*** Read the dialogue!

**Professor:** Welcome back, everyone! Today, I'd like to discuss the benefits of earning a Master's Degree in Nursing, or MSN. As second year medical students, you'll find this useful in understanding career paths in nursing. Any ideas why an MSN might be valuable?

**Student 1:** Does it help with job specialization?

**Professor:** Absolutely! An MSN allows nurses to specialize in areas they are passionate about, like family care or mental health. It also opens doors to non-clinical roles, such as healthcare administration or technology-focused positions. This is something a BSN alone doesn't typically offer.

**Student 2:** So, it's not just about clinical roles?

**Professor:** Correct. For example, nurses with MSNs can become Family Nurse Practitioners or Psychiatric Mental Health Nurse Practitioners, which are advanced practice roles. These nurses often lead in providing care and preventive services.

**Student 3:** What about work-life balance? I've heard bedside nurses often have demanding shifts.

**Professor:** Good point. Another benefit of an MSN is access to more predictable schedules, especially in administrative managerial roles. Imagine transitioning from 12-hour shifts to a standard workweek – sounds appealing, right?

**Student 1:** Definitely! Does it also lead to better pay?

**Professor:** It can! Even if a nurse stays in a bedside role, earning an MSN can increase salary expectations. Leadership or specialized roles often come with significant salary boosts as well.

**Student 3:** You mentioned non-clinical roles earlier. What kind of roles are those?

**Professor:** Great question. Administrative and leadership positions like Clinical Nurse Leader or Chief Nursing Officer are

examples. These nurses focus on improving patient care processes out outcomes through strategic leadership.

**Student 2:** Are these options beyond hospitals?

**Professor:** Yes, nurses can venture into fields like education and informatics. Nurse Educators train future nurses, while Nurse Informatics Specialists work with healthcare data and technology.

**Student 1:** Sounds like an MSN offers a lot of flexibility!

**Professor:** Exactly. It's all about expanding your opportunities and staying at the fore front of a constantly evolving field. Personal development and lifelong learning are key benefits too.

**Student 3:** Thanks for explaining, Professor. I've learned a lot.

**Professor:** You're welcome! Keep these options in mind as you interact with nursing professionals during your rotations. Let me know if you'd like adjustments!

**Exercise 6.** Are the sentences True or False?

1. Earning a Master's Degree in Nursing (MSN) allows nurses to specialize in areas like family care or mental health.

2. An MSN is only beneficial for clinical roles.

3. Nurses with MSNs can become Family Nurse Practitioners or Psychiatric Mental Health Nurse Practitioners.

4. Advanced practice roles often include leadership in providing care and preventive services.

5. Nurses with an MSN always have demanding 12-hour shifts.

6. Transitioning to administrative roles with an MSN can lead to more predictable schedules.

7. Earning an MSN does not affect salary expectations for bedside roles.

8. Leadership and specialized roles often come with significant salary increases.

9. Clinical Nurse Leader and Chief Nursing Officer are examples of non-clinical roles for nurses with an MSN.

10. Nurse Educators and Nurse Informatics Specialists are non-clinical roles beyond hospitals.

11. Nurses with an MSN are limited to working in hospital settings.

12. Personal development and lifelong learning are benefits of earning an MSN.

***Exercise 7.*** Prepare and act out a report on the topic “The Importance of Earning a Master’s Degree in Nursing”.

## Список використаних джерел

1. Катерина Балабанова. Як розвиток медсестринства допоможе зробити медпослуги доступнішими. *Українська правда*. URL : <https://life.pravda.com.ua/columns/2020/05/25/241107/>
2. Сучасний стан медсестринства в Україні. *Буковинський державний медичний університет*. URL : <https://www.bsmu.edu.ua/blog/suchasnij-stan-medsestrinstva-v-ukra-ni/>
3. Alex Atkinson. What Skills and Qualifications Do You Need to Be a Nurse? *University of CUMBRIA*. URL : <https://www.cumbria.ac.uk/blog/articles/what-skills-and-qualifications-do-you-need-to-be-a-nurse.html>
4. Kateryna Balabanova. How the Development of Nursing Will Help Make Health Services More Accessible. *VoxUkraine*. URL : <https://voxukraine.org/en/how-the-development-ofnursing-will-help-make-health-services-more-accessible/>
5. Classifications of Medical Treatment. *CONCILIO*. URL : <https://www.concilio.com/en/general-surgery-classifications-of-medical-treatment/>
6. Career Advice Finding a Job Clinical Nurse. *indeed*. URL : <https://www.indeed.com/career-advice/finding-a-job/clinical-nurse>



7. Career Advice Finding a Job Nurse Qualifications. *indeed*. URL : <https://www.indeed.com/career-advice/finding-a-job/nurse-qualifications>

8. Defining Nursing. *Royal College of Nursing*. URL : [https://anaesthesiaconference.kiev.ua/downloads/defining%20nursing\\_2003.pdf](https://anaesthesiaconference.kiev.ua/downloads/defining%20nursing_2003.pdf)

9. DEVELOPMENT OF PRIMARY HEALTH-CARE NURSING IN UKRAINE. *World Health Organization Regional Office for Europe*. URL : [www.euro.who.int](http://www.euro.who.int)

10. Essential Skills for Nurses Skills that are Anything but Soft. *Lippincott NursingCenter®*. URL : <https://www.nursingcenter.com/ncblog/january-2021/essential-skills-for-nurse>

11. Sarah Jividen. Levels of Nursing & Ranks Explained. *nurse.org*. URL : <https://nurse.org/education/nursing-hierarchy-guide/>

12. Medical Diagnosis. *Wikipedia*. URL : <http://surl.li/anslsh>

13. Medical Procedures - Non-Surgical. *Better Health Channel. Victoria State Government. Department of Health*. URL : <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/medical-procedures-non-surgical>

14. Nursing Interventions: Implementing Patient Care Plans. *University of St. Augustine for Health Sciences*. URL : <https://www.usa.edu/blog/nursing-interventions/>

15. Brianna Flavin. 9 Duties of a Nurse That Might Surprise You. *RASMUSSEN UNIVERSITY*. URL : <https://www.rasmussen.edu/degrees/nursing/blog/surprising-duties-of-a-nurse/>

16. Understanding the Nurse-Patient Relationship: A Predictive Approach to Caring Interaction. *ScienceDirect*. URL : <https://www.sciencedirect.com/science/article/pii/S132276962200049X>

17. 22 Common Types of Nursing and What They Do. *HERZING UNIVERSITY®*. URL : <https://www.herzing.edu/types/nurses>

18. 25 Reasons to Get a Master's in Nursing. *NurseJournal*. URL : <https://nursejournal.org/degrees/msn/reasons-to-get-a-msn-degree/>

19. What Can You Do With a Master's Degree in Nursing? *FRANKLIN UNIVERSITY*. URL : <https://www.franklin.edu/blog/what-can-you-do-with-a-masters-in-nursing>

Навчальне видання

**АНГЛІЙСЬКА МОВА  
В ПРОФЕСІЙНІЙ КОМУНІКАЦІЇ**

*Навчальний посібник*

Редакція, видавець і виготовлювач –  
КЗВО «Волинський медичний інститут»  
(м. Луцьк, вул. Лесі Українки, 2, тел. (0332) 72-36-55).