

# GEORGIAN MEDICAL NEWS

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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии  
საქართველოს სამედიცინო სიახლენი

## GEORGIAN MEDICAL NEWS

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**GMN: Georgian Medical News** is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

**GMN: Медицинские новости Грузии** - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

**GMN: Georgian Medical News** – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებშიდან.

### WEBSITE

[www.geomednews.com](http://www.geomednews.com)

## К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

**При нарушении указанных правил статьи не рассматриваются.**

## REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)  
[http://www.icmje.org/urm\\_full.pdf](http://www.icmje.org/urm_full.pdf)

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned  
Requirements are not Assigned to be Reviewed.**

## ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

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## THE PROBLEM OF COMPETENCIES MODELING IN THE SOCIAL-PSYCHOLOGICAL CRISIS CONDITIONS

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### Abstract.

This article delves into a profoundly significant subject: competency modeling, now an imperative for maintaining high-quality professional standards in Armenia. The contemporary landscape, shaped by post-pandemic and post-war repercussions, alongside the prominence of online education, necessitates an exploration of new prerequisites for professional expertise. The article introduces a meticulously crafted three-level model (3/2) of professional psychosocial abilities, meticulously curated to guide the trajectory of professional development—from personal growth to a pinnacle of professionalism. This comprehensive model comprises upper, middle, and lower levels: the upper level encompasses general skills, the middle level intricately incorporates the specialist's activities, work orientation, and motivations, while the lower level intricately details the emotional and behavioral voluntary attributes of individuals. Through the nuanced reshaping of professional psychosocial competencies, the article culminates in the presentation of a three-level model tailored for several high-demand professions. This presentation is grounded in a foundation of theoretical studies, empirical research, expert insights, practical recommendations, and a thorough comparative analysis.

**Key words.** Crisis, competencies, modelling, profession.

### Introduction.

This article undertakes a comprehensive analysis of the challenges surrounding competencies in the context of modern psychological, technological, and political landscapes, with a particular focus on the Republic of Armenia. Understanding the intricate psychosocial, behavioral, and emotional shifts that have transpired in the aftermath of COVID-19, the 44-Day War, and emerging technological demands in education presents a formidable challenge [1-29].

Within these critical conditions, certain professions, or professional activities, including military scientists, rescuers, teachers, doctors, and psychologists, find themselves in distress, requiring urgent mobilization and reform. At the core of any profession lie competencies, encompassing knowledge, skills, and abilities. In times of crisis, these components become the focal point. Amidst the challenging circumstances of the ongoing crisis, there is an unequivocal need to evaluate and research the restructuring and advancement of professional skills, particularly those related to psychosocial competencies. The society has grappled with multifaceted realities in health, education, and well-being over the past year [8]. Acknowledging the inadequacy of current educational curricula and professional competencies and, in certain instances, outright contradictions, necessitates a thorough review of the psychosocial aspects of professional skills. These components take precedence based

on dictated priorities, encompassing mental health care due to COVID-19 [2], an emphasis on patriotic ideology to address post-war effects, and the mastery of innovative technologies to enhance the efficacy of online learning [3]. This research endeavors to explore key questions related to the evolution of professional competencies:

