Psychological Training of Nurses for Providing Palliative and Hospice Care as a Factor of their Professionalization

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Психологічна підготовка сестер медичних до надання паліативної та хоспісної допомоги як фактор їхньої професіоналізації

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Abstract
The purpose of the work is to generalize the level of psychological preparation of nurses for providing palliative and hospice care as a determining factor in the acquisition of professional readiness, starting from the undergraduate period of study in institutions of higher education; and also to generalize the level of psychological preparation of nurses of general practice students of medical education, nurses of medical departments of general and palliative profiles for the analysis of this component among nurses with work experience in the relevant field. Methods. Questionnaire, subjective assessment method, “Bookshelf” method. The research results were analyzed using descriptive statistics, the Kruskal–Wallis test for three or more independent samples, Spearman’s correlation, as well as Multiple Linear Regression analysis using the method of stepwise selection technique. Results. Indicators of the level of readiness of nurses of the medical palliative care service and general medical nurses are higher than those of students of higher medical education – 54.0% of palliative care nurses show a high level of professional readiness to work with incurable patients, and 70.0% of students of higher medical education have an average with a tendency to a high general level of professional readiness to work with incurable patients. It was established that, according to Spearman’s rank correlation criterion, the level of professional readiness of nurses to provide palliative care increases with age – r = .42 at p ≤ .004. Deficient motivations prevail in 61.0% of students of higher medical education, 50.0% of palliative care nurses and 76.0% of general medical nurses. At the same time, the metamotives of righteousness and holiness, spiritual self-improvement, service and wisdom are significant only for 7.0% of higher education graduates, 16% of general medical nurses and 25.0% of palliative care nurses. The motive of serving in palliative care nurses is more pronounced (p < .020). Multiple regression analysis indicated the importance of work experience (p < .003), the level of education (p < .001), decreased focus on one’s own safety and confidence as meaningful motives (p < .030). Discussion and conclusions. An overwhelming majority of respondents at all stages of professional training express a desire to help incurable patients. With age, the importance of this care is becoming more and more realized. For the nurses of medical palliative departments, the motive of service is more important than for others. Work experience and level of education are determining factors among other researched variables for determining professional readiness to work in the field of palliative care. At the level of undergraduate education, it is extremely necessary to include topics that help to reveal special metamotives in the initial program blocks.

Keywords: palliative care, hospice, incurable patient, students of higher medical education, palliative care nurse, metamotives, deficient motives.
Introduction

In 1989, WHO recommended the introduction of the basic principles of palliative care, the treatment of chronic pain syndrome, in the training program for all healthcare professionals including pre-graduate and post-graduate training. In 2011, the Ministry of Health of Ukraine approved the initial programs for the disciplines "Nursing in gerontology, geriatrics and palliative medicine" and "Nursing in palliative and hospice medicine" for the training of medical nurses (Chernyshenko, 2015: 78).

In accordance with the Order of the Ministry of Health of Ukraine "On improving the organization of palliative care in Ukraine" dated 01 June 2020, palliative care is defined as a set of measures aimed at improving the quality of life of a patient with life-limiting diseases or with life-threatening diseases, in accordance with the criteria for determining a patient in need of palliative care, by preventing and alleviating physical, psychological, spiritual suffering and helping their family members, other persons caring for them (Order of the Ministry of Health of Ukraine № 609/34892, 2020).

The professional activity of a palliative care nurse is so special that it can be about completely unusual for this category of medical workers and very diverse competencies that are implemented in different strategies to promote high-quality care that is "patient-centered" (when all interventions are patient-centered in inpatient, outpatient, and home settings conditions) (Marshall et al., 2020). So, A. Alvariza et al. (2020), investigating the specifics of a palliative care nurse's work in the system of care for an incurable patient in a private home, highlighted specific strategies used by palliative care nurses. Attention is focused on an individual approach to the patient, on such a degree of care that the patient remains as independent and active as possible, on adapting the environment to the needs of the patient and on the self-care of the nurse.

According to R. Crimmins et al. (2020) and the team of authors, the main barrier in patient-nurse communication is the lack of communication, time and knowledge in primary care institutions. A. Sorensen et al. (2020) found that, despite strong support for the concept of palliative care, both subspecialists and primary care physicians are reluctant to implement it. According to the latter, it is necessary to provide training in palliative care for all healthcare professionals, regardless of their specialty (Marshall et al., 2020). So, A. Alvariza et al. (2020) doted on the fact that nurses have the potential to play a crucial role in palliative care, especially in primary care settings.

Вступ

ВООЗ ще у 1989 році рекомендувала впровадити основоположні принципи паліативної допомоги, зокрема лікування хронічного болю і засобів усіх фахівців у галузі охорони здоров'я включно з процесі додипломної і на рівні післядипломної підготовки. Міністерство охорони здоров'я України у 2011 р. затвердило навчальні програми з дисциплін "Медсестринство в геронтології, геріатрії та паліативній медицині" та "Медсестринство в паліативній і хоспісній медицині" для підготовки сестер медичних (Чернишенко, 2015: 78).

Відповідно до Наказу Міністерства охорони здоров'я України "Про удосконалення організації надання паліативної допомоги в Україні" від 01 липня 2020 року паліативна допомога визначається як комплекс заходів, спрямованих на покращення якості життя пацієнта з захворюваннями, що обмежують життя або з захворюваннями, що загрожують життю, відповідно до критеріїв визначення пацієнта, що потребує паліативної допомоги, шляхом запобігання та полегшення фізичних, психологічних, духовних страждань і допомоги членам його сім'ї, іншим особам, що здійснюють за ним догляд (Наказ МОЗ України № 609/34892, 2020).

Професійна діяльність сестри медичної у сфері паліативної допомоги настільки особлива, що мова може йти про зовсім незвичні для цієї категорії медичних працівників і дуже різноманітні компетенції, які реалізуються в різних стратегіях для сприяння високоцінному догляду, в основі якого лежить "пацієнтоцентризм" (коли всі втручання орієнтовані на пацієнта в стаціонарних, амбулаторних та домашніх умовах) (Marshall et al., 2020). Так, A. Alvariza et al. (2020) досліджуючи специфіку роботи сестри медичної в системі догляду за інкурабельним пацієнтом у приватному помешканні, виділили конкретні стратегії, що використовуються медсестрами паліативної допомоги.
care physicians lack resources for early palliative care. We find it interesting that primary care providers believe that renaming the specialty "palliative care" will increase the comfort of patients with early palliative care referrals.

