

GEORGIAN MEDICAL NEWS

ISSN 1512-0112

NO 12 (357) Декабрь 2024

ТБИЛИСИ - NEW YORK



ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии
საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

Monthly Georgia-US joint scientific journal published both in electronic and paper formats of the Agency of Medical Information of the Georgian Association of Business Press.
Published since 1994. Distributed in NIS, EU and USA.

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 ბაზებიდან.

WEBSITE

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 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.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. რენტგენოგრაფიების 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.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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NURSES' KNOWLEDGE WITH REGARD PAIN AS A PART OF A VITAL SIGNS

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Abstract.

Background: Pain is the fundamental symptoms joined with various disorders which are handled daily by nurses. Although it is a compensatory mechanism that makes patients acquire healthcare help. This study aimed to assess the nurse's knowledge of pain assessment and management as the fifth part of vital signs. **Methods:** A descriptive study design was utilized from the first of November 2024 till the 30 of December 2024, the study samples were (100) nurses who are working at different medical wards, and a questionnaire was used to collect data structured and self-administered. **Results:** Only 67% of the nurses knew that pain assessment was a part of the vital signs, however, 74% of the sample believed that pain assessment may affect the patient's prognosis of health. **Conclusion:** The study concluded that there is a statistical relationship between the advancement of years of experience and academic level, with the development of nurses' knowledge regarding pain assessment and considering it an important part of the process of measuring patient's vital signs.

Key words. Nurses, perception, pain, vital signs.

Introduction.

Pain become the fifth vital sign by the American Pain Society [1]. The Pain assessment was considered a big challenge task because it was due to subjectivity signs with several factors which contribute to unreporting numbers [2,3].

Pain management is usually conducted and followed up by nurses, hence, nurses' information should be hastened to improve nurse quality of information because pain management will improve significantly impacting physiological, psychosocial, emotional, and financial aspects of patients' lives [4,5] because underestimated and untreated pain will impact the sleep disorder, decreased concentration, social distress, and induce anxiety. Despite the advances in medicine, still proper pain management is lacking in 50-80% of hospitalized cases [6]. Practices conducted in different countries have improved this rate [7,8].

The measurement of pain as the fifth vital sign is of supreme magnitude because it results in the controlling of continued pain, accordingly, mitigating the possibility of undergoing emergency admission after hospital discharge [9,10]. It is clear although the development in the health facilities, still information shortage on pain existed, and potentially downside estimated by healthcare providers [11,12]. To reduce the burden of underassessment and the inadequate treatment of pain, only classical vital signs measurements are part of the nursing routine. This study aimed to assess the information of nurses' identification of pain evaluation as a fifth element of vital signs.

Patients and Methods.

Setting and Design of the study: The study was carried out in Teaching Hospitals in Mosul City (Iraq). The total number of participants enrolled in the present study was 100 in total. Data

was collected through the administration of a questionnaire survey to male and female nursing staff. The researcher was collected the data in the selected wards and hospitals between the period from the 1st November 2024 till the 30 of December 2024.

Ethical Consideration: The study procedure was revised and certified by the Research Ethics Committee of the College of Nursing (University of Mosul, Iraq) and confirmed with the scientific committee. Participants have signed and approved consent forms and the information collected was discussed with participants for research purposes.

Statistical analysis: Data expressed as frequency and percentage to determine and evaluate nurses' demography and information capacity. The results were then subdivided into categories to be aligned with the confounding demographic parameters.

Results.

The demographic parameters of the studied groups are outlined in Table 1. The total number of enrolled participants was 100, with 61 males and 39 females. Participants were either graduated from nursing college (n=19), nursing institute (n=39), or High Nursing School (n=42). Up to 15% of participants have experience for less than 5 years, or 19% for up to 6-10 years, or 28% for up to 11-15 years, and those whose experience is more than 15 years were 38% (Table 1).

Table 1. Demographic Characteristics of the Study Sample.

Variables	%	
Gender	Male	61
	Female	39
Educational level	High nursing school	42
	Institute	39
	Nursing college	19
Experience, years	1-5	15
	6-10	19
	11- 15	28
	16, and above	38

In an attempt to assess nurses' sample knowledge about pain assessment, the findings revealed that only 67% of tested nurses have heard about pain as a part of vital signs. Most nurses (89%) confirmed that pain assessment tools are important in pain assessment. Most nurses (92%) referred to the fact that they assess pain as a part of vital signs for their patients. Up to 61% of participating nurses reported that they knew how to assess pain. Up to 74% of participant nurses reported that assessment of pain contributes to the general patient's health (Table 2).

The information about pain was mostly collected by nurses (67%) in our locality (Mosul City Hospitals, Iraq). Most of these nurses (93%) agreed that pain history is an essential part of pain assessment. Most nurses (73%) believed that patients self-report pain used by nurses to assess pains. Also, 74% of

the nurses agreed that observation is part of the method used in pain assessment, Lastly, the result also showed that (80%) of the respondents agreed that in assessing pain, the site, or location of pain is taken into consideration (Table 3).

This table demonstrates a significant relationship between the knowledge level of the nurses and their years of experience and level of education. Nonetheless, the sex has no contribution to the knowledge level (Table 4).