1. What components take precedence or play a leading role in the professional competence system?

2. What changes are observed in competency models, and what factors drive these changes?

3. What conditions or factors influence the deformation or reformation of competencies?

### Competencies Modelling Policy.

During the late 1980s to the 1990s, as the Republic of Armenia (RA) gained independence, various forms of professional activity were heavily influenced by the model inherited from the Soviet system, known as the "profession-gramma." This period was marked by the lingering impacts of a prolonged war, the aftermath of a devastating earthquake in 1988 that claimed 25,000 lives, and economic crises. Dedication and national advocacy served as the foundation for professional activities during these tumultuous years, where individuals with personal resources sought to establish themselves as specialists [1]. For instance, educators were assessed based on adjectives such as good, kind, soulful, strict, and demanding, while doctors were deemed competent if characterized by traits like educated, knowledgeable, and authoritative. With minimal grounding in psychological science studies related to national education, professional potential assessment, and management, the extent of research on professional competencies during this period was limited. Nonetheless, noteworthy studies did emerge [6,20,19,21,26]. In 1988, amid the most challenging and crisis-ridden conditions for Armenia, Aghuzumtsyan and Stepanyan established essential standards for specialist training and devised a scheme outlining crucial professional qualities. The subsequent reform in the education system, following this historical challenging period, ushered in new quality requirements for many professional activities. The introduction of the Bologna educational system in 2005 played a pivotal role in shaping professionals capable of meeting standards throughout their training. This transformation laid the groundwork for qualities that could enhance the efficiency of various activities. Consequently, the notions of professional and educational competencies gained prominence. Since 2010, there has been a growing need for classified studies concerning educational and professional competencies. Educational standards progressed relatively swiftly, serving as a foundational basis. Studies on professional competencies in psychology, especially



educational psychology, addressing issues of personality, knowledge, abilities, and skills, commenced in 2010, 2015, and 2017 [6,20]. In 2018, within the framework of the Reference Framework of Competences for Democratic Culture project facilitated by the Council of Europe, a comprehensive study was conducted, delving into professional, educational, legal, and strategic aspects of competencies [24]. Post-2020, the study of competencies expanded to encompass personal psychology, particularly from the standpoint of professional identity, personal growth, emotional states, personal qualities, and motivation [18].

Various authors define professional competence differently. Referring to the online explanatory dictionary, a preferred definition rooted in ten references describes professional competence as possessing the necessary knowledge, skills, and abilities to deliver quality services in alignment with technical and ethical standards. This expertise is crucial for shouldering professional responsibilities and serving the public interest [28]. However, this definition overlooks the role of the individual and its personality factors, such as motivation, emotion, needs, resources, and others. Alternatively, the educational competencies perspective, as elucidated by Sergeev A. G., underscores the role of a personal approach to education. Educational competencies manifest and are tested in the performance of specific actions. Competence, in this context, represents an already formed set of personality traits. A competent specialist possesses the requisite knowledge, skills, and experience, with competence being a personality trait encompassing this necessary skill set [25]. This definition places importance on the individual and their qualities in the formation of competence during the educational process. However, it leaves the question of a person's behavior and emotions open, as competence formed in the educational process may not necessarily provide the experiential insight of a working specialist.

Another definition posits, "Competence is a situational category, since it is expressed in the readiness to carry out any activity in specific professional (problem) situations. Competence characterizes the ability of a person (specialist) to realize his human potential for professional activity" [25]. These two definitions indicate that competencies are subject to both internal and external influences. On one hand, they represent the orientation of a person's internal abilities toward work, and on the other, they are shaped by the requirements imposed on the person by the work. Similar dual approaches are observable in different countries.

Given these two conceptual differences, understanding the modern perception and modeling policy of competencies becomes a complex issue. Competency modeling policy is shaped by the dictates of respective organizations, countries, or situations, generally falling into two approaches: theoretical and practical. The theoretical foundation of competence draws from labor, social, organizational, and management psychology [12]. In recent years, personality theory has also been applied [22]. Across these approaches, three main levels of competence coordination emerge: personal qualities, behavioral manifestations, and emotional regulation. Many authors stress the importance of social interactions among employees, manager-employee relationships, colleague relations, and

management styles in this coordination. Some even identify individual social and organizational relations as a distinct level of competencies [4]. The practical foundation of competencies is derived from job requirements, job types, or the nature of the job [5]. These two distinct policies of creating a system of competencies have led to two models: the profession-graph and psycho-graph [14].