Therefore, it is quite obvious that nurses should have adequate professional training and psychological readiness to provide palliative and hospice care even at the stage of undergraduate education in higher medical educational institutions.

In general, in English-language scientific sources, the problem of a nurse's readiness to provide palliative care is highlighted quite actively. Instead, a review of the latest Ukrainian-language scientific publications on the specified topic showed a lack of domestic research in this direction. That is why the scientific issues of our work are very relevant in Ukraine.

The purpose of this research is to generalize the level of psychological training of medical nurses to provide palliative and hospice care as a determining factor in the acquisition of general practice nurses' professional readiness to analyze this component among medical nurses with work experience in the relevant field, starting from the undergraduate period of study in institutions of higher education.

Research objectives: 1) assessment of the level of professional readiness of medical nurses to provide palliative care at various stages of professional training; 2) revealing interdependencies between such factors as age, experience of professional activity, the level of education, leading motives and orientation of thinking and the level of professional readiness; highlighting those of them that have the most significant importance for the structure of a medical nurse's professional readiness.

Hypothesis. The length of professional activity, the level of education and nurses' individual motivational attitudes will largely determine the structure of professional readiness to provide palliative care.

Methods

Participants. In accordance with the stated purpose of the study, a sample was formed. It is represented by middle-level medical specialists

На думку R. Crimmins et al. (2020) та авторського колективу, основним бар’єром у комунікації "пациєнт – сестра медична" доміную брак спілкування, часу та знань у закладах первинної медичної допомоги.

A. Sorensen зі співавторами виявили, що, незважаючи на рішучу підтримку концепції паліативної допомоги як вузьким фахівцям, так і медикам первинної ланки він вистачає ресурсів для раннього надання паліативної допомоги (Sorensen et al., 2020). Цікавим нам видається той факт, що медичні працівники первинної ланки схиляються до думки, що перейменування спеціальності "підтримуюча терапія" підвищує комфорт пацієнтів із раннім направленням на паліативну допомогу.

Отож, цілком очевидно, що медичні сестри повинні мати адекватну професійну підготовку і психологічну готовність до надання паліативної та хоспісної допомоги ще на етапі досямовної освіти у вищих медичних навчальних закладах.

Загалом в англомовних наукових джерелах проблема готовності сестри медичної до надання паліативної та хоспісної допомоги висвітлюється досить активно. Натомість огляд новітніх україномовних наукових публікацій за означеною тематикою показав брак вітчизняних досліджень у цьому напрямку. Саме тому наукова проблематика нашої роботи дуже актуальна в Україні.

Мета цього дослідження – узагальнити рівень психологічної підготовки сестер медичних до надання паліативної та хоспісної допомоги як визначального фактору набуття професійної готовності, починаючи від додипломного періоду навчання у закладах вищої освіти, сестер медичних загальної практики до аналізу цієї компоненти серед сестер медичних із досвідом роботи у відповідній галузі.

Завдання роботи: 1) оцінити рівень професійної готовності сестер медичних до надання паліативної допомоги на різних етапах професійної підготовки; 2) розкрити взаємозалежності між такими чинниками, як вік, стаж професійної діяльності, рівень освіти, провідні мотиви й спрямованість мислення та рівень професійної готовності, виокремити ті з них, які мають найбільш вагоме значення для структури професійної готовності сестри медичної.

Гіпотеза. Стаж професійної діяльності, рівень освіти та окремі мотиваційні установки
at various levels of professional training, aged from 19 to 54 years old: the first group – students of higher medical education (n=100), the second group – general nurses (n=25), the third group – palliative care nurses (n=28). The average work experience of general medical nurses is 18.24 years; palliative care nurses – 17.93. The research was conducted on the basis of the Chernivtsi Medical College and medical institutions of Chernivtsi and Chernivtsi region (Ukraine).

Procedure and Instruments. The following methods were used in the research: questionnaire (the author’s questionnaire to study the nurse’s level of readiness to provide palliative care); subjective evaluation method (diagnostic method of thinking orientation and leading personal motives “Bookshelf” E. Pomytkin, 2013).

The author’s questionnaire contained 26 closed, open and mixed questions. The first block of questions (questions №№ 1–6, 26) concerned demographic and general data. The second block of questions (№№ 7–13, 15, 17, 19–22, 24) aimed at studying nurses’ general ideas of about palliative care, its philosophy, the role of a nurse in this field, as well as at identifying the self-assessment of the level of relevant knowledge, skills and willingness to work with incurable patients. The third block of questions (№№ 14, 16, 18, 20) made it possible to reveal the respondents’ understanding of the ways of obtaining proper professional training in the field of palliative care and the main difficulties in the development of this field in the region.

To study the motivational component of nurses’ professional readiness, the method of diagnosing the leading personal motives “Bookshelf” developed by E. Pomytkin (2013: 100) was used.

The instructions for the “Bookshelf” method involve asking the respondent to imagine that 10 bookshelves reflect 100.0% of their thoughts. Thoughts of a certain category “lie” on each shelf. The respondents, according to the instructions, need to note how often or how long (in percentages) they are full of certain thoughts.

As a result, some “shelves” may be marked with a lower percentage, others with a higher percentage, and still others may remain without evaluation at all, if the opinions corresponding to them are not relevant for the interviewee. It is
only important to make sure that the sum of all percentage shares assigned to ten “shelves” is 100.0%. These methods are analyzed according to the scale, according to which the percentage value assigned to metamotives (Nos. 6–10) is evaluated: a high level of development of spiritual motivation is from 70.0 to 100.0%; a medium level – from 30.0 to 69.0%; a low level – from .0 to 29.0%.

Organization of Research. The respondents were sent a link to the Google Forms online service, which presents the author’s questionnaire and the “Bookshelf” method. The procedure and conditions of participation in the empirical research meet the ethical requirements of the Declaration of Helsinki – Ethical principles for medical research involving human subjects (World Medical Association et al. 2013: 2191–2194). Subjects were guaranteed confidentiality of the obtained results and the possibility to see them upon personal request. The requirement of voluntariness was also met: the respondents completed the questionnaire at their own request and were informed about the purpose of the research. The fragment presented in this work is part of a complex research (namely, its ascertainment stage) of the nurse’s professional readiness to provide palliative care. The strategy of this part of the research is cross-sectional.

