



Наукові перспективи
Видавнича група

Перспективи та інновації науки



СЕРІЯ "ПЕДАГОГІКА"



СЕРІЯ "ПСИХОЛОГІЯ"



СЕРІЯ "МЕДИЦИНА"



№10(56) 2025

Тернопільський національний медичний університет імені І. Я. Горбачевського

Видавнича група «Наукові перспективи»

Луганський державний медичний університет

Громадська наукова організація «Система здорового довголіття в мегаполісі»

Християнська академія педагогічних наук України

Всеукраїнська асоціація педагогів і психологів з духовно-морального виховання

*за сприяння КНП "Клінічна лікарня №15 Подільського району м.Києва", Центру
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«Перспективи та інновації науки»

(Серія «Педагогіка», Серія «Психологія», Серія «Медицина»)

Випуск № 10(56) 2025

Київ – 2025

Ivan Horbachevsky Ternopil National Medical University

Publishing Group «Scientific Perspectives»

Luhansk State Medical University

Public scientific organization "System of healthy longevity in the metropolis"

Christian Academy of Pedagogical Sciences of Ukraine

All-Ukrainian Association of Teachers and Psychologists of Spiritual and
Moral Education

*with the assistance of the KNP "Clinical Hospital No. 15 of the Podilsky District of Kyiv", Nutrition Center of
Natalia Kalinovska*

"Prospects and innovations of science"

(Series "Pedagogy", Series "Psychology", Series "Medicine")

Issue № 10(56) 2025

Kiev – 2025

«Перспективи та інновації науки (Серія «Педагогіка», Серія «Психологія», Серія «Медицина»)»: журнал. 2025. № 10(56) 2025. С. 2882



Згідно наказу Міністерства освіти і науки України від 27.09.2021 № 1017 журналу присвоєно категорію "Б" із психології та педагогіки

Згідно наказу Міністерства освіти і науки України від 27.04.2023 № 491 журналу присвоєно категорію "Б" із медицини: спеціальність 222

Рекомендовано до видавництва Президією громадської наукової організації «Всеукраїнська Асамблея докторів наук з державного управління» (Рішення від 16.10.2025, № 7/10-25)

Журнал видається за підтримки КНП "Клінічна лікарня №15 Подільського району м.Києва", Центру дієтології Наталії Калиновської.



Журнал заснований з метою розвитку наукового потенціалу та реалізації кращих традицій науки в Україні, за кордоном. Журнал висвітлює історію, теорію, механізми формування та функціонування, а, також, інноваційні питання розвитку медицини, психології, педагогіки та. Видання розраховано на науковців, викладачів, педагогів-практиків, представників органів державної влади та місцевого самоврядування, здобувачів вищої освіти, громадсько-політичних діячів.

Журнал включено до міжнародної наукометричної бази Index Copernicus (IC), Research Bible, міжнародної пошукової системи Google Scholar.

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UDC: 614.253.5-047.22:616.12-008.331.1-08-084

[https://doi.org/10.52058/2786-4952-2025-10\(56\)-2148-2163](https://doi.org/10.52058/2786-4952-2025-10(56)-2148-2163)

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PROFESSIONAL COMPETENCES OF NURSES IN THE TREATMENT AND PREVENTION OF ARTERIAL HYPERTENSION

Abstract. In the modern healthcare system, the role of nurses is of particular importance, as they ensure the continuity of the medical process, disease prevention and patient support during treatment. In the context of the development of family medicine, a nurse acts not only as a doctor's assistant, but also as an independent specialist who is able to carry out a set of measures for the prevention and control of arterial hypertension. The effectiveness of her activities is determined not only by professional training, but also by the formation of personal qualities that ensure a high level of communication, empathy and motivation for the quality performance of duties.

As part of the study, a survey was conducted of 156 nurses who carry out preventive work with patients with arterial hypertension. The results obtained allowed us to determine the level of development of key components of professional and personal competencies. It was found that most nurses are characterized by a high level of sociability, which, however, is combined with an average level of communicative culture and the presence of emotional barriers in communication. Such obstacles include a certain rigidity in interpersonal relationships, difficulties in managing one's own emotions, a tendency to distance oneself from patients. This indicates the need to develop emotional intelligence as an integral component of communicative competence.

The analysis of personal and behavioral competence showed a tendency to a reduced level of empathy among the respondents, which is due to the insufficient formation of the emotional and intuitive components of empathy. It was found that with age and increasing experience of nurses, the level of empathic attitudes gradually decreases, and increasing the qualification category is not always accompanied by the development of emotional sensitivity.

The motivational component of professional competence also needs support, since a significant part of the respondents is prone to self-criticism and underestimating their own professional self-esteem. In this context, an important task is to create

conditions for increasing nurses' internal confidence in their own competence, forming a positive professional identity.

A feasible direction for further work is the active involvement of nurses in corporate programs for personal health development, participation in research, prevention and educational projects. Such initiatives will help overcome professional insecurity, build self-esteem and increase the effectiveness of their activities in the family medicine system.

Keywords: nurses, professional and personal competences, empathy, arterial hypertension

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ПРОФЕСІЙНІ КОМПЕТЕНЦІЇ МЕДИЧНИХ СЕСТЕР У ЛІКУВАННІ ТА ПРОФІЛАКТИЦІ АРТЕРІАЛЬНОЇ ГІПЕРТЕНЗІЇ

Анотація. У сучасній системі охорони здоров'я роль медичних сестер набуває особливої ваги, адже саме вони забезпечують неперервність медичного процесу, профілактику захворювань і підтримку пацієнтів упродовж лікування. В умовах розвитку сімейної медицини медсестра виступає не лише помічником лікаря, а й самостійним фахівцем, який здатний здійснювати комплекс заходів щодо профілактики та контролю артеріальної гіпертензії. Ефективність її діяльності визначається не лише професійною підготовкою, а й сформованістю особистісних якостей, що забезпечують високий рівень комунікації, емпатії та мотивації до якісного виконання обов'язків.

