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## DEVELOPMENT OF THE CREATIVE POTENTIAL IN FUTURE NURSES IN THE PROCESS OF PROFESSIONAL TRAINING IN FOREIGN COUNTRIES

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The article analyzes the current state of training of future nurses in the context of developing creative potential in the process of professional training in the USA, Canada, Great Britain and a number of European countries, which is highlighted in pedagogical and medical scientific literature. The features of educational processes in institutions of pre-higher and higher education in foreign countries are outlined. A number of factors influencing the training of nurses are identified, in particular, teaching methods that activate the mental abilities of students and motivate them to learning and creative activity, stimulate independent work.

Four main competencies are identified: professional, social, methodological and personality. Professional competence includes the following components: diagnostic and manipulative, integration (combination of theory and practice), clinical and critical, psychological, pedagogical, managerial, economic, legal.

The components of social competence are: ethical-deontological, socially perceptive, communicative, cooperative, problem-oriented, transcultural. The methodological competence includes consultative, educational-informative, organizational, statistical, evaluative, research, planning components. The personality competence is determined by ethical, leadership, value, empathy, responsibility, independence, flexibility, motivational components. It is noted that in the USA, nurses are considered to be the colleagues of doctors, not their subordinates. Nurses can question the actions of doctors if they pose a danger to patients. In the USA, a nurse is an intermediary between the patient and the doctor. American nursing education has common levels with Ukrainian once, but also has fundamental differences. It is concluded that the need for modern medicine in nurses with high-quality professional training that would meet world standards is growing, being the specialists capable of creative expression in professional self-realization in the medical field.

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**Keywords:** nurse, professional higher education, creative potential, education, competence.

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## РОЗВИТОК ТВОРЧОГО ПОТЕНЦІАЛУ МАЙБУТНІХ МЕДИЧНИХ СЕСТЕР У ПРОЦЕСІ ФАХОВОЇ ПІДГОТОВКИ В ЗАРУБІЖНІХ КРАЇНАХ

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У статті проаналізовано сучасний стан підготовки майбутніх медичних сестер щодо розвитку творчого потенціалу у процесі фахової підготовки в США, Канаді, Великій Британії

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та ряді європейських країн, який висвітлено в педагогічній та медичній науковій літературі. Окреслено особливості освітніх процесів у закладах передвищої та вищої освіти в зарубіжних країнах. Виокремлено низку чинників, що впливають на підготовку медичних сестер, зокрема методи навчання, що активізують розумові здібності здобувачів освіти та мотивують до пізнання, до творчої діяльності, стимулюють до самостійної роботи.

Виділено чотири основні компетенції: фахова, соціальна, методична та особистісна. Фахова компетенція включає такі складники: діагностично-маніпуляційна, інтеграційна (поєднання теорії та практики), клінічно-критична, психологічна, педагогічна, управлінська, економічна, правова.

Компонентами соціальної компетентності є: етико-деонтологічний, соціально-перцептивний, комунікативний, кооперативний, проблемно-орієнтований, транскультурний. Методична компетентність охоплює консультивативний, навчально-інформативний, організаційний, статистичний, оціночний, дослідницький, плановий компоненти. Особистісна компетентність визначається етичним, лідерським, цінісним, емпатійним, відповідальним, самостійним, гнучким, мотиваційним компонентами. Зазначено, що у США медсестер вважають колегами лікарів, а не їх підлеглими. Медичні сестри можуть ставити під сумнів дії лікарів, якщо вони становлять небезпеку для пацієнтів. У США медсестра є посередником між пацієнтом і лікарем. Американська медсестринська освіта має спільні рівні з українською, проте має і принципові відмінності. Зроблено висновок, що зростає потреба сучасної медицини в медичних сестрах з якістю фаховою підготовкою, що відповідає більшовим стандартам, у фахівця, здатних до творчого прояву у професійній самореалізації у медичній галузі.

**Ключові слова:** медична сестра, фахова передвища освіта, творчий потенціал, освіта, компетентність.

**Introduction of the issue.** Training of nurses is an important component of the domestic education system, the conceptual ideas of which are based on the Constitution of Ukraine, the "National Doctrine of Education Development" (2002), the laws of Ukraine "On Education" (2017), "On Higher Education" (2014), "On Professional Pre-Higher Education" (2019), the draft law of Ukraine "On Professional Education" (2025).