Variables. The independent variable in this research belongs to the type of relatively constant aspects of the social environment. This is the stage of nurses’ professional training (undergraduate – the stage of obtaining higher medical education, postgraduate – the work of medical nurses in general practice departments and specific professional activities directly in the field of palliative care). Intermediate variables are factors that mediate the influence of an independent variable on a dependent one: age, gender, level of education and professional experience. Dependent variables are the level of nurses’ professional readiness to provide palliative care, peculiarities of the manifestations of personal motives and the level of development of the respondents’ spiritual potential.

Statistical analysis. Statistical analysis of the data obtained during the empirical research was carried out using the STATISTICA 12.6 package. Data processing was carried out...
using descriptive statistics, Spearman correlation analysis, the Kruskal–Wallis test for three or more independent samples, as well as multiple regression analysis using the method of stepwise selection technique.

Taking into account the non-parametric distribution of some initial indicators, the reliability of the difference in mean values and the frequency of a symptom's manifestation was determined using the Kruskal–Wallis H-test. In our research, this criterion was used in order to reveal reliable differences in the investigated indicators of medical nurses who are at different stages of professional training and realization.

Spearman's rank correlation coefficient \( r_s \) was calculated to reveal the relationships between the studied features. Operationalization of theoretical definitions and access to measured parameters involve the stepwise selection of indicators of nurses' readiness for activities in the field of palliative and hospice care. Therefore, a multiple regression analysis was used for preliminary modeling of the prognostic variables' structure of medical nurses' professional readiness to provide palliative care to incurable patients.

Only the results with a statistical significance of .05 or less were taken into account in the interpretation of the statistical analysis' results.

**Results**

The level of professional readiness of medical nurses to provide palliative care was assessed using the analysis of their answers to the author's questionnaire. Descriptive statistical data according to the specified parameter as they were presented in the groups of subjects, selected according to the stage of professional training and realization, are presented in Tabl. 1.

As we can see from the table above, the indicators of measures of central tendency (mean, mode and median) are the lowest in the group of higher education students \( (M_{hes}=18.26, \text{ Mo}_{hes}=20, \text{ Me}_{hes}=19) \), while among working nurses of the general and palliative profiles they are higher and almost identical \( (M_{nurses}=22.48, \text{ Mo}_{nurses}=25, \text{ Me}_{nurses}=23; M_{palliative care nurses}=22.75, \text{ Mo}_{palliative care nurses}=24, \text{ Me}_{palliative care nurses}=23) \).
Negative indicators of skewness as a measure of variability in all the three groups indicate that the graphical representation of the dispersion is shifted towards smaller values, i.e. smaller values of the variable “level of professional readiness to provide palliative care” prevail in all three groups, however, in the group of palliative care nurses, this tendency is not so pronounced (S_ hes=-.69; S_nurses=-.66; S_palliative care nurses =-.34). Variance as a measure of variability is the lowest in the group of palliative care nurses (D_palliative care nurses=7.97 versus D_nurses=11.43 and D_ hes=15.20), which indicates the lowest degree of fluctuation of the measured characteristic relative to the average indicators in this group, and, therefore, the greatest homogeneity of the characteristics.

Naturally, the final level of readiness to work in the field of palliative and hospice care, which was assessed using the author’s questionnaire, among nurses of general profile and palliative care nurses is significantly higher than that among those with higher medical education (H(2, N=153)=39.78 at p≤ .000001, according to the Kruskal–Wallis test; Tabl. 2).

First of all, this is manifested in the fact that nurses of the general profile and palliative care nurses understand the concepts of “palliative” and “palliative care” more precisely; have more experience in caring for incurable patients; more often express consent and readiness to work in the department where patients in need of palliative care are kept; assess the level of their knowledge in the field of palliative medicine and palliative care skills higher. It is interesting that the extreme two of the mentioned positions are slightly higher in general medical nurses compared to palliative care nurses. In our

Table 1. Descriptive statistics data on the variable “level of professional readiness to provide palliative care” in the research groups

<table>
<thead>
<tr>
<th>Research groups</th>
<th>The main descriptive statistical indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Групи досліджуваних</td>
<td>Основні описові статистичні показники</td>
</tr>
<tr>
<td>М</td>
<td>Mo</td>
</tr>
<tr>
<td>Higher education student, n=100</td>
<td>18.26</td>
</tr>
<tr>
<td>Здобувачі вищої освіти, n=100</td>
<td></td>
</tr>
<tr>
<td>Nurses, n=25</td>
<td>22.48</td>
</tr>
<tr>
<td>Сестри медичні, n=25</td>
<td></td>
</tr>
<tr>
<td>Nurses, palliative care, n=28</td>
<td>22.75</td>
</tr>
<tr>
<td>Сестри медичні, паліатив, n=28</td>
<td></td>
</tr>
</tbody>
</table>

Note: M – mean, Mo – mode, Me – median, SD – standard deviation, min – minimum value of the variable, max – maximum value of the variable, D – dispersion, S – skewness, K – kurtosis.


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opinion, this can be explained by the fact that
the Socrates effect works in this situation:
"the more I know, the more I understand how
much I don’t know". Palliative care nurses
having considerable experience in caring for
incurable patients, are obviously more aware
of the complexity of such professional activity,
better understand subtleties and nuances,
more often meet with difficult non-standard
cases, when they feel helpless, and this leads to
their less confidence in their own competence
and readiness. While nurses of a general profile,
having in general a sufficient level of professional
training and some experience of professional
activity, but not having a permanent practice
of caring for incurable patients, perceive this field
of activity in more general terms, do not always
understand the real difficulties, therefore, they
imagine themselves to be relatively well-versed
in the issues of palliative care and feel confident.

66.0% of general medical nurses and 54.0%
of palliative care nurses show a high, and 70%
of higher education students show a middle with
a tendency to high general level of professional
readiness to work with incurable patients
and provide palliative care (Fig. 1).