У межах дослідження проведено опитування 156 медичних сестер, які здійснюють профілактичну роботу з пацієнтами, що мають артеріальну гіпертензію. Отримані результати дозволили визначити рівень розвитку ключових складових професійної та особистісної компетентностей. Встановлено, що для більшості медсестер характерний достатньо високий рівень товариськості, який, однак, поєднується із середнім рівнем комунікативної культури та наявністю емоційних бар'єрів у спілкуванні. До таких перешкод належать певна негнучкість у міжособистісних стосунках, труднощі в управлінні власними емоціями, схильність до дистанціювання від пацієнтів. Це вказує на потребу розвитку емоційного інтелекту як невід'ємного складника комунікативної компетентності.

Аналіз особистісно-поведінкової компетентності показав тенденцію до зниженого рівня емпатійності серед опитаних, що зумовлено недостатньою

сформованістю емоційного та інтуїтивного компонентів емпатії. Виявлено, що з віком і збільшенням стажу роботи медсестер рівень емпатійних установок поступово знижується, а підвищення кваліфікаційної категорії не завжди супроводжується розвитком емоційної чутливості.

Мотиваційна складова професійної компетентності також потребує підтримки, оскільки значна частина респондентів схильна до самокритичності й заниження власної професійної самооцінки. У цьому контексті важливим завданням є створення умов для підвищення внутрішньої впевненості медсестер у власній компетентності, формування позитивної професійної ідентичності.

Доцільним напрямом подальшої роботи визначено активне залучення медсестер до корпоративних програм розвитку особистого здоров'я, участі в науково-дослідних, профілактичних і навчальних проєктах. Такі ініціативи сприятимуть подоланню професійної невпевненості, формуванню самоповаги та підвищенню ефективності їхньої діяльності в системі сімейної медицини.

Ключові слова: медсестри, професійні та особисті компетенції, емпатія, артеріальна гіпертензія

Formulation of the problem. Modern reform processes in the education system of Ukraine, which focused on integration into the European educational space, require the introduction of innovative approaches to the professional training of specialists in the medical field. Competency-based training is considered a key methodology that ensures the formation of not only knowledge in students, but also the ability to effectively apply it in practical activities [1, 2]. In the field of healthcare, such training is the basis for the training of highly qualified nurses capable of professional growth, self-education, analytical thinking and responsible decision-making.

The problem of forming professional competence of nurses is becoming particularly relevant in the context of reforming the medical sector of Ukraine, when the emphasis is on the quality of medical services, a patient-oriented approach and increasing the role of nursing staff in teamwork [3]. In view of this, the effectiveness of nursing activities directly depends not only on the level of theoretical knowledge and practical skills, but also on the development of personal qualities - empathy, communicative culture, emotional intelligence, motivation for professional self-improvement [4].

Despite the presence of regulatory documents regulating the professional standards of training of nursing specialists, in practice there are a number of problems: insufficient integration of the competency-based approach into curricula, limited possibility of practical implementation of acquired competencies, as well as the lack of systematic monitoring of the development of professional and personal competencies in medical workers. That is why research aimed at identifying the relationships between professional training, personal qualities and the level of professional competence of nurses is scientifically and practically significant.

Analysis of recent research and publications. The issue of the competency approach in education has become the subject of active scientific discussion in the last two decades. In the works of O. Savchenko, N. Bibik and L. Sushchenko [5-7], competence is considered as an integral characteristic of a person, combining knowledge, skills, values and experience of their effective application. International studies [8, 9] emphasize that competence is not so much the possession of knowledge, but the ability to act adequately in professional situations. In the context of nursing education, foreign authors [10, 11] prove that the professional competence of a nurse is formed based on a constant combination of theoretical knowledge, practical experience and personal development. Studies show that a high level of communicative culture, empathy, and emotional intelligence of nurses correlates with increased patient satisfaction and reduced professional burnout [12, 13].

Domestic scientists [14, 15] note that the competency-based model of nursing education involves not only mastering professional functions, but also the development of humanistic qualities, readiness for self-reflection, and adaptation in the context of transformations in the medical industry. However, the results of surveys of practicing nurses indicate an insufficient level of formation of the emotional and motivational components of professional competence, which confirms the relevance of in-depth research on these aspects [16].

Thus, an analysis of scientific sources shows that the issue of forming professional competence of nurses requires further study in the context of modern challenges in Ukrainian healthcare. It is necessary to increase attention to research that combines the assessment of professional knowledge and skills with the study of personal traits - empathy, emotional intelligence, motivation, which determine the quality of nursing care and the effectiveness of preventive activities.

The purpose of the article is to reveal the characteristics and relationships of the components of professional and personal competence of nurses in the treatment and prevention of hypertension.

Presenting main material. In order to study the professional competencies of nurses, a survey of 156 nurses of Chernivtsi polyclinics was conducted, who carried out preventive work with patients with hypertension. Nurses were aged from 17 till 65; the average age was 48.33 ± 12.93 years. Distribution by category: there were 20 nurses without a category (12.82%), 11 people (7.05%) had the 2nd category, 47 nurses (30.13%) had the 1st category, and 78 people (50%) had the higher category). Distribution of nurses by length of service: 32.69% (51 people) worked from 1 to 10 years, 11-20 years - 32.05% (50 people), 21-30 years - 25.64% (40 people) and more than 30 years old - 9.62% (15 people). By education, the majority of nurses had a "junior specialist" diploma (132 persons, 84.62%), and only 24 nurses (15.38%) had a "bachelor's" diploma.

Competence as a psychological neoplasm is an integral, stable characteristic of an individual. We consider communicative, personal-behavioral and motivational competence to be the basic competencies of a modern nurse.