The society puts forward the requirements for the nurses concerning not only high-quality medical care, but also high moral qualities, such as tolerance, empathy and spirituality. In contemporary world, important global transformations are taking place in the process of professional training of nurses in the direction of developing their creative potential, which are based not only on knowledge, but also on the professional competences of specialists.

The training of future competitive nurses should be aimed at forming in them not only pertinent professional competences, but also the readiness to participate in healing and preserving health and ensuring active longevity of

patients. Today, in the era of technologization of nurses' daily practical activities, the training of future competitive nurses acquires new meaning and prospects, being an important factor in professional cooperation with a doctor, and mutual understanding with colleagues and patients.

So, in the context of medical education, the research into the professional training of future nurses in foreign countries is extremely relevant, since there is the need for Ukrainian modern medical education to be directed at high-quality professional training of nurses being the specialists capable of creative expression in professional self-realization

**Current state of the issue.** Nowadays in Ukraine, the professional training of specialists in the specialty I 5 "Nursing", the field of knowledge I Health Care and Social Security is regulated by Sectoral Standards with amendments to the list of fields of knowledge and specialties, approved by the resolution of the Cabinet of Ministers of Ukraine dated 04/29/2015 No. 266 (as amended) in accordance with the resolution of the Cabinet of Ministers of Ukraine dated 08/30/2024 No. 1021 "On Amendments

to the List of Fields of Knowledge and Specialties in Which Applicants for Professional Pre-Higher and Higher Education are Trained", which ensures that training meets the modern requirements of the healthcare and education system.

These standards determine the educational and qualification characteristics for junior specialists, bachelors and masters of nursing.

In particular, according to these standards, a junior specialist is considered a specialist who has received education on the basis of complete or basic general secondary education and has the necessary general cultural and special knowledge, as well as experience to perform typical professional tasks characteristic for the relevant staff in the field of health care. In addition, this ability meets the social demand for such specialists, as well as modern state requirements for the content of medical education and the expectations of society.

However, despite the significant interest of scientists in the development of future medical specialists, the problem of the formation of the personality (in particular, the creative potential) in future nurses in the process of professional training currently remains insufficiently studied, which is manifested in the lack of a unified understanding of the content of this process, a developed model and experimentally approved pedagogical conditions.

The analysis of scientific works has shown that the creative potential of future nurses is an integrative quality reflecting the extent of the possibilities of actualizing the essential creative forces of the personality in real professional activity.

The process of forming the creative potential in future nurses in Ukraine and in the world has been studied by many domestic scientists, such as M. Banchuk, O. Volosovets, T. Chernyshenko, N. Dub, T. Avramenko and others. In particular, O. Voznyuk and V. Svyrydyuk examine the problem of communicative competence of future nurses and the efficiency estimation of scientific research

conducted by Masters of Nursing by means of modern scientometric technologies. I. Gubenko studies the development of scientific research in nursing as a basis for improving nursing care. O. Isaeva conducts the researches into the development of creative skills of students of higher medical educational institutions [5; 6].

The mentioned problem has been studied by many foreign scientists, namely, J. Buchan, L. Calman, A. Stromberg, J. Martensson, B. Fridlund, I. Karlberg consider the problem of creative and critical thinking in students of medical specialties [17; 19; 25]. The scientific attention of W. Petro, J. Schulenburg, W. Greiner is focused on nurses' development of creativity, independence, and the ability to innovate in professional activity.

Analysis of pedagogical and medical scientific sources enables to reveal some contradictions expressing the need to improve the professional training of future nurses, due to the social need for highly qualified specialists of the specified profile, and the insufficient level of their training. There is also a contradiction between the high level of requirements for the qualification of nurses and the insufficient level of educational and methodological support for their professional training [16: 213]. Solving these problems requires studying the experience of medical education in foreign countries.

**Aim of the research.** The purpose of the article is to find out the current state of development of the creative potential in nurses in the process of professional training in foreign countries.