A fundamental question revolves around the modeling scheme, including the validity of coordination methods. European approaches place a significant emphasis on working skills, the scope and type of competencies, considering the motivation, abilities, and knowledge of the specialist as the foundation of competencies. Competence models often break down into key skills or practices common to organizations, and research on these models is conducted within the field of Human Resources. A similar study in 2015 by Anna K. Baczynska, Tomasz Rowinski, and Natalia Cybis (Poland) raised questions about the methodology and validity of forming competence models, with a focus on employment policy [5]. Dante Guerrero thoroughly discussed the problem of competence modeling in his articles, presenting a report in 2010 and 2012 in Madrid. Competence models were systematized based on the job, behavior, skills, business strategy, competing strategy, and holistic cognitive and motivational models [11]. The competence model based on the job stems from economics and management, explaining the relationship between humans and their job functions, emphasizing that the job is an order of the worker's qualities. In crisis situations, job requests may change, but not the professional abilities of the worker, with worker functions considered in relation to tasks.

### **Methodology.**

Given the recent challenges in our country, our objective is to explore the reformation and deformation of competencies in several professions in Armenia. The impetus for modeling competencies arises from the crisis faced by Armenian specialists post-2019. The foundational methodology guiding this modeling process is the "Readiness for Change." Originating as an organizational staff enhancement tool or preparation for external critical challenges, this methodology is underpinned by a philosophical perspective on the world and the inherently changeable nature of humans [7]. The "Readiness for Change" methodology has been thoroughly analyzed within modern psychological theories, encompassing behavioral, cognitive, and humanistic perspectives. In behavioral theories, readiness for change is explicated through features akin to S-R (stimulusresponse) formulas, wherein altering stimuli induces changes in reactions. Cognitive psychology contributes to this methodology through various approaches, with many authors suggesting that changes in behavior, attitude, and emotions occur when there is a shift in one's mindset or thinking style. Humanistic psychology delves into the readiness for change within the process of self-realization of personality [13]. Within the realms of HR management and organizational psychology, this methodology serves as the bedrock for the dynamic growth of both individual staff members and organizations concerning personality qualities and abilities [16]. The competency holder, in this context, is a specialist engaged in activities within a

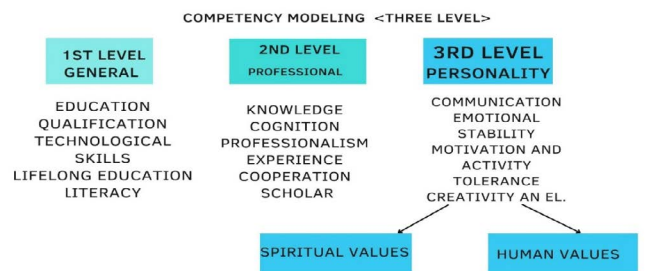
relevant organization, requiring openness and preparedness for constant changes. This research delves into competencies as a resource that signifies specialists' readiness for change. Through the exploration of competencies as a dynamic element within the workforce, we aim to understand how they contribute to professionals' adaptability and resilience in the face of evolving circumstances.

**Methods.**

The research employed focus group discussions conducted in various cities and communities across Armenia. Participants in these focus groups ranged from citizens aged 18 to 55, encompassing diverse positions in different professional activities (we had formed 5 focus groups). There were 10-12 persons in each focus group, the discussion prolonged 1,5 hours. First stage of discussion was about the crisis and professional competencies problems for the four specialization. The participants presented their approaches and comments about the competencies, noted which one was important for each specialization. To provide a comprehensive professional assessment of competencies, a group of experts was assembled, representing four key professions: doctors, teachers, military scientists, and psychologists. These experts were tasked with completing a pre-developed questionnaire designed to assess the adequacy of competencies within their respective professions. The data from both the focus groups and expert assessments were meticulously analyzed using a ranking correlation tool. This tool facilitated the arrangement of qualities in order of importance, allowing for a nuanced understanding of the significance attributed to different competencies. By employing this mixed-methods approach, the study aimed to capture a comprehensive view of the perceived competencies across various professions and identify patterns or discrepancies in the assessment of competencies among different professional groups. This methodology ensures a robust and multifaceted exploration of competencies in the given context, shedding light on the nuanced interplay between perceived competencies and professional roles.