Fig. 1. Distribution (in %) of higher education students (n=100), nurses (n=25)
and palliative care nurse (n=28) according to the level of readiness for activities in
the field of palliative care, according to the results of the questionnaire
Рис. 1. Розподіл (у %) здобувачів вищої освіти (n=100), сестер медичних (n=25)
tа сестер медичних паліативних відділень (n=28) відповідно до рівня готовності
do діяльності у сфері паліативної допомоги, за результатами анкетування
Table 2. The results of the analysis of the variable “level of professional readiness to provide palliative care” according to the Kruskal–Wallis test

<table>
<thead>
<tr>
<th>Variable “level of professional readiness to provide palliative care”</th>
<th>df</th>
<th>c</th>
<th>H=</th>
<th>n=</th>
<th>Rank sum</th>
<th>Relative rank sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher education students</td>
<td>2</td>
<td>28.49</td>
<td>39.78</td>
<td>100</td>
<td>6062.500</td>
<td>60.6250*</td>
</tr>
<tr>
<td>Nurses</td>
<td>25</td>
<td>2645.500</td>
<td>105.8200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses, palliative care</td>
<td>28</td>
<td>3073.000</td>
<td>109.7500</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: df – degrees of freedom; $\chi^2$ – a measure of the difference between the observed and expected frequency of results of a set of events or variables; H – value of the Kruskal–Wallis test; n – the number of respondents in a group; * $p≤ .000001$ – the value of the probability.

With age, the level of professional readiness of medical nurses to provide palliative care to incurable patients increases ($r_s=.42$ at $p≤ .004$, according to Spearman’s rank correlation coefficient).

As for the motivational aspect of nurses’ professional readiness to provide palliative care, a significant dominance of deficient motives is observed in all three studied groups (in 61.0% of higher education students, in 76.0% of general medical nurses and in 50.0% of palliative care nurses, Fig. II). These are motives that direct a person’s thinking exclusively to themselves: physiological needs, needs for safety, confidence, love and belonging, appreciation and respect from others, self-actualization. Spiritual self-improvement, service, wisdom, righteousness, and holiness are the dominant metamotives of only 7.0% of researched higher education graduates, 16.0% of nurses, and 25.0% of palliative care nurses.

In our opinion, the predominance of deficient motives over metamotives among higher education students and nurses is due to the peculiarities of the time in which our research was conducted. Life in the conditions of war obviously forced people to focus on meeting the most urgent needs that ensure survival. However, it is important to develop spiritual aspects as well, which contribute to the expansion of the worldview and a deeper understanding of life, in order to ensure the harmonious development of the personality, the ability to more easily withstand the traumatic factors associated with the crisis period in society.

Iryna Marchuk  
Alla Borysiuk  
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Oleksandr Marchuk
Descriptive statistical data on separate measurable signs of personal motives and orientation of thinking as they were presented in the groups of subjects, selected according to the stage of professional training and realization, are presented in Tabl. 3.

If you look at the indicators of the degree of variability of the studied features in all three groups, you can see that the distribution of results in the data series differs from normal.

Statistical analysis showed that palliative care nurses’ deficient motives are expressed much weaker than in the other two studied groups (H (2, N= 153) = 6.524866 at p≤.04, according to the Kruskal–Wallis test), primarily due to a weaker manifestation of the motive of personal safety and confidence (H (2, N=153) = 16.66818 at p≤.0002) and a stronger metamotive of service (H (2, N=153) = 7.679337 at p≤.02) in Tabl. 4. In the other motives, statistically significant differences between groups were not found.

Fig. II. Distribution (in %) of higher education students (n=100), nurses (n=25) and palliative care nurse (n=28) according to the predominance of different personal motives and needs, according to the “Bookshelf” method.
Table 3. Descriptive statistics data on the variable “personal motives and orientation of thinking” in the researched groups

<table>
<thead>
<tr>
<th>Investigated features</th>
<th>Research groups</th>
<th>The main descriptive statistical indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Групи досліджуваних</td>
<td>Основні описові статистичні показники</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M    Mo  Me  SD  min  max  D    S    K</td>
</tr>
<tr>
<td>Orientation to satisfaction of physiological needs</td>
<td>Group 1</td>
<td>13.04 10 10 7.71 0 40 60.01 1.32 1.59</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>16.28 10 10 10.99 5 45 125.88 .89 -.14</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>10.68 10 10 7.19 0 30 53.63 .66 .26</td>
</tr>
<tr>
<td>The motive of safety and confidence</td>
<td>Group 1</td>
<td>13.26 10 10 7.31 0 60 53.94 2.82 16.01</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>13.64 10 15 4.77 5 25 23.74 .42 -.38</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>8.43 10 10 4.58 0 20 21.74 -.09 .61</td>
</tr>
<tr>
<td>Motive of love and belonging</td>
<td>Group 1</td>
<td>12.99 10 10 6.29 0 40 39.93 2.82 16.01</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>13.24 10 10 5.97 5 30 37.11 .88 .69</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>12.68 10 10 10.90 0 50 123.12 1.89 4.65</td>
</tr>
<tr>
<td>Orientation towards appreciation and respect</td>
<td>Group 1</td>
<td>10.47 10 10 4.70 0 35 22.27 1.95 2.56</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>12.04 10 10 6.72 5 30 47.04 1.61 2.17</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>13.00 10 10 6.29 0 30 41.04 .44 .80</td>
</tr>
<tr>
<td>Orientation towards self-realization</td>
<td>Group 1</td>
<td>9.60 10 10 4.15 0 25 17.39 .72 2.24</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>8.56 10 10 2.90 0 15 8.76 -.95 2.14</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>7.71 10 10 4.82 0 15 24.14 -.29 -.96</td>
</tr>
<tr>
<td>Deficient motives</td>
<td>Group 1</td>
<td>59.36 50 55 15.46 18 100 241.4 .30 .03</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>63.76 70 66 14.04 42 100 205.36 .57 0.36</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>52.5 50 50 15.53 0 90 250.04 -.82 4.16</td>
</tr>
<tr>
<td>Motive of spiritual self-improvement</td>
<td>Group 1</td>
<td>9.36 10 10 4.98 0 30 25.07 .98 2.38</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>9.12 10 10 4.10 0 20 17.53 .92 2.91</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>9.14 10 10 6.70 0 20 46.50 .11 -1.10</td>
</tr>
<tr>
<td>Motive of service</td>
<td>Group 1</td>
<td>5.46 5 5 3.72 0 15 13.95 .07 -.99</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>7.16 10 8 3.67 0 15 14.06 -.20 -.72</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>8.75 10 10 6.72 0 30 46.79 1.09 2.37</td>
</tr>
<tr>
<td>Orientation towards wisdom</td>
<td>Group 1</td>
<td>9.68 10 10 4.72 0 30 22.55 1.08 2.80</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>10.40 10 10 5.46 5 30 31.08 2.18 5.98</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>10.71 10 10 7.01 0 30 51.03 1.31 2.52</td>
</tr>
<tr>
<td>Motive of righteousness</td>
<td>Group 1</td>
<td>7.37 10 9 3.46 0 15 12.13 -.49 -.32</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>7.56 5 5 3.75 0 20 14.67 1.16 3.57</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>10.17 10 10 5.76 0 20 34.45 .35 -.44</td>
</tr>
<tr>
<td>Motive of holiness</td>
<td>Group 1</td>
<td>5.98 10 5 3.92 0 15 15.56 -.06 1.02</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>6.46 5 5 4.02 0 20 16.87 1.50 3.99</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>7.00 10 5 5.30 0 20 29.19 .67 .61</td>
</tr>
<tr>
<td>Metamotives</td>
<td>Group 1</td>
<td>37.85 50 40 12.94 0 60 169.2 -.70 -.29</td>
</tr>
<tr>
<td></td>
<td>Group 2</td>
<td>40.44 50 40 13.01 23 80 176.34 1.06 1.74</td>
</tr>
<tr>
<td></td>
<td>Group 3</td>
<td>45.79 50 47.5 15.81 10 100 259.36 .91 4.23</td>
</tr>
</tbody>
</table>