**Results and discussion.** The functioning of medical education system and trends of its development, as emphasized by S. Bukhalska, cannot be considered separately from the global context of the development of the health care system and the general education system, including the features of the health care system of different countries, as well as the specifics of medical education as it is [2: 84].

As K. Picon quite rightly notes, in order to implement positive trends in higher education in Ukraine, it is necessary to study the international experience of training nursing specialists, which requires a critical analysis of the achievements of the educational systems of foreign countries with the aim of their adaptation to national needs. For example, the study of the peculiarities of the professional training of future nurses in **the United States of America**, where structured disease management programs for certain conditions (the case management) have been implemented, can help improving the content of nursing education in Ukraine.

Nurses conduct the initial examination of patients and stream them to appropriate health care resources [18: 189], as well as the primary care nurses in the United States are able to provide the same range of services that are usually provided by family doctors [5: 59], which contributes to reducing the level of costs of the health care system thus increasing the effectiveness of treatment.

By large, the American nurses form the basis of primary health care, they are delegated the rights to provide highly qualified care to patients with chronic and complex conditions, but their right to prescribe drugs is limited [17: 63]. It should be noted that nurses in America, who specialize in helping people with certain diseases (e.g., the diabetes or bronchial asthma), replace general practitioners in their daily activities – they conduct outpatient appointments to observe and educate patients or are engaged in educational activities aimed at improving the skills of medical and social workers [24: 322].

According to I. Shustik's investigations, there are several basic qualifications for nurses in the United States. The curriculum and their training for employment depends on the qualification the applicant plans to obtain. For example, the qualification of the Certified Nursing Assistant (CNA) presupposes the nurses to help patients with daily tasks, such as bathing and feeding. They also answer patient calls,

collect information about patient's condition, and report about arising problems to senior nurses. The Licensed Practical Nurse (LPN) work under the supervision of registered nurses (RN) and perform basic daily functions, such as caring for patients, changing dressings, etc. In many American states, the duties of an LPN also include administering the medications and preparations to patients. The Registered Nurse (RN) coordinates patient care, dispenses medications, assists doctors with examinations and surgeries, and supervises the work of other nurses. Despite the fact that the qualification of the RN can be obtained with a lower academic degree, most hospitals in the United States of America today prefer to hire nurses with a full higher education, especially when it comes to emergency medical care [16: 217].

It is the nurse, working with the doctor, who should free him/her from activities that are not inherent in medical qualifications, thus increasing the efficiency and rationality of the use of medical personnel.

Studying the American experience of forming professional ethics in future nurses, O. Kravchenko notes that in the USA, nurses are considered to be the colleagues of doctors, not their subordinates. Even more, the nurses, being an intermediary between the patient and the doctor, can question the actions of doctors if they pose a danger to patients [7: 85].

According to K. Picon, the American model of graduate nursing education is comprehensive. The secondary medical education, which is gradually becoming an obsolete one, involves 3 years of study and is similar to education system in Ukraine. The nurses with special secondary education have the opportunity to work in the same way as nurses with higher education, but they possess lower qualifications. Higher nursing education involves 6 years of training. Most hospitals want to have highly qualified staff, so the American system of training nursing specialists is gradually turning to BSN (Bachelor of

Science in Nursing) as the only level of medical qualification. Moreover, the nurses with higher education are paid more and have more opportunities for career growth; such nurses work in outpatient centers, clinics and hospitals. The nurses of master and doctorate levels have the right to teach at universities, work in administration, hold managerial positions and deal with legal issues of medicine [17: 508].

It should be noted the high professionalism of nursing in the USA, being achieved through the gradual methodological improvement of the nursing education system. Training to obtain a master's degree lasts from 18 to 24 months [26: 522]. After studying under master's program, a nurse has the opportunity to engage in research activities.