**Results.**

In examining established competency models and their constituent elements, we have synthesized our findings into a comprehensive three-level model, aptly termed "3/2." Developing this model necessitated a meticulous reassessment and alignment of competencies, tailored to address the challenges posed by the prevailing crisis in our country. We contend that the three-level model remains steadfast across all professions, irrespective of specific professional emphases. Our analysis reveals that, across diverse professions, competencies are organized into three distinct levels: general competencies (1st level), professional competencies (2nd level), and personal competencies (3rd level). The third level further delineates into two components: personal factors and spirituality. General competencies at the first level encompass fundamental requisites applicable to every profession, including technological proficiency, research acumen, and educational expertise. Moving to the second level, profession-specific competencies take precedence, encapsulating requisite knowledge, skills, collaborative aptitude, motivation, and more.



*Figure 1. Example of competencies in "3/2" level modeling.*

The third level delves into competencies shaped by individual characteristics, such as temperament, sociability, responsibility, goal orientation, and others (refer to Figure 1). Our emphasis on this third level stems from its pivotal role in forging professional identity and fostering growth. The 3rd level is bifurcated into two distinct dimensions: spiritual values and common human values. Competencies grounded in spiritual values encompass facets like professional identity, professional self-esteem, and self-realization. These competencies manifest prominently in actions, epitomized by qualities such as advocacy, diligence, enthusiasm, and dedication.

Within common human values, noteworthy competencies include patriotism, the conservation of national values, originality, philanthropy, and mutual assistance, all of which find tangible expression in professional activities. This unique coordination of competencies, wherein spiritual and common human values converge, inspired the nomenclature "3/2" for our model. This nomenclature captures the essence of the model's structure and underscores its innovative approach to competency coordination, providing a robust framework for understanding and cultivating professional skills in a diverse array of fields.

**Model Development Process:**

The development of our model underwent a comprehensive analysis encompassing both theoretical and practical stages. The theoretical phase provided an opportunity to scrutinize competency models, their contents, formats, and historical evolution. This involved an examination of both international and local models. Notably, in the context of local models of professional competencies, our investigation revealed an absence of a fully developed model in Armenia, despite the existence of demand in HR and job vacancies. Furthermore, the specific conditions and characteristics influencing the deformation or reformation of competencies during crisis situations in our country had not been systematically studied.

The historical and strategic analysis of competence formation in Armenia unveiled several fundamental social and external influences that have significantly impacted, and perhaps continue to impact, the professional development of individuals, the attainment of professionalism, and the demonstration of high-quality activities. Among these influences, social or external factors have exerted the most substantial impact.

1. War: Territorial conflicts and large-scale wars, with Armenia experiencing significant conflicts and wars in 1988-1991, 2016 (4 days), and 2020 (44 days), along with numerous acute incidents resulting in a significant number of casualties.

2. Natural Disasters: Earthquakes, landslides, and droughts, notably the devastating earthquake in 1988, have posed considerable challenges.

3. Political and State Life Revolution: In the last 30 years, Armenia has witnessed two major political revolutions (1988 and 2018) and other impactful events (1999, 2008, 2015, 2017, etc.) that disrupted everyday life.

4. Economic Crisis: Extended periods of economic crisis where essential living conditions, food, and industrial needs were not adequately met.

5. Global Legislative Reforms: Comprehensive reforms in the legislative system addressing individuals' rights to education, work, and private activities.

The initial phase of organizing competencies involved categorizing them into groups based on insights gathered during focus group discussions. Participants in these discussions were not constrained in terms of the number of competencies, allowing each individual to present and explain numerous competencies depending on different situations. The focus groups, conducted across various cities and communities in Armenia, yielded over 300 competencies, focusing on four specific professions. Subsequently, the identified competencies were refined by separating and prioritizing the most frequently mentioned ones, thereby laying the groundwork for our model.

### Results of Focus Group Discussion.

During the focus group discussions, a prominent theme emerged—the challenge of distinguishing between professional and personal competencies. While the criterion for differentiation was often elusive, efforts were made to categorize competencies correctly as either professional or personal. Professional competencies were identified as those characterizing the

requirements for a specific activity or job, such as research skills for a doctor or oratory skills for a teacher [15]. On the other hand, personal competencies were recognized as qualities stemming from an individual's character, temperament, and personal attributes that contribute to a given activity or work, like honesty, courage, friendliness, and willingness (see table 1.).