Note: 1 group – higher education students (n=100); 2 group – nurses (n=25); 3 group – nurses, palliative care (n=28); M – mean; Mo – mode; Me – median; SD – standard deviation; min – minimum value of the variable; max – maximum value of the variable; D – dispersion; S – skewness; K – kurtosis.

Примітка: 1 група – здобувачі вищої освіти (n=100); 2 група – сестри медичні (n=25); 3 група – сестри медичні, паліатив (n=28); М – середнє арифметичне; Mo – мода; Me – медиана; SD – стандартне відхилення; min – мінімальне значення змінної; max – максимальне значення змінної; D – дисперсія; S – асиметрія; K – ексцес.
The motive of personal security and confidence is determined by the need for predictability, stability and manifests itself through thinking, which is aimed at working out the anxiety of uncertainty. Palliative care nurses, who have experience of close and frequent contact with death, probably more acutely experience such personal feelings and states as beauty, goodness, truth and love, which are the main meaning-making categories of human spiritual development, and therefore the motives of security and certainty lose their relevance for them to some extent.

In general, the intensity of both deficient and spiritual (metamotives) in the structure of motivation of modern students of higher education, nurses of a general profile and palliative care nurses most often reaches a medium level (in 65.0% and 74.0% of respondents of the first group; in 92.0% and 84.0% of respondents of the second group and 88.0% and 85.0% in the third group, respectively – Tabl. 5).

Deficient motives reach a high level of intensity of influence on personality orientation and thinking in 32.0% of respondents of the first group, 8.0% medical and palliative care nurses. This means that a high level of anxiety is found in students of higher education and palliative care nurses. The motive of service (motivation of helping others) is most common in the first (70.14% of respondents) and third (78.6%) groups.

The results of the Kruskal–Wallis test analysis of personal motives and orientation of thinking in the studied groups are presented in Table 4.

Table 4. The results of the Kruskal–Wallis test analysis of personal motives and orientation of thinking in the studied groups

<table>
<thead>
<tr>
<th>Motives and orientation of thinking</th>
<th>Research groups</th>
<th>df</th>
<th>χ²</th>
<th>H</th>
<th>ρ ≤</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficient motives</td>
<td>df</td>
<td>3.17</td>
<td>6.52</td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>Motive of personal safety and confidence</td>
<td>df</td>
<td>12.93</td>
<td>16.67</td>
<td>0.0002</td>
<td></td>
</tr>
<tr>
<td>Motive of service</td>
<td>df</td>
<td>10.60</td>
<td>7.68</td>
<td>0.02</td>
<td></td>
</tr>
</tbody>
</table>

Note: df – degrees of freedom; χ² – a measure of the difference between the observed and expected frequency of results of a set of events or variables; H – value of the Kruskal–Wallis test; n – the number of respondents in a group; * ρ ≤ .000001 – the value of the probability.

In general, the intensity of both deficient and spiritual (metamotives) in the structure of motivation of modern students of higher education, nurses of a general profile and palliative care nurses most often reaches a medium level (in 65.0% and 74.0% of respondents of the first group; in 92.0% and 84.0% of respondents of the second group and 88.0% and 85.0% in the third group, respectively – Tabl. 5).

Deficient motives reach a high level of intensity of influence on personality orientation and thinking in 32.0% of respondents of the first group, 8.0% medical and palliative care nurses. This means that a high level of anxiety is found in students of higher education and palliative care nurses. The motive of service (motivation of helping others) is most common in the first (70.14% of respondents) and third (78.6%) groups.
of respondents of the second group, as well as in the third group, while metamotives – only in 2.0%, 4.0%, and 4.0%, respectively. This shows that on average, 3.0% of medical nurses at various stages of their professional training demonstrate a high level of development of spiritual potential and its realization. Unfortunately, some nurses (on average 16.0% of the entire sample) show an insufficient level of spiritual potential development. This can be reflected in the lack of internal focus on a deep understanding of the needs and feelings of patients.

Multiple regression analysis using the method of stepwise selection technique was used to identify the influence of independent variables’ presence/absence (predictors – in our case, age, experience of professional activity, level of education, individual personal motives) on the dependent variable (professional readiness of nurses for activities in the field of palliative care), as well as the intensity of this impact. This method of data analysis makes it possible to reveal the relationship between variables and to explain how accurately predicted factors (predictors) affect the object of research.

As a result of the regression analysis, a statistically significant model was obtained, which is indicated by the value of Fisher’s test for a statistically significant model was obtained, which is indicated by the value of Fisher’s test for a statistically significant model was obtained, which is indicated by the value of Fisher’s test for a statistically significant model was obtained, which is indicated by the value of Fisher’s test for a statistically significant model was obtained, which is indicated by the value of Fisher’s test for a statistically significant model was obtained, which is indicated by the value of Fisher’s test for a statistically significant model was obtained, which is indicated by the value of Fisher’s test.