It is important to note that the American nursing education has common levels with Ukrainian ones, but also has fundamental differences. Taking into account legislative requirements, American higher education institutions train nurses according to the following educational programs:

(1) the programs of initial professional training directly in medical institutions (licensed junior nurse – LPN);

(2) the professional training programs based on local municipal vocational schools ("community colleges" – certified nurse – RN);

(3) the professional training programs based on universities (advanced practice nurses – APNs; advanced practice registered nurses – APRNs) [20: 220]. These are nurses with master's/doctoral degrees obtained due to advanced clinical training and certification, they can assess, diagnose, treat, and manage patient conditions, order diagnostic tests, and prescribe medications. At large, we can mention the four main types of APNs: Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), Certified Nurse Midwives (CNMs), and Certified Registered Nurse Anesthetists (CRNAs).

In general, the USA has a well-developed primary care system, and the management of patients with many

chronic diseases is carried out by nurses, which can provide better results than traditional treatment under the guidance of a doctor.

Of significant scientific interest in the context of our study is the experience of professional training of future nurses in **Canada**, who have a high social rating, which is ensured by university education and a pronounced personal and humanistic orientation. In Canada, there is a developed multi-level system of professional training of nurses, the theory and practice of which are based on old multinational and historical traditions, which is an indicator of a balanced state policy. Today, the Canadian system of professional training of specialists in the field of nursing provides for students to master three academic degrees – bachelor, master, doctor of nursing (DN).

Nursing teachers in higher education institutions are masters or doctors in nursing being successfully graduated. The result of such training are specialists who can perform not only nursing duties, but also occupy positions of managers of medical and administrative institutions and conduct scientific research [12: 64].

The nursing profession in Canadian society is an independent profession, where the nurse is an independent/autonomous specialist in the health care system being determined by state policy in the field of education of health care professionals.

As noted by Y. Lavrysh, the main principles of professional training of nurses in Canadian universities are:

– the gradual way of the organization of the educational process, the consistency, continuity;

– the flexibility and variability of curricula;

– the implementation of interdisciplinary connections, as well as the integration of theoretical and practical components based on the principles of evidence-based nursing practice;

– the orientation of educational process at further practical activity and training with taking into account the requirements of the labor market.

Since the basic model of professional training of nursing specialists in Canada is market-oriented, it is the sphere of labor that forms its own requirements and standards of activity, which include pertinent knowledge, skills, and competencies.

Based on the analysis of the requirements and standards of nursing education and activity, we identify four main competencies: professional, social, methodological, and personality ones.

The professional competence of a nurse includes the following components: diagnostic-manipulative, integrative (combination of theory and practice), clinical-critical, psychological, pedagogical, managerial, economic, and legal ones [8].

The methodological competence includes consultative, educational-informative, organizational, statistical, evaluative, research, planning components. The components of social competence are: ethical-deontological, socially perceptive, communicative, cooperative, problem-oriented, transcultural.

The personality competence is determined by ethical, leadership, value, empathy, responsibility, independence, flexibility, motivational components.

Possession of key competencies contributes to the development of professional mobility of nurses, since they can perform the functions of a caregiver, teacher, consultant, community leader, resource manager, coordinator, researcher, social marketer.

Thus, the development of the creative potential in the future nurses in Canada is encouraged through continuous training in innovative projects, creative search for solutions in complex clinical situations, as well as through performing the leadership roles.

In **Scandinavian countries**, the nurses also play a leading role in urban and rural health centers. In **the Netherlands**, the decision to provide care to patients by doctors outside of working hours is made by nurses based on established criteria. In their activities, nurses rely on clinical protocols and have

the right to change the medication therapy within the framework of these protocols [25: 139; 19: 180].

We have found that professional training of future nurses in the **European countries** takes place in nursing schools, colleges, institutes, universities, academies. In 12 European countries (*Austria, Belgium, Greece, Estonia, Italy, Luxembourg, the Netherlands, Norway, Poland, Portugal, Hungary, Sweden and some others*) it is financed from the state budget; in 6 countries (*Denmark, Ireland, Luxembourg, Germany, France, Switzerland*) – at the expense of community funds; in 7 countries (*Great Britain, Greece, Denmark, Italy, Germany, Portugal, France*) it additionally include its own expense; in Ireland, Spain and Finland, financing takes place from all three sources.