Our proposed model highlighted certain observations related to the medical profession, where general competencies were more clearly defined, personal qualities were adequately emphasized, but professional competencies, especially those concerning professional ethics and discipline, were not as explicit. This observation was linked to a perceived neglect of awareness regarding healthcare laws and ethical rules. Some respondents believed that professionals dealing with administrative tasks should primarily address these issues, blurring the lines between professional and personal competencies (see table 2).

Similarly, the competencies for the military profession exhibited a blending of professional and personal elements. Notably, competencies like patriotism/nationalism, confidence, and discipline were viewed as personality resources, likely influenced by the crisis and war situation in Armenia. According to our model, these competencies could function as universal and spiritual values, contributing to the stability of professional competencies.

In the case of psychologists, competencies were more systematically presented, but akin to doctors, there was a lack of emphasis on ethical norms and administrative skills—significant competencies for the profession (see Table 3.).

Contrastingly, the profession of educators demonstrated unique systematicity in the discussions. Unlike the other professions, fundamental and professional competencies were

**Table 1.** Competencies for doctor (The competencies included in the tables were only collected, there is no matter of their range in the cell).

DOCTOR		
General	Professional	Personal
Education	Problem-solving abilities	Quick orientation
Knowledge	Assessing the situation	Ability to take risks
Experience	Objectivity	Emotional stability
Literacy	Individual approach to the patient	Purposefulness
Lifelong learning	Related to work	Persistent
Qualification	Impartiality	Self control
	Predictive ability	Communicative
	Communication skills	Activity
	Intellectual	Responsibility
		Self confidence
		Stability
		Stress resistance
		Self confidence
		Self control
		Flexibility
		Balanced
		<b>SPIRITUAL</b>
		Smart/intelligent
		Caring
		Empathetic
		Assurance
		Finesse
		<b>HUMAN</b>
		Humanism
		Ability to support
		Merciful
		Conscientious

**Table 2. Competencies of military.**

<b>MILITRY</b>			
<b>General</b>	<b>Professional</b>	<b>Personal</b>	
Knowlage	Possession of modern weapons	Discipline	
Military case	Management skills	Quick orientation	
Technical knowledge	Responsible for the situation	Self control	
Physical fitness	Leadership qualities	Stress resistance	
	Assessment of the situation	Punctuality	
	Unbiased approach	Self confidence	
	Task orientation	Emotionally stable	
	Listening ability	Flexibility	
	Ability to lead/leadership ability	Responsibility	
	Fastidious	Agility	
	Authority	Decision making	
		Solution	
		Ability to take risks	
		Initiative	
		Confidence	
		Principal	
		<b>SPIRITUAL</b>	<b>HUMAN</b>
		Persistence tenacity	Patriotism
		Brave	Nationalism
		Alertness vigilance	
		Ability to support	
		Independence	

**Table 3. Competencies of psychology.**

<b>PSYCHOLOGIST</b>			
<b>General</b>	<b>Professional</b>	<b>Personal</b>	
Knowlage	Ability to listen	Empathic	
Education	Self-awareness	Patiently	
Self-developmet	Adaptation	Observational	
IT proficiency	Impartial/unbiased approach	Self-controll	
	Confidentiality	Collaborator	
	Communication skills	Alertness	
	Towards others/ Locus of other person	Consistency	
	Speech skills	Tolerant	
	Observance of ethics norms	Flexible	
	Motivating	Creative	
	Confidentiality	Purposefulness	
	Releted to work	Emotional Stabil	
	Realistic	Adecuate Self- assess	
	Problem awareness ability	Stress resistance	
	Ability to trust	Suspiciousness	
		<b>SPIRITUAL</b>	<b>HUMAN</b>
		Tactful	Liberal
		Independence	Companionable
		Respectful	Humanist
		Harmony	
		Caring	
		Pleasantry	