Table 5. Frequency (%) of diagnosing different levels of manifestation of personal motives and needs of higher education students (n=100), nurses (n=25) and palliative care nurses (n=28), according to the “Bookshelf” method

<table>
<thead>
<tr>
<th>Groups</th>
<th>Level of manifestation</th>
<th>Personal motives and needs</th>
<th>Deficient motives</th>
<th>Metamotives (spiritual motives)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher education students (n=100)</td>
<td>Zdobuvachy vissi osvity (n=100)</td>
<td>32</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Nurses (n=25)</td>
<td>Cestri medychnyi (n=25)</td>
<td>8</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Nurses, palliative care (n=28)</td>
<td>Cestri medychnyi, paliatyv (n=28)</td>
<td>4</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Higher education students (n=100)</td>
<td>Zdobuvachy vissi osvity (n=100)</td>
<td>24</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Nurses (n=25)</td>
<td>Cestri medychnyi (n=25)</td>
<td>84</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Nurses, palliative care (n=28)</td>
<td>Cestri medychnyi, paliatyv (n=28)</td>
<td>85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Groups</th>
<th>Level of manifestation</th>
<th>Personal motives and needs</th>
<th>Deficient motives</th>
<th>Metamotives (spiritual motives)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher education students (n=100)</td>
<td>Zdobuvachy vissi osvity (n=100)</td>
<td>3</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Nurses (n=25)</td>
<td>Cestri medychnyi (n=25)</td>
<td>65</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td>Nurses, palliative care (n=28)</td>
<td>Cestri medychnyi, paliatyv (n=28)</td>
<td>74</td>
<td>84</td>
<td>85</td>
</tr>
<tr>
<td>Higher education students (n=100)</td>
<td>Zdobuvachy vissi osvity (n=100)</td>
<td>4</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Nurses (n=25)</td>
<td>Cestri medychnyi (n=25)</td>
<td>84</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>Nurses, palliative care (n=28)</td>
<td>Cestri medychnyi, paliatyv (n=28)</td>
<td>85</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Iryna Marchuk
Alia Borysiuk
Maryna Tymofiieva
Oleksandr Marchuk
F=8.917 at p<.00001 and explains 33.0% ($R^2= .33$) of the variance of the dependent variable, which is caused by the variability of the values of the independent variables.

Thus, approximately a third of the cases of nurses’ professional readiness to provide palliative care can be explained by the predictors specified in the model, while the other two thirds (about 64.0%) – by other factors. The degree of correlation ($R=.58$) between the dependent variable and the conditional complex independent variable (a set of predictors) in our model can be characterized as noticeable (according to the Chaddock scale) and also confirms that this model is worthy of attention and can be meaningfully interpreted (Tabl. 6).

The effect of multicollinearity was not detected, since the values of the VIF criterion for all variables fall into the interval $1<\text{VIF}<10$.

The degree of correlation ($R=.58$) between the dependent variable and the conditional complex independent variable (a set of predictors) in our model can be characterized as noticeable (according to the Chaddock scale) and also confirms that this model is worthy of attention and can be meaningfully interpreted (Tabl. 6).

The share of the contribution of each independent variable (predictor) to the development of the dependent variable is manifested in the indicators of beta coefficients, which are presented in Tabl. 7.

As it can be seen from the presented table, the most important among all studied variables for the development or formation of nurses’ professional readiness to provide palliative and hospice care are:

– work experience ($\beta=.608$ at $p=.003$), i.e. increasing work experience in the profession contributes to the development of a nurse’s readiness to provide palliative care; and here we model varta уваги і може бути змістовно інтерпретована (табл. 6).

Ефекту мультиколінеарності виявлено не було, оскільки значення критерію VIF за всіма змінними попадають у проміжок $1<\text{VIF}<10$.

Частка внеску кожної незалежної змінної (предиктора) у розвиток залежної змінної проявляється у показниках бета-коєфіцієнтів, які представлено у табл. 7.

Як видно з представленої таблиці, з усіх досліджуваних нами змінних для розвитку чи формування професійної готовності сестер медичних до надання паліативної та хоспісної допомоги найбільше значення мають:

– стаж роботи ($\beta=.608$ при $p=.003$), тобто збільшення стажу роботи за фахом сприяє розвитку готовності сестри медичної надавати паліативну допомогу; і тут можна говорити, що даний предиктор визначає готовність сестри медичної на 60.0%;

– рівень освіти (молодший спеціаліст, бакалавр, магістр, $\beta=.271$ при $p=.001$), аналогічно, як і стаж роботи, сприяє розвитку готовності працювати у паліативній сфері; його вагова частка у цій моделі складає приблизно 27.0%;

– зменшення зосередженості на власній безпеці й упевненості як смислоутворюючих мотивах (Думки про безпеку. Потреба у впевненості. Тривога від невизначеності; $\beta=.153$ при $p=.03$) також виявляється значущим для розвитку готовності сестер медичних до роботи з інкурабельними пацієнтами;

**Table 6. Reference for the multiple regression model of predicting nurses’ professional readiness to provide palliative care by personal motives, professional experience and the level of education**

<table>
<thead>
<tr>
<th>Dependent variable Залежна змінна</th>
<th>R</th>
<th>$R^2$</th>
<th>Correction $R^2$ Корекція $R^2$</th>
<th>F-criterion Ф-критерій</th>
<th>p&lt;</th>
<th>Std. Err. of estimation Std. Err. оцінки</th>
</tr>
</thead>
<tbody>
<tr>
<td>The level of nurses’ professional readiness to provide palliative care Рівень професійної готовності сестер медичних до надання паліативної допомоги</td>
<td>.58</td>
<td>.33</td>
<td>.296</td>
<td>8.917</td>
<td>.00001</td>
<td>3.512</td>
</tr>
</tbody>
</table>

Note: R – multiple correlation coefficient is a measure of the relationship between the dependent variable and the predictors; $R^2$ – the coefficient of multiple determination is the share of the variance of the dependent variable caused by the variability of the values of the independent variables; Fisher’s F-test; p – probability value; Std. Err. – standard error.

Примітка: R – коефіцієнт множинної кореляції – міра зв’язку між залежною змінною та предикторами; R2 – коефіцієнт множинної детермінації – частка дисперсії залежної змінної, що обумовлена мінливістю значень незалежних змінних; F-критерій Фішера; p – значення імовірності; Std. Err. – стандартна похибка.
can say that this predictor determines the readiness of a medical nurse at 60.0%;

- the level of education (junior specialist, bachelor, master, $\beta=.271$ with $p=.001$), similar to work experience, contributes to the development of readiness to work in the palliative field; its weight share in this model is approximately 27.0%;

- reducing focus on one’s own safety and confidence (Thoughts about safety. Need for confidence. Intolerance of uncertainty; $\beta= -.153$ at $p=.03$) is also significant for the development of nurses’ readiness to work with incurable patients; and although the share of influence is small, only 15.0%, it is statistically reliable. Such variables as age, the motive of holiness (Awareness of the unity of humanity. Fulfillment of a spiritual mission. Enlightenment. Divine property), the “Orientation towards appreciation and respect” (How am I evaluated? Respect. Recognition. Reputation. Self-esteem) did not show statistically significant coefficients in the process of regression analysis. This indicates that these independent variables cannot be considered as predictors of nurses’ professional readiness to provide palliative care.