The functions of management and control over the activities of nursing educational institutions are carried out by

- (1) the ministries of health and education or equivalent bodies;
- (2) the National committees of nursing and midwifery, the central councils of nurses;
- (3) the university nursing schools;
- (4) the regional institutions;
- (5) the Red Cross, etc.

In most *European countries*, the term of training for obtaining the profession of a nurse is 3–3.5 years (in *Denmark, Austria, Belgium, Great Britain, the Netherlands and Poland*).

It is worth noting that in all countries of the world bachelor's nurses can engage in scientific research in the field of nursing, continue their studies at the master's degree and even postgraduate studies in order to obtain the corresponding scientific degree. More than 5 million nurses perform their professional duty in Europe, of which about 430 thousand are in Ukraine [1: 89].

Higher medical education in *the United States of America*, as well as in *Great Britain*, is aimed at training an autonomous specialist who is able to quickly navigate professional situations, critically reflect on new achievements in

his/her field and contribute the results of his/her own work to the field of patents inventions, expressing the latest techniques for performing procedures. The formation of a creative approach to work and the development of creative abilities in medical students is implemented primarily through supporting the desire of the future specialist to thoroughly study the chosen sphere, encouraging the doing of complex tasks, forming creative plasticity and flexibility of the mind, fostering independence, demandingness and purposefulness, providing opportunities for the manifestation of leadership qualities, developing the ability to self-analysis and evaluating the actions of the environment [4: 183].

**In Great Britain**, the formation of creative abilities in medical students takes place in the context of partnership relations between all participants in the educational process, as well as in the sphere of stimulation of students' independent activity. Currently, there is a growing trend in this country to coordinate the work of primary, secondary and higher education in the educational process. Thus, the formation of the qualities necessary for professional life takes place at all levels of a young person's training. This is especially true for the graduating classes of secondary schools and the so-called "Six-form colleges" – an intermediate link between the school and higher education institutions. Scientists have developed special programs that ensure the readiness of students for creative professional thinking and independent work at the next educational level [13: 160].

Two systems of education coexist in medical universities in the UK: the basis of the first system is lectures, while the tutoring, seminars and group classes perform additional functions. The center of the second system is tutoring, and lectures and seminars are additional forms of education [14: 9].

A significant place in the British system of higher medical education has always been occupied by classes using

disputes and discussions having creative character. Such classes contribute not only to the development of students' ability to argue and express their own opinion, but also to listen to others, to be in the role of a critic, which accordingly forms scientific thinking in students, the ability to react to new circumstances thus stimulating their independence and creative activity [10: 151].

One of the most valuable elements of higher medical education in Great Britain is the tutoring method, which involves regular classes of 1-2 students (in new universities – 5-6 students) with a tutor throughout the entire academic year [9: 11]. Tutoring classes are conducted by teachers (but not professors), postgraduate students, and practicing specialists directly in university hospitals, and their attendance is mandatory. Each student is officially assigned to a tutor, who keeps an eye on the student's progress and the formation of his/her personality as a future specialist. Communication between students and their tutor is especially important in senior years of study, when only clinical disciplines are taught, and the formation of a future physician is completed [15: 26].

Of great importance in the formation of the creative abilities in future physicians in British universities is the independent work of students. It is carefully planned and is considered an important part of the future specialists' training. Among the forms of independent work, the work in libraries being open during the holidays, prevails. In general, the holidays among British students are intended not so much for their rest as for studying literature, writing essays, and undergoing practice in hospitals and clinics. Some universities require submission of essays or practice reports within a certain time before the end of the holidays.

Promising ways of developing the creative abilities in medical students in the UK include establishing direct links between higher education institutions and public and private medical institutions, the transition to interdisciplinary courses and

interdisciplinary comprehensive research, and further intensification of the use of a problem-based and case approaches in the educational process [13: 160].

In general, the development of the creative abilities in medical students takes place in the context of the following basic provisions of the British medical education system:

- regular assessment of the work performed by a teacher-mentor is carried out directly in the university hospitals;
- constant consideration of interdisciplinary relationships;
- discussion of the possibilities of applying knowledge stemming from the discipline studied for a future career with the help of the university employment service;
- encouraging discussion by students and the tutor of difficulties that arise in the education process;
- use of various methods and ways of assessing their knowledge, understandable to students, directed at reducing stress during assessment;
- reducing the number of tests as well as training the future specialists in self-assessment of their activities [6: 59].