**Table 4. Competencies of pedagogue.**

PEDAGOGUE				
General	Professional	Personal		
Knowlage	Cooporation / collaborator	Flexibility		
Education	School subject/classes teaching skills	Respectful attitude		
Self-education	Motivating	Purposefulness		
Self-developmet	Teaching skills	Patience		
IT proficiency	Related to work	Sociability		
Literacy	Professional approuch	Creativity		
Psychological approuch	Child-centered approuch	Self-criticism		
Tranings	Observance of ethics norms	Curious		
Experience	Communication skills	Broad-mindedness open-mindedness		
Scientific research	self-awareness	Subtlety/tact		
Qualification	Organizational skills	Responsibility		
	Altruism	Analytical thinking		
	Ability to adapt the new	Clever		
	To value the profession	Diligence, assiduity		
	Discipline	Quick orientation		
	Studying international experience	Calmness		
	Objectivity	Devotion		
		Emotion management		
		<b>SPIRITUAL</b>	<b>HUMAN</b>	
			Tolerance	Humanistic
		Honesty	Kindness	
		Fairness	Prudence	
		Conscientious		
		Ripeness		
		Caring		

more numerous and subject to stricter requirements. This observation reflected a perception of social multifunctionality regarding pedagogy and psychology, suggesting a consensus that educators should possess a maximal set of personal and professional abilities, with knowledge being crucial in all aspects (see Table 4.).

**Conclusion.**

The delineation of competencies for the four professions—doctors, military personnel, psychologists, and educators—is crucial, particularly given their roles in managing both physical and mental health during crises and external challenges. By clearly defining professional and personal competencies and providing their characteristics, the 3/2 model can be effectively applied to these professions. In this model, competencies derived from universal and spiritual qualities are separated as personal competencies, acting as internal psychological pillars crucial for demonstrating activity in emergencies and crises. In light of technological advancements, the increasing trends in these professions, and the heightened responsibilities associated with human-to-human interactions, a reevaluation of the general competence requirements for specialists is essential. Our study revealed that, in some cases, the importance of general knowledge of technological applications has been overlooked. Furthermore, the four professions lack competencies regulated by legal norms of ethics and activities, such as confidentiality, the principle of doing no harm, impartiality, etc. We attribute this gap to a broader lack of awareness about labor, constitutional,

and human rights in the country, compounded by issues like unclear labor contracts, work schedules, workload problems, and the aftermath of post-Soviet, post-war, and ongoing political tension, and crisis.

Addressing our research question, we found that: 1) Personal competencies, especially those rooted in humanistic and spiritual values, took precedence during crises for these professions. 2) In crisis conditions, professional competencies, including knowledge, ethical norms, language skills, and similar general competencies, were ranked lower in significance. This suggests that crises did not diminish basic personal qualities but accentuated common humanistic values that guided professional activities. 3) Determining whether the crisis context was constructive or destructive is challenging. Changes in competencies during war, pandemic, lockdown, and deprivation for these four professions indicate a transformation, but whether it is deformation or reformation requires further statistical investigation.

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**REFERENCES**

1. Aghuzumtsyan R, Stepanyan R. Psychological Choice of Profession, [Masnagitakan hokebanakan yntrut'yun] Yerevan State University, YSU Publishing. 1988:23.

