

The materials for the study were the results of the analysis of domestic and foreign experience in studying the problem of nurses' palliative competence of. We used theoretical methods (analysis, comparison, synthesis, systematization, classification, generalization) for elaboration of modern psychological, pedagogical and medical literature to compare different views on the research problem, for analytical and bibliographic consideration of theoretical issues to determine the conceptual and categorical apparatus of research. Theoretical and methodological research is designed to promote the highest quality disclosure of the research topic and can become a basis for creating further research in this field.

Nurses' palliative competence is characterized as an integrative quality of highly motivated personality, determined by a set of professional knowledge, skills and abilities, professional and personal qualities that provide internal readiness to carry out palliative care in accordance with qualification requirements and deontological norms of behavior, with desire for selfless care and with the improving the experience of palliative care.

In the study of nurses' palliative competence the concept of psychological support and spiritual care of a palliative patient is encountered in the works of such Korean scientists as Kyung-Ah Kang, Youngsim Choi, Shin-Jeong Kim. Scientists include such nurses' palliative competence components as assessment and level of spiritual care knowledge, the concept of professionalization and improvement of the spiritual care quality, personal support, the nurses' ability to advise, implementation of the interdisciplinary approach and cooperation with other health professionals in the field of palliative care. The importance of the personal level of spirituality, nurses' communicative competence is emphasized. Personal factors that are important for providing spiritual care are a measure of the patient's spirituality. Thus, the personal spiritual health of nurses can affect patients' attitudes and health.

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**INFECTIOUS DISEASES WITH MULTIPLE TRANSMISSION MECHANISMS:  
MORPHOLOGICAL-SYNTACTIC AND SEMANTIC-COGNITIVE ANALYSIS**

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All infectious diseases can be divided into four classical groups, according to the mechanism of infection transmission, and the place of primary localization of the pathogen in the macroorganism. These include intestinal, blood, respiratory infections, and infections of outer coverings. Each group of diseases has its own way of infection transmission. However, some diseases can be transmitted by equally different mechanisms of infection transmission. The localization of the pathogen in the body can be multiple. Several mechanisms of transmission are characteristic of zoonotic infections, but it appears to be difficult to determine the main one. Mathematical and computational models can be useful tools to provide important information on key aspects of the epidemiology of infectious diseases. In recent years, efforts have been made to improve the use of disease modeling terminology by creating specific glossaries on the topics.

The author aimed to analyze a developed "dictionary of terms," which describes the standard use and definition of terms for modeling of infectious diseases with multiple transmission mechanisms.

Specific terms used in peer-reviewed published articles in a large number of English journals were considered. The search engines "PubMed", "Google Scholar", "Web of Science" and "Scopus" were taken into account to search for terms used in both mathematical epidemiology and health care with ambiguous and contradictory definitions.

The main terms that are often used in epidemiological models of infectious diseases were considered according to two main criteria: 1) the term was defined differently in different articles or 2) two different terms were used interchangeably, with a threshold corresponding to one of the criteria in at least two peer-reviewed articles. The terms and definitions selected in the review of the relevant studies were classified as "topics of discussion" based on their definitions and uses.

Models of the dynamics of infectious diseases are designed to reflect: 1) the biology of the pathogen and 2) the physiological processes and signs of the disease at both individual and population levels. They are determined by: a) the temporal course of the stages of disease progression through the infectious process, from the moment of infection (exposure) to recovery or death (which is the field of clinical medicine) and b) the temporal course of potential transfer from the moment of infection (exposure) to post-infectious condition (which is the field of health and epidemiology). The biology of infectious agents and pathophysiological processes include the disease status of individuals, which determine the susceptibility of individuals to infection or the transmissibility of the disease. The change in status described in the models is often related to the prevalence of the disease, which is characterized by population-related morbidity or prevalence, as well as parameters that affect these phenomena, such as generation interval and serial interval.

In most dynamic models of diseases, a compartment structure has been developed that divides the population into several classes of individuals according to their epidemiological status. These include: susceptible (S-susceptible), exposed (E-exposed), infectious (I-infectious) and recovered (R-recovered), and their relationship describes the main dynamic model of disease transmission, which is called the classical model (SEIR model).

We have summarized the analysis of the terminology of the infectious diseases according to the models. This review has not been intended to be comprehensive. It has been done to demonstrate some characteristic features of medical terminology.

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**MORPHO-SYNTACTIC AND SEMANTIC-COGNITIVE RESEARCH OF ENGLISH  
PROFESSIONAL DISCOURSE: HEMO-CONTACT INFECTIONS**

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An increased interest in human cognitive reception and ways of perceiving the world and the linguistic picture of the world has contributed to the development of anthropological linguistics, which involves the study of language in close connection with human, his consciousness, thinking, spiritual practice. The set of language means in a certain paralinguistic context - the context of medical discourse, the subjective representations of which are organized into a complex discourse are made possible in language precisely through language means. One of the ways to study the peculiarities of the translation of professional, in our case medical, related to the sublanguage of infectology - metaphors that structure them. Metaphorical constructions are considered to be one of the main means of objectifying the basic cognitive models of this phenomenon of the impact of medical tests on recipients. The aim of the topic is due to its connection with the relationship between objective reality, language and thinking, as well as the general direction of modern linguistics to study linguistic phenomena, including the translation of metaphorical constructions from the standpoint of cognitive linguistics in medical and infectious discourse. Metaphorical transfer is a «projection of one conceptual area to another», a kind of expansion of the concepts of the source domain (source domain), which results in the capture and development of a new area - the target domain (target domain), and «transferred» is not an isolated name. I (with a direct nominative meaning), and the whole conceptual structure (scheme, frame, model, script), which is activated in the mind verbally due to the conventional connection of the word with the conceptual structure. For example, take hemo-contact AIDS. Every disease is mystified, this mystification occurs against the background of new expectations. From ancient times, any disease that inspires horror is metaphorized in the discourse in the process of cognitive processes of individuals. Figurative medical terms are also used in everyday life. Consider some of them on the example of English and Ukrainian. The transfer of the physical phenomena of blood to the metaphorical plane is quite common, so blood is seen as a symbol of life and personified. For example, «bad blood» in English will sound like «dirty blood» – «dirty blood», while, literally, «bad blood» means "quarrel, misunderstanding". The adjective «dirty» in relation to blood is used to replace medical facts about the disease, and quite often the expression is used to describe heme-contact infectious diseases.