### Table 7. Beta-coefficients of independent variables in the regression analysis model

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Non-standardized</th>
<th>Standardized</th>
<th>$t$</th>
<th>$p$</th>
<th>Correlations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\beta$</td>
<td>Std. Err.</td>
<td>$B$</td>
<td>Std. Err.</td>
<td></td>
</tr>
<tr>
<td>Constant</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work experience (years)</td>
<td>.608</td>
<td>.203</td>
<td>.262</td>
<td>.088</td>
<td>2.994</td>
</tr>
<tr>
<td>Educational level</td>
<td>.271</td>
<td>.083</td>
<td>1.752</td>
<td>.534</td>
<td>3.280</td>
</tr>
<tr>
<td>Motive of safety and confidence</td>
<td>-.153</td>
<td>.071</td>
<td>-.086</td>
<td>.040</td>
<td>-2.151</td>
</tr>
<tr>
<td>Age (full years)</td>
<td>-.355</td>
<td>.213</td>
<td>-.140</td>
<td>.084</td>
<td>-1.666</td>
</tr>
<tr>
<td>Motive of holiness</td>
<td>-.109</td>
<td>.077</td>
<td>-.076</td>
<td>.053</td>
<td>-1.440</td>
</tr>
<tr>
<td>Motive of appreciation and respect</td>
<td>.084</td>
<td>.077</td>
<td>.050</td>
<td>.045</td>
<td>1.097</td>
</tr>
</tbody>
</table>

Note: $\beta$ – non-standardized beta regression coefficient; $B$ – standardized beta regression coefficient; Student’s t-test; $p$ – value; Std. Err. – standard error.

### Table 7. Бета-коefіцієнти незалежних змінних у моделі регресійного аналізу

Таблиця 7.

<table>
<thead>
<tr>
<th>Параметри</th>
<th>Нестандартизований</th>
<th>Стандартизований</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Константа</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Опівроботи (років)</td>
<td>.608</td>
<td>.203</td>
<td>.262</td>
<td>.088</td>
</tr>
<tr>
<td>Рівень освіти</td>
<td>.271</td>
<td>.083</td>
<td>1.752</td>
<td>.534</td>
</tr>
<tr>
<td>Мотив безпеки, упевненості</td>
<td>-.153</td>
<td>.071</td>
<td>-.086</td>
<td>.040</td>
</tr>
<tr>
<td>Вік (повних років)</td>
<td>-.355</td>
<td>.213</td>
<td>-.140</td>
<td>.084</td>
</tr>
<tr>
<td>Мотив святості</td>
<td>-.109</td>
<td>.077</td>
<td>-.076</td>
<td>.053</td>
</tr>
<tr>
<td>Мотив оцінки, поваги</td>
<td>.084</td>
<td>.077</td>
<td>.050</td>
<td>.045</td>
</tr>
</tbody>
</table>

Примітка: $\beta$ – нестандартизований бета-коefіцієнт регресії; $B$ – стандартизований бета-коefіцієнт регресії; t-критерій Стьюдента; p- значення імовірності; Std. Err. – стандартна похибка.
Discussion

The results of the research showed that nurses both at the stage of undergraduate training and at the stage of professional activity have a desire to provide palliative care. This is consistent with the data of other authors, who argue that, in general, medical professionals (including nurses) have a strong desire to provide palliative care. The desire to provide palliative care is influenced by the experience of attending lectures and training in palliative care, as well as confidence in palliative care itself. The experience gives an understanding of the benefits and importance of providing palliative care, which increases nurses’ willingness to provide this service. Of course, it is difficult, because the implementation of these tasks places a high level of demands on nurses, both personally and professionally (Stenman et al., 2023).

In our case, the readiness to provide palliative care significantly depends on the age and professional experience of the nurses: the older they become, the more experience they have in practical professional activity and the higher the level of education they have, the higher their professional readiness is, which is quite natural. For example, K. Marciniak et al. (2023) evaluated the results of postgraduate training in palliative care among nurses and emphasized the expediency of continuous professional development.

However, not all scientists agree that the level of education and general professional experience, which is expressed through the length of professional activity, are to some extent decisive for a nurse’s readiness for palliative care. In particular, M. Sijabat et al. (2019), studying professional readiness, show that the topic of education and training (how confident nurses feel in their knowledge and skills in palliative medicine) does not necessarily correlate with the level of education.

The motive of service is realized in the following human searches: “How to help the needy?” , “Multiplication of goodness!” . They determine the realization of ideal ideas about goodness, encourage a person to devote their own life to others’ lives, to look for adequate methods and means of helping the needy. J. Paladino et al. (2023) agree with the importance of changing communication paradigms between serious illnesses in the end-of-life phase. 

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As previously mentioned, A. Sorensen et al. (2020) note that for patients with early referral for palliative care, primary care medical workers consider the name “supportive therapy” more comfortable. And here it is quite appropriate to reveal the basic etymological roots of this concept. “The ancient Greek word “θεραπευτής” is translated as “servant, worshiper, priest; θεραπευτής τῶν καμνόντων – the one who takes care of, cares for, treats, cures the sick” from θεραπεύω – to serve, to worship, to please, to look after, to treat, to heal” (Marchuk, 2021). That is, in addition to treatment, the connotation component of “service” is embedded in the etymology of the word itself. Accordingly, a nurse must show herself in two hypostases as much as possible: both as a specialist who will provide high-quality medical care, and, first of all, a person who is characterized by the highest spiritual manifestations of personality – service, motives of righteousness and holiness, wisdom, orientation to spiritual self-improvement. “If a medical nurse confidently follows the path of spiritual self-improvement, the motive for personal development begins to form, namely, service... Service in its manifestation involves helping patients who need special, individual palliative medical care, which prompts a medical worker to devote their activities to the life and health of others, to the search for optimal and perfect methods of implementing the necessary care for patients and their relatives” (Tymofiieva et al., 2022: 126). In general, as rightly noted by Y. Yang et al. (2023), all this can be called the term SWB “spiritual well-being”, that is, what reveals the content of spiritual care as a fundamental component of palliative care.