The communicative competence of nurses includes such knowledge, skills, beliefs and attitudes of specialists that allow them to build effective communication in the professional sphere. This is an extremely important competence that is a defining part of nursing as a professional activity. Communicative competence of a nurse also involves the formation of the ability to establish contact and overcome barriers in communication, mastery of the nurse's own emotions, the ability to maintain confidence, control one's reactions and behavior in general. Orientation to cooperation, empathy and tolerance are, on the one hand, components, and on the other hand, manifestations of a nurse's communicative culture and sociability. In order to study the communicative aspect of professional and personal competencies of nurses, we investigated the level of their sociability, the level of communicative culture and the dominant "barriers" in establishing emotional contacts as factors hindering communicative competence.

The primary processing of the data showed that almost half (44.26%) of nurses show a high level of sociability (Fig. 1). A high level of sociability means that nurses who have it are very sociable, interesting, like to express themselves on various issues, but sometimes they are annoyed by the presence of others. They willingly meet new people, like to be in the center of attention, and do not refuse anyone's requests, although they cannot always fulfill them. Sometimes they give a vivid affective reaction, but quickly calm down. In order to successfully perform their professional duties, including effective preventive measures, nurses with this level of communication development need to improve their self-control and self-organization skills.

The same frequency of occurrence (44.26%) was the average level of sociability, which means that the nurses who are diagnosed with it are somewhat sociable and feel quite confident in an unfamiliar environment. New problems do not scare them. And yet they get along with new people with caution, they reluctantly participate in arguments and disputes.

A low level of communication is diagnosed in 11.48% of nurses. This means that they are withdrawn, quiet; prefer solitude, so they have few friends. A new job and the need for new contacts, if it does not cause panic in them, then it puts them out of balance for a long time. This cohort of middle-level medical workers with such a level of sociability will not be able to effectively solve production tasks if they do not purposefully develop the communicative aspect of their professional competence and work through those obviously traumatic experiences associated with mistrust of others.

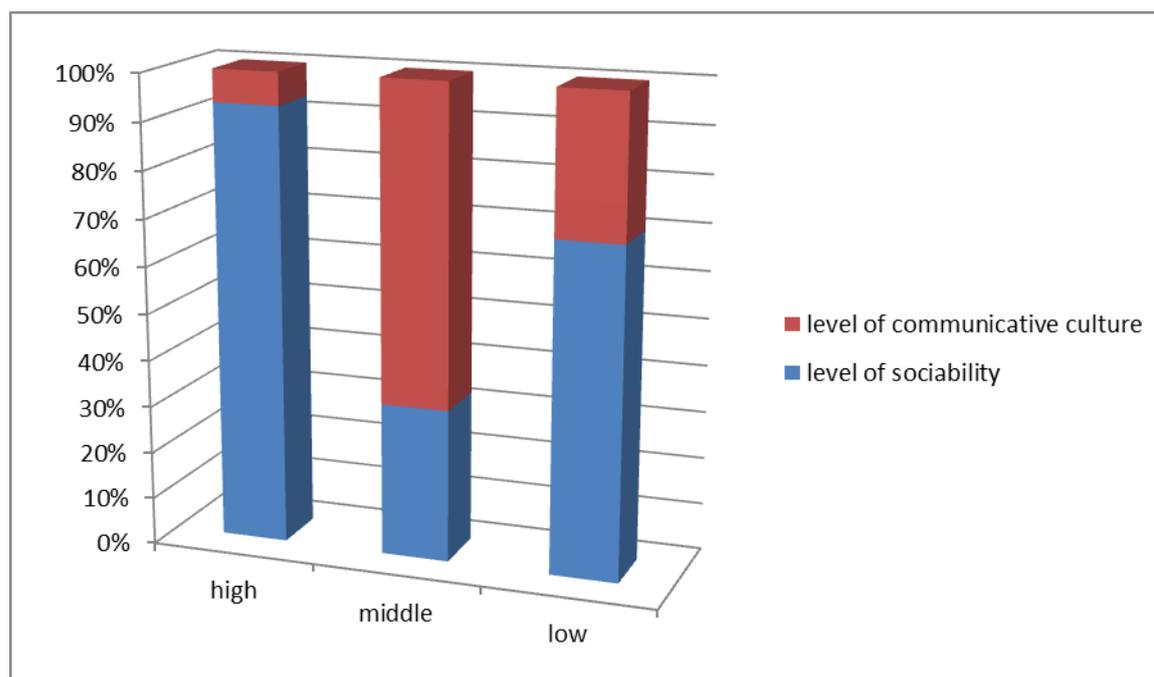


Fig.1 Frequency (%) of manifestation of different levels of sociability and formation of communicative culture of nurses (n=156)

Regarding the formation of communicative culture, the absolute majority (91.80%) of nurses showed an average level, 4.92% - a low level, and 3.28% - a high level of communicative culture (Fig. 1).

The average level of formation of communicative culture, according to the logic of S.V. Znamenska's test, indicates that nurses generally have a sufficiently expressed interest in other people, are relatively willing to make new acquaintances, in many situations can be tolerant of the otherness of the communication partner, are more or less tolerant of unpleasant emotions in the process of communication, but are not always able to accept cases when it is necessary to take the initiative in the process of communication, to choose optimal ways of solving conflict situations, to be confident, calm and relaxed in a completely new environment, etc.

A low level of communicative culture, identified in 4.92% of respondents, is characterized by a pronounced feeling of insecurity in communication; inability to develop the topic of communication and contacts in general; lack of interest in the communication partner as a person and the desire to reveal and get to know him; low own initiative and inability to purposefully influence the interaction process and reconcile conflicting points; lack of formation of clear moral and ethical guidelines.