The priority teaching methods used by medical schools in the UK to train medical professionals at different levels of their training include: problem-based learning, on-the-job training, peer-to-peer and actor-patient training, informal and self-directed learning, computer-based training, e-learning, etc. These methods are personality oriented, that increase the motivation for students and young doctors to study and contributing to training the competent specialists (creative, independent, active, critically oriented professionals being committed to continuous self-improvement and self-education) the labor market expects [3: 35].

Thus, summarizing the experience of the UK in developing the creative potential in future medical professionals, teaching methods that activate the mental abilities of students, motivate them to learn and be creative, and stimulate independent activity are widely used.

In **Norway**, the development of the creative potential in nursing students is carried out through a combination of simulation-based learning, digital educational innovations and enhanced mentoring. Simulations allow the reproduction of complex clinical situations and train critical and creative decision-making skills; co-creation of digital resources and technological platforms (e.g., mobile applications for practice support) develop adaptability and innovative thinking in future medical specialists; and the role of clinical practice facilitators increases the quality of student support, creating a safe environment for experimentation and reflection.

Additional simulation training complements clinical practice, helps consolidate learning, motivates and strengthens the sense of competence ("sense of mastery") in students.

Students who have undergone simulation learning are more actively seeking new challenges, wanting to learn more and learn in both simulation and clinical settings. [23: 15].

In **Ireland**, the development of creative potential in nursing students is realized through the integration of artistic approaches into the curriculum, strong national mentoring initiatives and interdisciplinary modules. "Art in Health" electives and similar courses promote the development of observation, empathy and creative problem solving in clinical practice, while structured mentoring programs provide support that allows young professionals to apply and test non-trivial approaches to health care [21: 114].

Placing great emphasis on reflection, interdisciplinary creative modules ("Art in Health") and systemic mentoring directly stimulate creativity, empathy and the ability to think outside the box in clinical contexts [22: 291].

In **Ukraine**, the formation and development of nursing took place in line with the same processes in other European countries (*Poland, the Austrian Empire*, which included the territory of Ukraine in different historical periods).

Nowadays, under the influence of the mentality, societal psychic and national traditions of training future nurses, the foreign experience, and modern achievements in the field of nursing education, Ukraine has a real chance of successful integration into the international medical services market.

At large, as K. Picon notes, in order to improve the quality of nursing education in Ukraine and bring it closer to the American level and the level of European countries, it is necessary to implement a number of measures:

- reviewing the staffing standards (increasing in the number of secondary medical workers taking into account real needs);
- improvement of the regulatory framework, methods and tools of personnel policy;
- optimization of the professional activities of specialists in the medical field (redistribution of resources, powers, disciplinary approach to training);
- improvement of the nursing personnel management system in accordance with international and American practice;
- delegating of a number of medical functions to a nurse;
- improvement of nursing education, in particular, continuous professional training and involvement of professional associations in solving personnel problems;
- creation of conditions for increasing the motivation and social status of nursing specialists;
- change in the organization of professional activity of a nurse [11: 506].

**Conclusions and research perspectives.** Thus, a review of scientific papers in the field of developing the creative potential in future nurses in the process of professional training in foreign countries has revealed a tendency towards the need for qualitative improvement of the system of professional training of nurses. Due to this the teachers of medical institutions of professional pre-higher education are to update the content component of the

training process to ensure future specialists' readiness for professional activity.

It has been found that in most developed countries the term of training for obtaining the profession of a nurse is 3-3.5 years (in Europe and Canada) and 3-6 years in the USA. It has also been found that professional training of future nurses in European countries takes place in nursing schools, colleges, institutes, universities, academies.

Nurses in many highly developed countries of the world are able to provide the same range of services that are usually provided by family doctors. At the same time, nurses, who are considered colleagues of doctors, and not their subordinates, cooperating with doctors, which allows increasing in the efficiency and rationality of the use of medical personnel.