A. Sorensen et al. (2020) draw relevant conclusions – team care for the patient will contribute to the readiness to provide early palliative care. Actually, this suggests the need to use a multidisciplinary approach in preparation for providing such assistance, with the participation of not only doctors, but also social workers, psychologists, priests, and volunteers (Marchuk & Marchuk, 2022). Accordingly, palliative care is provided comprehensively by a group of specialists from various fields, that, in fact, is the work of a multidisciplinary team, the main purpose "θεραπευτής" перекладається як "слуга, поша-новувач, священно (служитель); θεραπευτής τῶν καμνόντων – той хто піклується, доглядає, лікує, виліковує хворих" від θεραπεύω – прислу-говувати, служити, поклонятися, догоджати, доглядати, лікувати, виліковувати" (Marchuk, 2021). Тобто окрім лікування конотаційна складова "служіння" закладена в етимоло-гії самого слова. Відповідно, медична сестра повинна максимально якісно проявити себе у двох іпостасях: як фахівець, який надаватиме якісну медичну допомогу, так і, найперше, людина, для якої властиві вищі духовні прояви особистості – служіння, мотиви праведності та святості, мудрості, прагнення до духовного самовдосконалення. "У випадку впевненого прямування сестри медичної шляхом духов-ного самовдосконалення починає формувати-тися мотив розвитку особистості – служіння... Служіння у своєму прояві передбачає допо-могу пацієнтам, які потребують особливої, індивідуальної паліативної медичної допо-моги, що спонукає медичного працівника при-сутність свого діяльності життю та здоров’ю біля них, пошуку оптимальних та досконалих методів реалізації необхідної допомоги паці-єнтам та їх близьким" (Tymofiieva et al., 2022: 126). Загалом, як слушно зауважують Y. Yang et al. (2023), все це можна назвати терміном SWB "духовне благополуччя", тобто те, що розкрива еміції духовної опіки як фундаментальної компоненти паліативної допомоги.

A. Sorensen et al. (2020) robлять відповідні висновки – для готовності до надання ранньої паліативної допомоги сприятиме найперше командний догляд за пацієнтом. Власне, це і наштовхує на необхідність застосування мультидисциплінарного підходу в готовності до надання такої допомоги, за участю не лише медиків, а й соціальних працівників, психологів, священиків, волонтерів (Мар-чук, Марчук, 2022). Відповідно, паліативний догляд забезпечується комплексно, групою відділень різних напрямів, що, власне, і є робо-тою в дії мультидисциплінарної команди, основною метою якої є покращення життя пацієнта та його родичів і близьких (Silva et al., 2022). У сфері паліативної медицини служіння виступає основним мотивом, наприклад, для
of which is to improve the life of the patient, their relatives and friends (Silva et al., 2022). In the sphere of palliative medicine, service is a primary motivation, for example, for volunteers, who are often an integral part of palliative care units (Pandya & Muckaden, 2016; Schroeder & Lorenz, 2018).

Conclusions
It has been established that the desire and intention to provide palliative care is characteristic of most nurses at all stages of their professional training and realization, starting from the undergraduate stage. Naturally, that the level of readiness for its implementation increases among nurses with age.

It was found that palliative care nurses are characterized by significantly weaker deficient motives than in the other two studied groups, due to a less pronounced motive of personal safety and confidence and a stronger metamotive of service. The motive of service is manifested through thinking, which is aimed at finding opportunities and ways to help the needy.

Experience of professional activity and the level of education, as well as a decrease in focus on one’s own safety and confidence as meaning-making motives, to the greatest extent among other researched variables determine the structure of the professional readiness of a nurse to provide palliative care. Accordingly, for the formation of high professional readiness, it is necessary to optimize the motivational sphere through the development of its spiritual aspect, to realize the meaning of a nurse’s work with patients at an incurable stage of the disease, to realize one’s own experience of contact with the topics of human mortality, the meaning of one’s life, the end of life, etc.

Such conclusions indicate the need to include mandatory tasks in training programs for nurses in palliative and hospice care, aimed not only at increasing the level of professional competence, but also at strengthening their personal metamotives, such as motives of service, the development of reflexive awareness of the subjective importance of activities in the field of care for incurable patients and one’s own role in these processes. Also, in the process of improving the qualifications of palliative care nurses, it is important to pay attention to the revealed trend in which the desire to improve the life of the patient, their relatives and friends (Silva et al., 2022).

Висновки
Встановлено, що для більшості сестер медичних на всіх етапах їхньої професійної підготовки і реалізації, починаючи з дипломного етапу, характерними є бажання і намір надавати паліативну допомогу. Закономірно, що рівень готовності до її здійснення підвищується у сестер медичних з віком.

Виявлено, що сестер медичних паліативної служби відрізняють достовірно слабше виражені дефіцитарні мотиви, ніж в інших двох досліджуваних групах, за рахунок менш проявленого мотиву особистої безпеки і упевненості та сильнішого метамотиву служіння. Мотив служіння проявляється через мислення, котре спрямоване на пошук можливостей і шляхів допомоги потребуючим.

Стаж професійної діяльності та рівень освіти, а також зменшення зосередженості на власній безпеці і упевненості як смисловоутворюючих мотивах найбільшою мірою серед інших досліджуваних нами змінних визначають структуру професійної готовності сестри медичної до надання паліативної допомоги. Відповідно, для формування високої готовності необхідною є оптимізація мотиваційної сфери через розвиток її духовного аспекту, усвідомлення сенсу роботи сестри медичної з пацієнтами на інкурабельній стадії захворювання, усвідомлення власного досвіду контакту з темами смертності людини, сенсу її життя, завершення життя тощо.

Такі висновки вказують на необхідність включення до навчальних програм підготовки сестер медичних із питань паліативної та хоспісної допомоги обов’язкових завдань, спрямованих, окрім підвищення рівня професійної компетентності, ще й на підсилення у них особистісних метамотивів, таких як мотиви служіння, розвиток рефлексивного усвідомлення суб’єктивного значення діяльності у сфері допомоги інкурабельним пацієнтам і власної ролі у цих процесах. Також у процесі підвищення кваліфікації сестер медичних паліативної служби важливо звернути увагу на виявлена тенденцію до
in personal safety and confidence motivation compared to nurses of a general profile and those with higher education. Therefore, it is worth focusing on the development of nurses’ ability to show attentiveness to themselves and maintain a balance between service to others and self-care to prevent professional burnout.

References

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Список використаних джерел