A high level of communicative culture implies not only the ability to communicate and formed affiliate attitudes, but also the ability to develop contacts, direct interaction towards a perceived common goal, create a favorable, comfortable psychological microclimate in the field of communication, based on humanistic moral and ethical principles, the ability to bear responsibility for the result of communication. Unfortunately, this level of communicative culture is characteristic of only a few

(3.28%) of the nurses studied by us. And this constitutes an important task of developing the communicative culture of middle-level medical workers.

The implementation of sociability as a set of relevant abilities, skills, attitudes and communicative culture as a kind of worldview orientation in relationships with people in the process of professional communication of a nurse can be complicated by various "obstacles" arising from an insufficient level of development of her emotional competence or emotional intelligence. Emotional intelligence is a set of mental abilities that allow you to be aware of your own emotions and the emotions of other people and manage them.

Emotional barriers or "obstacles" in communication are factors that cause or contribute to ineffective interaction, conflicts. Barriers in communication "conserve" the reserves of an individual's spiritual and mental potential or inhibit their realization in the course of his life. Actually, emotional barriers are primarily differences in the emotional states of communication partners, as well as differences in how they know how to deal with their own emotions and the emotions of the person next to them.

Investigating emotional barriers, we established that the average score on the generalized scale of expressiveness of "obstacles" for the group of respondents is 11.96 points. This is a rather high indicator, which is diagnosed in half (50.82%) of nurses and indicates the perceptible influence of usual everyday emotions on the quality and effectiveness of their communication, which somewhat complicates their interaction and mutual understanding with others. For another 40.98% of nurses, emotions significantly interfere with establishing contacts with people and disorganize their communication. And only 8.20% of nurses have minor emotional problems in everyday communication (Fig. 2).

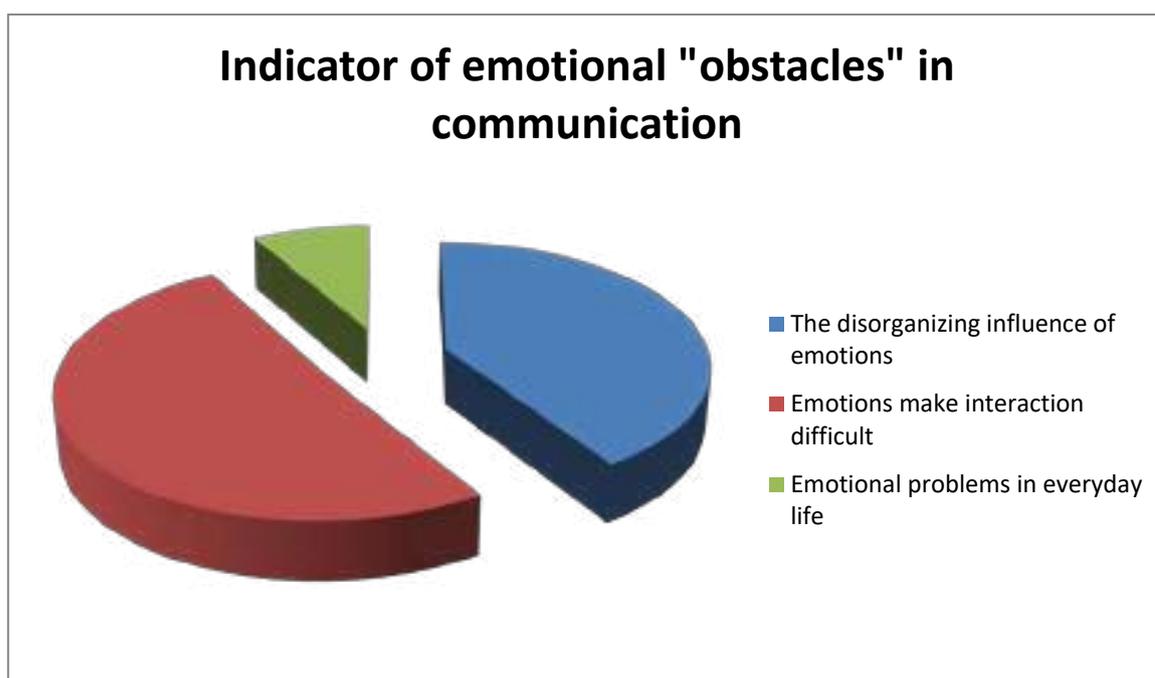


Fig. 2 Frequency (%) of manifestation of different levels of expression of emotional barriers, "obstacles" in the communication of nurses (n=156)

As for which specific emotional barriers are the most relevant for nurses, the most common (52.46% of female respondents) is reluctance to get close to people; in 49.18% - inflexibility, undeveloped emotions; 47.54% of nurses have an inability to control their emotions; in 45.90% – dominance of negative emotions; and in 32.79% of nurses – inadequate manifestation of emotions.

That is, about half of middle-level medical workers demonstrate varying degrees of expressiveness of emotional barriers in communicating with other people (Fig. 3).