It has been shown that in order to improve the quality of nursing education in Ukraine and bring it closer to the standards of developed countries, a number of measures should be implemented, starting with revising staffing standards, improving the regulatory framework, methods and tools of personnel policy, and ending with improving the nursing personnel management system in accordance with international practice. In this regard, the delegation of a number of medical functions to a nurse becomes important, which involves improving nursing education both in the context of continuous professional training and involving professional associations in solving personnel problems, as well as creating conditions for increasing the motivation and social status of nursing specialists, changing the organization of work of middle-level medical workers.

At the present stage, the need for modern medical educational system for training nurses capable of creative expression in professional self-realization in the medical field, thus meeting the world highest standards, is growing with every passing day. This presents a certain prospect for further research.

**REFERENCES (TRANSLATED AND TRANSLITERATED)**

1. Bezkorovaina, U. (2016). Porivnialnyi analiz roli medychnoi sestry v Ukraini ta sviti [Comparative analysis of the role of a nurse in Ukraine and the world]. *Investytsii: praktyka ta dosvid – Investments: practice and experience*, № 15, 88-91 [in Ukrainian].
2. Bukhalska, S.Ye. (2009). Kompetentnisnyi pidkhid. Teoretychnyi analiz kliuchovykh definitsii vyshchoi medychnoi osvity [Competency-based approach. Theoretical analysis of key definitions of higher medical education]. *Nova pedahohichna dumka – New pedagogical thought*, № 2, 84-88 [in Ukrainian].
3. Horpinich, T.I. (2014). Rozvytok tvorchykh zdibnostei studentiv medychnoho profiliu v universytetakh Velykoi Brytanii ta SShA [Developing the creative abilities of medical students at universities in the UK and the USA]. *Naukovi zapysky. Seriia: pedahohika – Scientific notes. Series: pedagogy*, № 3, 56 [in Ukrainian].
4. Hrebenyk, Yu.S. (2013). Suchasni tendentsii formuvannia komunikatyvnoi kulturys studentiv u medychnykh koledzhakh Velykoi Brytanii ta SShA [Modern trends in the formation of communicative culture of students in medical colleges in the UK and the USA]. *Porivnialno-pedahohichni studii – Comparative pedagogical studies*, № 2, 180-185 [in Ukrainian].
5. Hubenko, I.Ya. (2009). Rozvytok naukovykh doslidzhen v medsestryntsi yak osnova vdoskonalennia sestrynskoi dopomohy [Development of scientific research in nursing as a basis for improving nursing care]. *Holovna medychna sestra – Head nurse*, № 8, 59-61 [in Ukrainian].
6. Isaieva, O.S. (2013). Rozvytok tvorchykh umin studentiv vyshchych medychnykh navchalnykh zakladiv [Development of creative skills of students of higher medical educational institutions]. *Pedahohika ta psykholohiia – Pedagogy and psychology*, vyp. 44, 57-65 [in Ukrainian].
7. Kravchenko, O. (2012). Formuvannia profesiinoi etyky maibutnikh medychnykh sester: amerykanskyi dosvid [Formation of professional ethics of future nurses: American experience]. *Porivnialna profesiyna pedahohika – Comparative professional pedagogy*, vyp. 1, 82-87 [in Ukrainian].
8. Lavrysh, Yu.E. (2009). Profesiina pidhotovka serednogo medychnoho personalu v universytetakh Kanady [Professional training of paramedical staff at Canadian universities]. *Extended abstract of candidate's thesis*. Kyiv, 31 [in Ukrainian].
9. Palamarenko, I.O. (2012). Profesiina pidhotovka simeinykh likariv u vyshchych medychnykh shkolakh Velykoi Brytanii [Professional training of family doctors in higher medical schools in the UK]. *Extended abstract of candidate's thesis*. Kyiv, 20 [in Ukrainian].
10. Pysklynets, U.M. (2010). Rozvytok tekhnichnoi tvorchosti studentiv-medykiv pid chas vyvchennia kursu "Medychna biolohichna i fizyka" [Development of technical creativity of medical students while studying the course "Medical Biology and Physics"]. *Pedahohichnyi almanakh – Pedagogical Almanac*, vyp. 7, 150-153 [in Ukrainian].
11. Pikon, K.S. (2016). Amerykanskyi dosvid orhanizatsii stupenevoi medsestrynskoi osvity [American experience in organizing undergraduate nursing education]. *Molodyi vchenyi – Young scientist*, № 12.1 (40), 507-510 [in Ukrainian].
12. Roman, O. (1995). Rozvytok osvity ta doslidnytskoi roboty medsestryntsva v Kanadi [Development of nursing education and research in Canada]. *Pidhotovka medychnykh sester Ukrayny – Training of nurses in Ukraine*: materialy konf. z mizhnar. uchastiu. Kyiv-Chernivtsi, 64-65 [in Ukrainian].
13. Tanko, Ye.V. (2013). Dosvid orhanizatsii samostiinoi roboty studentiv v vyshchych navchalnykh zakladiv Velykobrytanii [Experience in organizing independent work for students in higher education institutions in the UK]. *Pedahohika ta psykholohiia – Pedagogy and psychology*, vyp. 44, 157-166 [in Ukrainian].
14. Tkachenko, L.M. (2012). Rozvytok intelektualno-tvorchykh zdibnostei obdarovanoii molodi v universytetakh SShA [Development of intellectual and creative abilities of gifted youth in US universities]. *Extended abstract of candidate's thesis*. Cherkasy, 20 [in Ukrainian].