2. Avagimyan H, Malumyan T. The Connection Between Behavioral Strategy and Professional Burnout Level in Difficult Life Situations Among Pedagogues, *Modern Psychology Scientific Bulletin*. 2021;N2(9):43-50.
3. Avanesyan H, Aghuzumtsyan R, Papoyan V, et al. Student's Psychological Safety in Distance Education During COVID-19: Pros and Cons. *WISDOM*. 2022;22:119-129.
4. Avanesyan H, Hovsepyan N. The methodology of psychological evaluation of professional competence of it specialist. *Bulletin of Yerevan University E: Philosophy, Psychology*. 2020;11:74-83.
5. Baczynska Ak, Rowinski T, Cybis N. Proposed Core Competencies and Empirical Validation Procedure in Competency Modeling: Confirmation and Classification. *Front. Psychol*. 2016;7:273.
6. Bowdaghyan A, Karabekyan S. Construction and implementation of educational programs aimed at the formation of competencies, [Iravasut'yunneri dzevavormann ughghvats krt'akan tsragreri karruts'um yev irakanats'um] National Center for Strategic Studies of Higher Education. - Yer., "Task" LLC, 2010:110.
7. Dennett D. Allen Lane (ed.), *Consciousness Explained*, The Penguin Press. 1991.
8. Francis J, Vella-Brodrick D, Chyuan-Chin T. Effectiveness of online, school-based Positive Psychology Interventions to improve mental health and wellbeing: A systematic review. *International Journal of Wellbeing*. 2021;11:44-67.
9. Guerrero D. Chanduvi. Selected Proceedings from the 14th International Congress On Project Engineering, Madrid. 2010:53.
10. Guerrero D, De los Ríos I. Professional competences: a classification of international models. *Procedia-Social and Behavioral Science Journal*. 2012;46:1290-1296.
11. Guerrero D, De los Ríos I. International Model of Professional Competence, Organization, and planning of education, 5802.07 Professional training, Rev. 2 del 9/ene/2012.
12. Hager P, Gonczi A. What is competence? *Medical Teacher*. 1996;18:1:15-18.
13. Jess F, Gregory, J. Feist. *Theories of personality*, 7th edition, McGraw-Hill, Boston. 2009:642.
14. Klimov E. *Psychology of professional self-determination*, [Psikhologiya professional'nogo samoopredeleniya] Rostov-on-Don: Fenix publishing house. 1996:512.
15. Maksimovic J, Petrovic J, Osmanovic J. Professional competencies of future pedagogues, original scientific paper. 2015:52-66.
16. McClelland D.C. Testing for competence rather than for "intelligence." *American Psychologist*. 1973;28:1-14.
17. Papikyan A. Professional Competences of Physical Education Teachers, M. Nalbandyan State University of Shirak, *Scientific Proceedings*. 2021;2:239-248.
18. Papoyan V, Galstyan A, Sargsyan D. Transformation of Professional Psychosocial Competencies in Crisis Conditions: *Bulletin of Yerevan University E: Philosophy, Psychology*. 2022;13:52-58.
19. Papoyan V, Galstyan A, Sargsyan D, et al. The Role of the Personality Traits and Motivation in Manifestation in Pedagogues' Competencies. *Bulletin of Yerevan University E: Philosophy, Psychology*. 2023;14:55-63.
20. Petrosyan L. Psychological patterns of personal professional development, [Andznakan masnagitakan zargats'man hobe banakan orinach'ap'ut'yunner] RA Academy of State Administration, Yerevan. 2016:284.
21. Petrosyan R. The Motives of Rebuilding Teachers Professional Activity in Changing Armenia. *WISDOM*. 2014;2:154-163.
22. Raven J. *The Assessment of Competence*, CHAPTER 28, Version Date: 19 September 2000, All content following this page was uploaded by John Raven on 2020. 2000.
23. Raven J. Competences in the modern society, detection, development and realization, M., "Cognito-Center", 2002:396.
24. Reference Framework of Competences for Democratic Culture. 2020;3.
25. Sergeev A. Competence and competencies: monograph / A.G. Sergeev; Vladim. state un-t. - Vladimir: [in Russian] Publishing House Vladim. state un-ta, 2010:107.
26. Soghikyan T. "Professional ability" concept in the fields of educational and professional activity, [in Armenian] "Banber", V. "Lingva" Publishing House of Brusov State University, Yerevan 2021;2:62-72.
27. Taylor F. *The Principles of SCIENTIFIC MANAGEMENT*, Frederick Winslow Taylor, The Principles of Scientific Management (nationalhumanitiescenter.org). 1910.
28. www.lawinsider.com Professional competence Definition | Law Insider
29. www.escs.am Balogna Process in RA