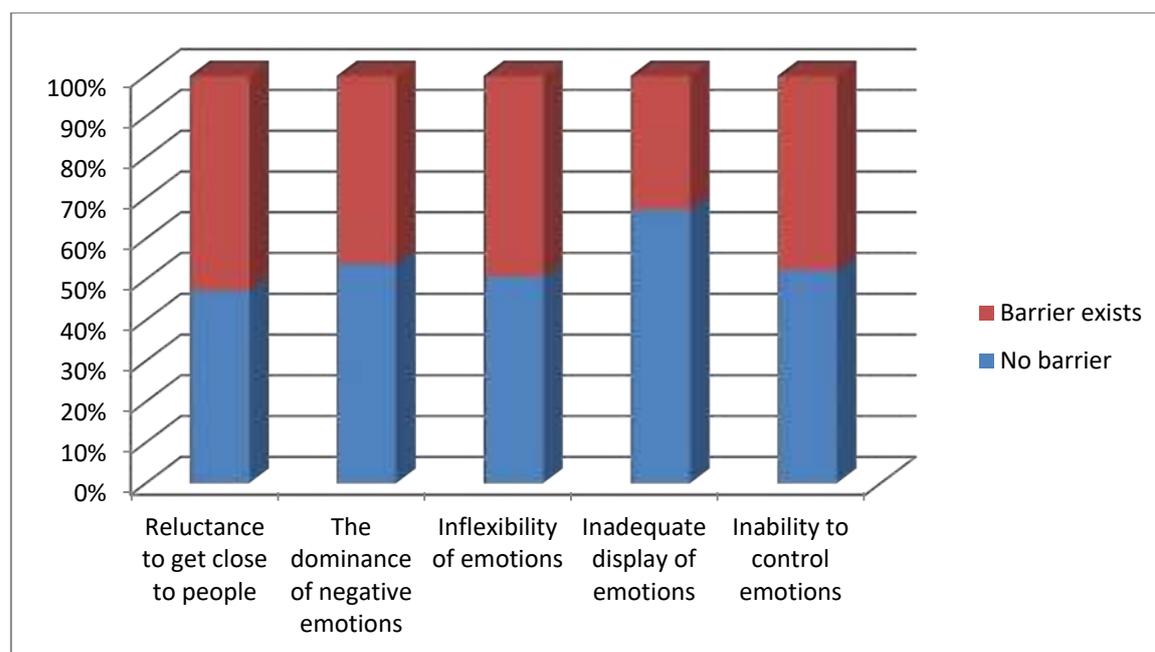


Fig. 3 Frequency (%) of diagnosis of various types of emotional barriers, "obstacles" in the communication of nurses (n=156)

Correlation analysis of data using the Sipsman rank correlation criterion (r) showed that nurses with a higher qualification category as an assessment of their professional skill level showed such an emotional barrier as inadequate expression of emotions to be significantly reduced ($r_s = -0.26$ at $p = 0.05$), that is, the higher the qualification category of a nurse, the less difficulties arise in her communication due to inadequate expression of emotions. Therefore, increasing the professional competence of a nurse is interrelated, in particular, with overcoming emotional "obstacles" in communication.

The personal and behavioral competence of nurses is presented by us through empathic abilities, as well as such personal attitudes as activity and optimism. A nurse's empathy is her ability to feel and experience mental states similar to those experienced by the patient; the ability to imagine oneself in his place and understand his position and way of thinking. Empathy can be an innate ability that can be clearly traced from early childhood. Empathy is also acquired in the process of socialization, which involves the development of the ability to accept the social roles and attitudes of others.

Penetrating ability in empathy is considered an important communicative feature of a person, which makes it possible to create an atmosphere of openness, cordiality,

and sincerity. Relaxation of the partner promotes empathy, and the atmosphere of tension, artificiality, suspicion prevents expression and empathic understanding. In general, the distribution of female respondents according to the general level of development of empathic abilities looks like this: a high level was not diagnosed in any nurse; the average level was found in 11.48% of the subjects (a person keeps his feelings, thoughts, emotions under control, is not always able to share a painful problem); a reduced level of empathy - in most nurses - 75.41% (other people's emotions are often incomprehensible to this person as an outside observer); and a very low level of empathic abilities was demonstrated by 13.11% of nurses (a person experiences significant difficulties in communication, does not know how to empathize, respond emotionally to feelings, does not understand actions committed under the influence of emotional disturbances).

As for the partial aspects of empathy, as shown in Figure 4, the rational channel of empathy is the best formed in nurses - 21.31% of female respondents demonstrate a high level of its development, 72.13% - an average level, and 6.56% - a low level. This means that nurses manage to understand the patient's thoughts and spontaneously focus on his problem rather than feeling the emotional state.

It is followed by the frequency of manifestation of a high level of formation in nurses by identification in empathy - in 14.75%; the average level is diagnosed in 73.77% and the low level in 11.48% of female respondents. That is, some nurses manage to feel the patient's condition quite realistically, putting themselves in his place, imagining themselves in his situation.

As for attitudes in empathy, only 11.48% of nurses have such attitudes that promote empathy and communication.