15. Khodtseva, A.O. (2011). Nastupnist orhanizatsii samostiinoi roboty studentiv u navchalnykh zakladakh Velykobrytanii. [The continuity of the organization of independent work of students in educational institutions of the UK]. *Profesionalizm pedahoha v konteksti yevropeiskoho vyboru krainy: yakist osvity – osnova konkurentospromozhnosti maibutnoho fakhivtsia – Professionalism of the teacher in the context of the European choice of the country: the quality of education is the basis of the competitiveness of the future specialist: materialy Mizhnarod. nauk.-prakt. konf., m. Yalta (22-24 veresnia 2011 roku).* Yalta: RVNZ KHU, ch. 3, 24-29 [in Ukrainian].
16. Shustyk, I.S. (2024). Zarubizhnyi dosvid doslidzhennia profesiinoi pidhotovky maibutnikh medychnykh sester. Osoblyvosti ta novitni stratehii [Foreign experience in researching the professional training of future nurses. Features and new strategies]. *Innovatsiina pedahohika – Innovative pedagogy*, vyp. 77, 213-220 [in Ukrainian].
17. Buchan, J., & Calman, L. (2005). *Skill-mix and Policy Change in the Health Workforce: Nurses in Advanced Roles*. Paris: OECD [in English].
18. Hudak, C., Gallo, B., & Benz, J. (2001). *Critical Care Nursing*. Philadelphia: Lippincott Company [in English].
19. Karlberg, I. et al. (2008). *Managing Chronic Conditions: Experience in Eight Countries*. Copenhagen: European Observatory on Health Systems and Policies [in English].
20. Kee, C.C., & Rice, M. (1995). Nursing research and nursing practice – teaching the inseparable duo. *West – Journal Nursing Research*, 17(2), 227 [in English].
21. McCabe, C. et al. (2013). *Evaluation of an art in health care elective module – A nurse education initiative*. Trinity College Dublin, 114 [in English].
22. O'Connor, Aideen & Hyde, Abbey. (2005). Teaching reflection to nursing students: a qualitative study in an Irish context. *Innovations in Education and Teaching International*, 42(4), 291-303 [in English].
23. Olaussen, C. et al. (2020). *Supplementing Clinical Practice in Nursing Homes With Simulation Training*, 15. [in English].
24. Potter, P. (2002). *Basic Nursing*. The USA: Mort's Year Book, 320 [in English].
25. Stromberg, A., & Martensson, J. (2001). Fridlund B. Nurse led heart failure clinics in Sweden. *Eur J Heart Fail*, 3, 139-144 [in English].
26. Taylor, C., & Lillis, C, (2003). Fundamentals of Nursing. *The USA: Priscilla Lemore*, 522-528 [in English].

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