Table 2. Nurses knowledge about pain assessment as the fifth vital sign.

Variables	Yes (%)	No (%)
Have you heard about pain as part of vital signs to be assessed?	67	33
Is a pain assessment tool important in pain assessment?	89	11
Is it important to assess pain during vital signs for all patients?	92	8
Do you have current knowledge about pain assessment?	61	39
Does the pain assessment have any effect on the patient's health?	74	26

Table 3. Nurses practice pain assessment.

Statement	Agree (%)	Disagree(%)
The nurse collects information about pain characteristics from the patients. (dull, burning aching etc.)	67	33
A pain history is essential in pain assessment	93	7
Patient self-report of pain is one of the assessment methods used	73	27
Observation of behaviour is part of the methods used in pain assessment	74	26
In assessing pain, the site, or location of pain is considered	80	20

Table 4. Relationship between the nurses' knowledge and their characteristics.

Variables	Knowledge level					P-value
	poor	accepted	Good	excellent	Total	
Male	17	15	27	2	61	0.889
Female	13	10	15	1	39	
High nursing school	10	9	19	3	41	0.033
Institute	12	11	17	0	40	
Nursing college	8	5	6	0	19	
1-5, Years	6	1	8	0	15	0.011
6-10, Years	6	6	6	1	19	
11- 15, Years	10	9	8	1	28	
16, and above	8	9	20	1	38	

Discussion.

Nurses play a fundamental role in overall patient health providing procedures, due to their roles in diagnosis, treatment, and follow-up. Pain as a part of vital signs should always be considered and healthcare authorities should educate nurses to avoid any faulty protocols and procedures undertaken by nurses.

Therefore, this study was designed to check the anticipated information that nurses do have and applicable to patients. The outcomes revealed that nurses have enough information regarding pain and its role in patients' health, however, still part of these nurses were having an information deficit and thereby lack the effective practice to harness this knowledge for patients' benefit, this shortage of information was largely correlated reciprocally to years of experience.

The importance of this study is that pain is a vital health sign and one of many global health concerns because nearly 50–80% of admitted patients reported pain as one of their symptoms [13,14]. Treatment of pain should be directed against managing symptoms and reducing the duration of pain experience [15]. Because improvement of pain is important for enhancing a patient's quality of life [16]. Additionally, pain is considered an important symptom to be first considered for management [17].

The results demonstrated that only 67% of the nurses recognized the evaluation of pain as a vital sign, while 92% recognized the significance of pain evaluation in the context of monitoring vital signs, indicating a substantial gap between these two statistics. This discrepant outcome could potentially linked to the shortage in nurses' information of using pain as a factor of assessment of vital signs because in nurses' opinion pain evaluation could be ignored due to the subjectivity of pain measurements. Additionally, institutional barriers, such as shortage in staff number or organizational administration challenges could hinder or limit the proper evaluation of pain.

In agreement with the findings of this research, nurses have significantly low knowledge and insufficient opinion regarding evaluation and treatment of pain, especially the conviction and satisfaction of pain evaluation as the fifth part of vital signs, in this case, all knowledge about pain evaluation and treatment effect on the overall patient's health. We reported that most nurses were aware of pain as a sign of vital signs, which disagrees with an alternative study that has reported that the majority of nursing practitioners disagree with the fact that pain must be measured as a fifth element of vital signs [19]. However, still, the knowledge is relatively low regarding pain used as a part of vital signs as it is considered to be 100%, nonetheless, we didn't reach 100%. This relatively low knowledge of 33% about pain used as a vital tool, similarly, other studies conducted in Saudi Arabia reported that nurses have scored low knowledge about the use of pain as a vital sign [20-24]. Moreover, the knowledge shortage was also reported in alternative Arabic countries, such as Bahrain [25], Jordan [26-28], or other Asian countries, including Mexican study [3], China (Hong Kong) [29], Vietnam [30], Eritrea [31]. This showed a comprehensive image of the cognitive gap between study results through many research and the idea that the fact of pain assessment for the patients is important, that was clear in this study which revealed majority of nurses who participated as a sample member most of their knowledge with answers were between weak and acceptable grade.

We noticed that years of experience and teaching degrees are two important parameters focusing on determining that the knowledge could be improved by information dissemination and by increasing training of the healthcare providers and

the influence of these parameters on the overall knowledge of participants nurses. This is also reported to be part of the underestimation of patients suffering from pain due to knowledge deficits and reduced practice and training [29,32], therefore, curricula should be updated to cover this shortage [32-34]. A recommendation should be directed toward the establishment of seminars and workshops to escalate the act quality of nurses against pain evaluation and treatment [15,31,35].

The limitation of the present study includes self-based reports that nurses associated with bias because nurses overreported their information due to socially acceptable answers. Small sample size and clustered in single city are additional confounding factors declining the value of the study and the data collected one time ignoring overtime improvement of nurses' knowledge. The study also ignores the training that could change the information of the nurses.

Conclusion.

The study concluded that there is a statistical relationship between the advancement of experience and academic level, with the development of nurses' knowledge regarding pain assessment and thinking about the important part of the process by measuring patients' vital signs.

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