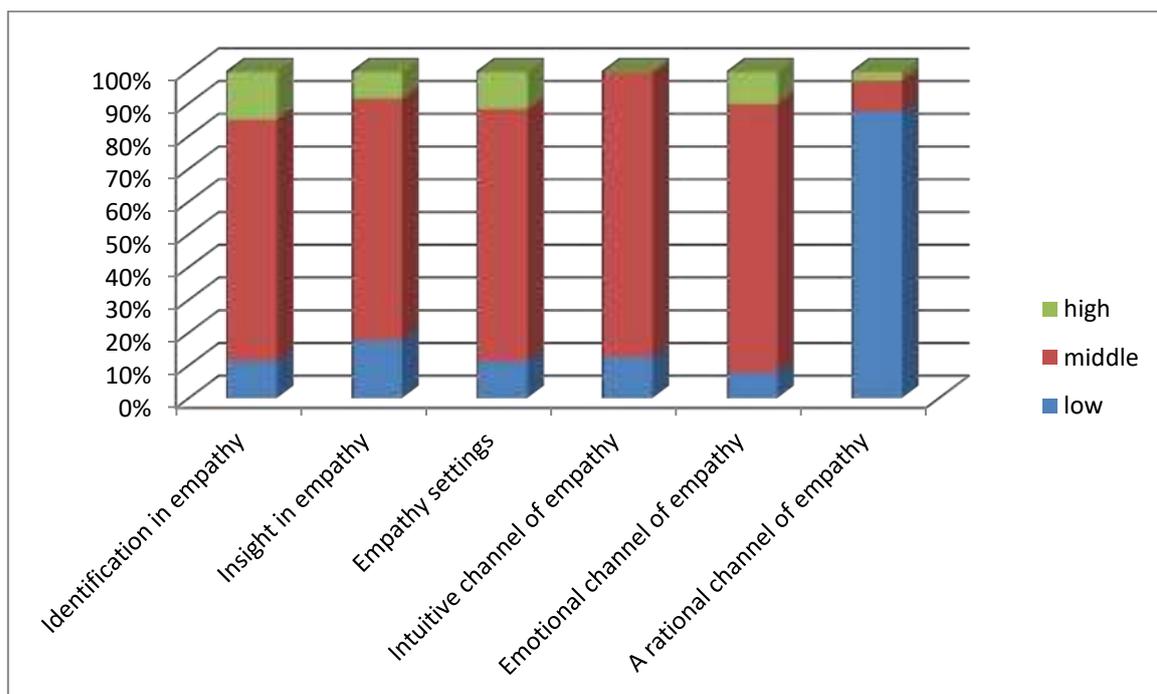


Fig. 4 Frequency (%) of manifestation of different levels of development of partial aspects of empathy of nurses (n=156)

In 77.04% of respondents, attitudes that promote and hinder empathy are roughly balanced. And in 11.48% of nurses, attitudes unfavorable to empathy prevail, that is, they prevent establishing contacts with people, showing interest in their personal sphere, etc.

The development of emotional and intuitive channels of empathy among the studied nurses is even lower - only 9.84% of them showed a high level of their formation. The average level was demonstrated by 81.96% of female respondents on the emotional channel and 78.68% on the intuitive channel of empathy. The low level is 8.20% and 11.48%, respectively. This means that most nurses find it difficult to feel the patient's emotional state, at least partially experience the feelings that the patient is experiencing, become in tune with him and sincerely sympathize.

One gets the impression of a fairly strong psychological defense, which works in nurses as an "energy saving mode" in the conditions of a profession that threatens significant emotional burnout of the employee. And, perhaps, this is precisely what can be justified by the generally insufficient level of empathy of the research subjects.

The least developed aspect of nurses' empathy is the ability to penetrate: only 8.2% of female respondents show a high level of this ability, an average level – 77.73%, and a low level – 18.03%. That is, nurses lack the skills and ability to establish trusting, open, sincere relationships with patients, to promote the patient's relaxation in communication with them, to make him want to share deep experiences.

At the same time, as the correlation analysis of the data using the Spearman rank correlation test shows, with age ($r=-0.35$ at $p=0.006$) and with increasing professional experience ($r=-0.37$ at $p=0.004$) in nurses there is a decrease in attitudes that promote empathy. That is, nurses who are older in age and who have a significant work experience gradually lose interest in understanding the mental state of patients (and other people), distance themselves from their emotional manifestations and increasingly immerse themselves in their own experiences.

Paradoxically, the head nurse's expert assessment of the professional competencies of the studied nurses negatively correlates with the development of their empathic abilities ($r=-0.39$ at $p=0.002$), in particular with attitudes that promote empathy ($r=-0.31$ at $p=0.02$). And, accordingly, increasing the qualification category of a nurse, albeit weakly, is reliably interrelated with a decrease in the level of development of empathic abilities ($r=-0.27$ at $p=0.04$). It turns out that the improvement of professional competences requires a measured display of empathic abilities from the nurse. Probably, this allows her to approach the performance of her professional duties more calmly and rationally, to maintain the ability to critically analyze situations and make more effective decisions.

Personal characteristics such as optimism and activity are important from the point of view of assessing the professional and personal competencies of nurses. Optimism is interpreted as a worldview imbued with cheerfulness, cheerfulness, firm belief in a better future, in success. Optimism should be studied inseparable from the psychological activity of the individual (the active attitude of a person to the world, the

ability to carry out socially important transformations of the material and spiritual environment based on the development of the social and historical experience of mankind).

Optimism and personal activity of nurses were studied using the Activity and Optimism Scale (AOS), which allows diagnosing 5 personality types depending on the combination and degree of expression of optimism and activity (Fig. 5):

- realists (R);
- active optimists (AO - "enthusiasts");
- active pessimists (AP – "negativists");
- passive pessimists (PP – "victims");
- passive optimists (PO - "lazy").

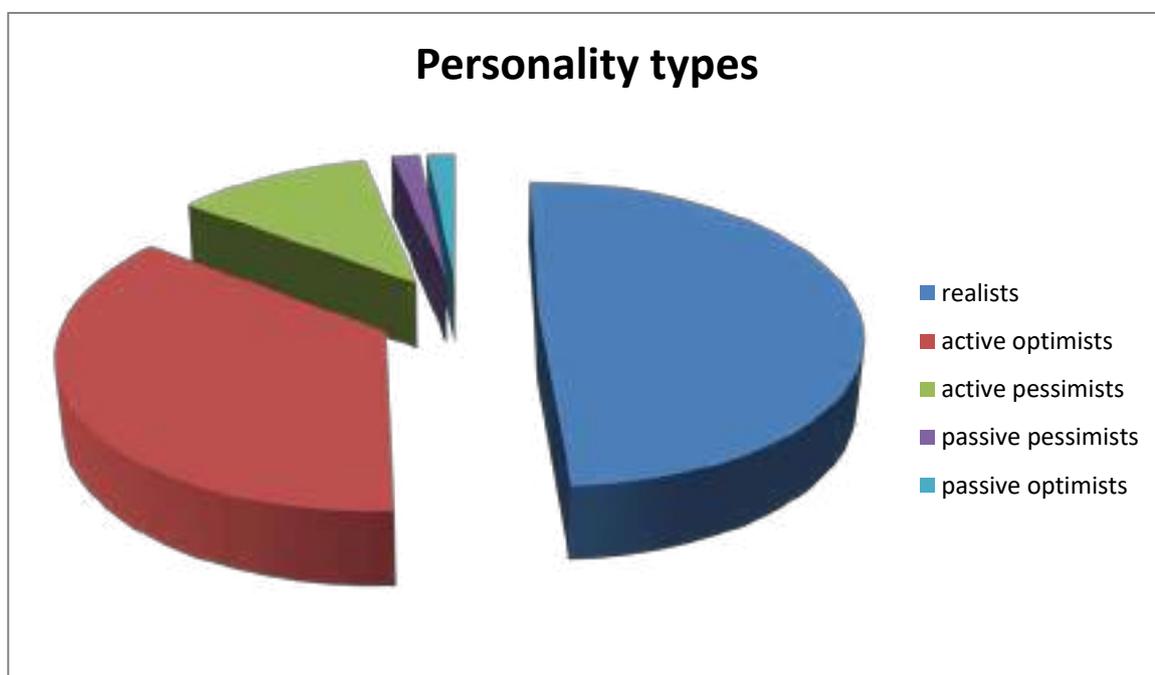


Fig. 5 Frequency (%) of manifestation of different personality types of nurses (n=156) depending on the combination and expressiveness of optimism and activity as their personal characteristics

Almost half (49.18%) of female respondents turned out to be realists, that is, able to adequately assess the current situation according to their strengths and capabilities; they are satisfied with what they have and are quite resistant to psychological stress.

Another 36.07% of nurses, according to their self-assessments, belong to the type of active optimists, or "enthusiasts". They are characterized by faith in their own strength, a positive outlook on the future, active activities aimed at achieving set goals, cheerfulness, cheerfulness, and the use of problem-oriented coping strategies.

In our opinion, "realists" and "enthusiasts" are the most optimal personality types for a nurse, because in her professional activity it is important for her not only to believe in a positive result herself, but also to instill this faith in patients.

A small part (11.47%) of nurses was diagnosed with such a personality type as a passive optimist ("lazy"). Such people are sure that "everything will be fine", but at the same time they do not make any effort to make it happen. They are good-natured, cheerful, but their characteristic feature is reduced activity - they rely more on chance and luck than on their own strength, prone to passive waiting and postponing decision-making. This type gives the impression of an "economic mode" - a person is not particularly concerned about the need to change something and is satisfied with the minimum. For the professional activity of a nurse, such a personality type is undesirable, because a nurse must differentiate well situations when it is absolutely necessary for her to make important decisions quickly and their immediate implementation, the ability to soberly assess the circumstances and react, relying on her own experience and self-confidence. A relatively positive characteristic of this type can only be considered that such a nurse with a high degree of probability will not do anything on her own initiative that is not prescribed by the doctor's appointments, and thus will not harm the patient.

In isolated cases (1.64% each), such personality types as active pessimists ("negatives") and passive pessimists ("victims") are diagnosed among nurses. These are, in our opinion, the most undesirable personality types for a nurse as a professional. The characteristics behind them make it practically impossible to effectively perform professional duties. "Negatives" are prone to destructive activity aimed at "destroying the old" and not "building the new". In difficult situations, they are more likely to use aggressive coping strategies. They do not believe in a positive result, they often deny obvious advantages or merits. "Victims" are usually in a depressed mood, despair of their own strength, consider themselves victims of circumstances, try to avoid solving problems, do not take initiative and do nothing to improve their lives.

The third, but no less important, competence of a nurse is motivation. After all, the motivation of choosing a profession by a specialist and the motivation of professional activity often determine the motivation for interaction, in particular, of a nurse with patients. At the same time, both the qualification and the level of competence of a young nurse depend on the content of her professional motivation. The motivation for choosing the profession of a nurse can be internal (the nurse's own conscious desire to work in this particular specialization) and external (advice from friends, parents, family tradition, or circumstances, or a forced choice of a profession due to state orders and the need to recruit for vacant positions).

The motivational competence of a nurse, according to our results, is characterized by the predominance of such altruistic motives for choosing a medical profession as "the opportunity to take care of the health of relatives", "the desire to alleviate the suffering of the seriously ill, the elderly and children" (Fig. 6).

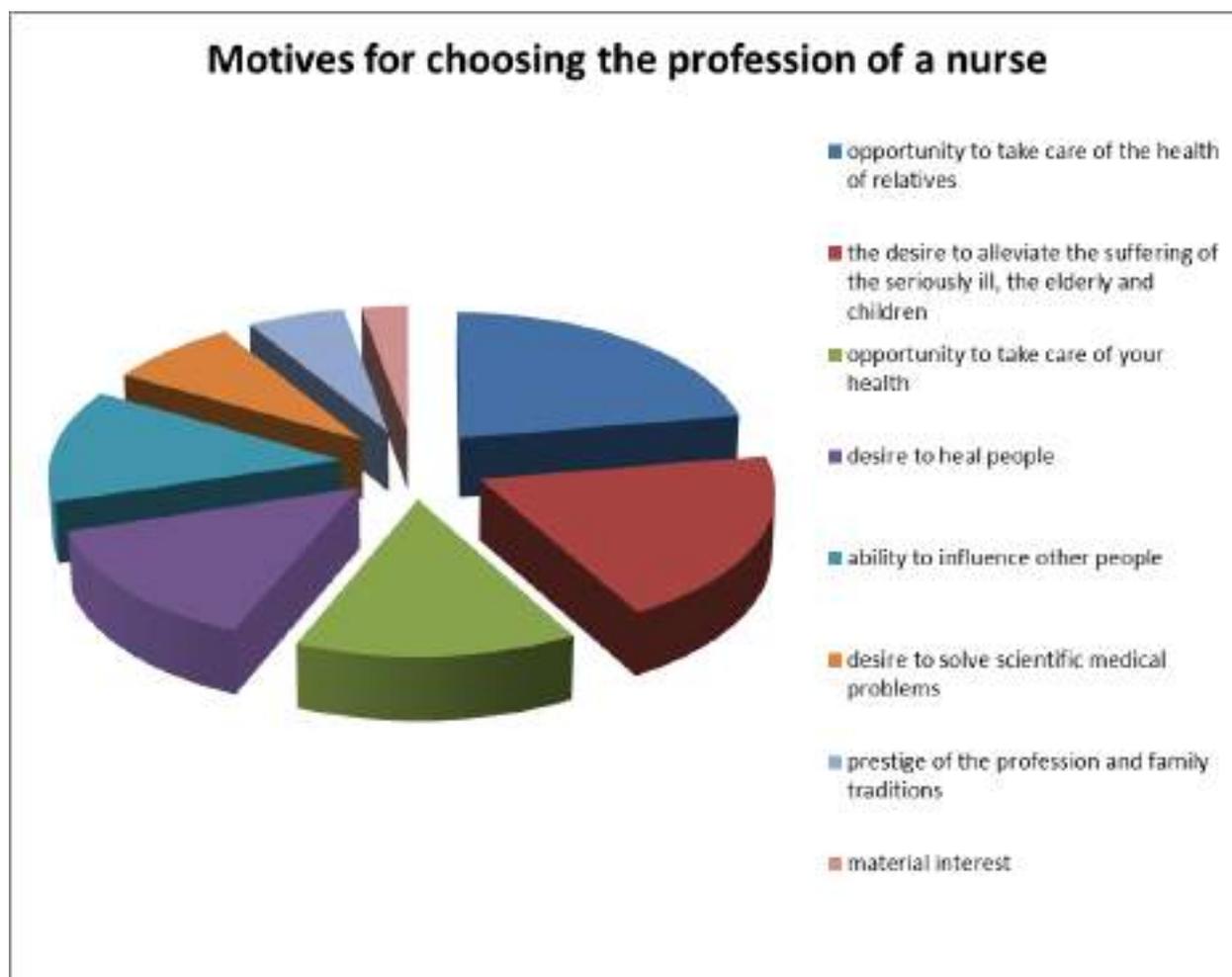


Fig. 6 The level (in ranks, group average) of the manifestation of various motives for choosing a medical profession among the studied nurses (n=156)

In third place there is such an incentive as "the opportunity to take care of one's health", in the fourth - "the desire to treat people", close to them is also "the opportunity to influence other people". The choice of a nurse's profession was very weakly influenced by such motivations as "desire to solve scientific medical problems" and "prestige of the profession and family traditions". The lowest rank was given to such a motive for choosing a medical profession as material interest. And no choice was recorded for such a motive as the availability of medicines.

As the results of the study show, nurses in general are quite self-critical of themselves as professionals, or perhaps do not dare to demonstrate high self-esteem. At the same time, according to the partial parameters of self-assessment, relatively higher indicators were recorded on the scale of self-evaluation as a professional (in particular, 39.34% of average ratings with a tendency to high and 11.48% of high-level ratings). Comparatively lower indicators were found on the scale of self-esteem as a professional (in particular, 60.66% – average with a tendency to low, 19.67% – low level). Quite low indicators - on the scale of self-consistency as a professional (in particular, 34.43% - low level, 27.87% - average with a tendency to low).

Statistical analysis using the Kruskal-Wallis test made it possible to confirm reliably ($p=0.05$) higher indicators of the professional autocompassion parameter in the subgroup of nurses who have the second qualification category.

The nurse's self-perception is characterized by a positive assessment of her own professional qualities: she feels satisfied with the level of her professionalism, is aware of her strengths in performing her professional duties and, as a rule, does not have a pronounced need for radical changes. The nurse is confident in her own abilities, feels energetic, purposeful and willing to express herself professionally, and perceives herself as a specialist who arouses respect and interest from colleagues and patients.

But, in our opinion, this can be explained by at least two arguments. First, the lower level of professional qualification means that a nurse (or any other professional) does not yet have a good enough idea of what she does not yet know and cannot do. And he can overestimate his smallest successes. Secondly, this qualification category (2nd) is, in fact, the first step in the career progression of a nurse. Therefore, nurses' euphoric experiences and an optimistic vision of themselves as someone who cares about the health of others are possible to a certain extent.

Later, with the promotion of the category, immersed in the profession, familiarity with its intricacies, with the expansion of professional knowledge, such pronounced autocompassion weakens: according to the well-known principle "The more I know, the more I know, how much I still don't know."

Active involvement in the development and implementation of corporate personal health support programs, research, preventive, and educational projects is an actual means of helping nurses to overcome their insecurity as a professional, to develop self-respect and self-consistency.

Conclusions. Therefore, all nurses of the therapeutic department need to increase the level of communicative culture as an important component of the communicative aspect of their professional and personal competence, primarily by developing emotional competence and overcoming emotional barriers to communication; as well as the formation of moderate empathy, in particular attitudes that promote empathy, the ability to penetrate. This is especially important in the context of the preventive tasks they solve when working with patients with hypertension. Actual means of helping nurses overcome their insecurity as a professional, develop self-respect and self-consistency are their active involvement in the development and implementation of corporate programs to support personal health, scientific research, preventive, educational projects. Their optimism and altruistic motives for choosing a medical profession become a resource for the development of professional and personal competence of nurses of the therapeutic department.

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Журнал

«Перспективи та інновації науки»

(Серія «Педагогіка», Серія «Психологія», Серія «Медицина»)

Випуск № 10(56) 2025

Формат 60x90/8. Папір офсетний.

Гарнітура Times New Roman.

Ум. друк. арк. 8,2.

Видавець:

Громадська наукова організація «Всеукраїнська асамблея докторів наук з державного управління»
Свідоцтво серія ДК №4957 від 18.08.2015 р., Андріївський узвіз, буд.11, оф 68, м. Київ, 04070.