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## PHYSICAL ACTIVITY IN NURSES AT POŽEGA GENERAL HOSPITAL

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### Abstract

**Introduction:** Physical activity shows many health benefits: reduced risk of cardiovascular disease, control of high blood pressure, reduced risk of obesity, reduced risk of type II diabetes, reduced risk of malignancy, reduced risk of malignancy, strengthening of skeletal muscle.

**Objective:** to examine the range of physical activity among nurses in the workplace and their habits regarding physical activity during their free time.

**Methods:** The study included 107 nurses employed at the Požega General County Hospital. The study was conducted via questionnaire consisting of sociodemographic variables (sex, age, education, marital status, residence) and modified version of Baeck's physical activity questionnaire.

**Results:** It turned out that the majority of participants did not engage in any physical activity (78.52%),  $p = 0.656$ . Gender differences were found in physical activity, showing that respondents were more likely to play sports than respondents ( $P < 0.001$ ). There is a difference with respect to sweating while performing physical activities with respect to the age groups of subjects between 20 and 30 years and the group of subjects more than 50 years ( $p = 0.012$ ) and the group of subjects aged 31 to 40 and the group of subjects in the age group with more than 50 years ( $p = 0.002$ ). Differences were also seen between the groups of subjects aged 41 to 50 and over 50 ( $p = 0.033$ ).

It was statistically confirmed that significantly more respondents with a university degree are involved in sports, unlike those with secondary education, where a significantly smaller number of respondents claimed to be involved in sports ( $p = 0.032$ ).

**Conclusion:** The study showed that physical activity of nurses in general is subpar. Most of the subjects do not engage in any physical activity.

**Key words:** nurse, work, free time, physical activity

## UPRAVLJANJE BOLI KOD BOLESNIKA S KRONIČNIM RANAMA

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### Sažetak

**Uvod:** Bol je čest simptom kod bolesnika s kroničnim ranama, te značajno utječe na kvalitetu života. Kontinuiranom procjenom boli, medicinska sestra će omogućiti pravovremeno terapijsko djelovanje.

**Metode:** Provedeno je presječno istraživanje u OŽB Požega. Sudjelovali su punoljetni bolesnici s ranama koje nisu zacijelile duže od 8 tjedana. Obuhvaćeno je 60 bolesnika. Za procjenu boli je korištena Vizualno analogna skala u tri vremenske točke (kod prijema, pri previjanju rane i u mirovanju). Od statističkih testova korišten je Hi kvadrat test, MANOVA, te Bonferroni post hoc test.

**Rezultati:** Utvrđeno kako postoji značajna statistička razlika u tri vremenska perioda mjerenja boli prema spolu ispitanika na način da su ispitanice značajno više procjenjivale razinu boli od ispitanika ( $p=0,008$ ). Statistička značajna razlika je uočena u tri vremenska perioda mjerenja boli prema vrsti rane ( $p<0,001$ ). Značajna razliku između razine boli kod prijema bolesnika i s ulkusom gdje procjenjuju bol značajno više od ispitanika s dekubitusom ( $p=0,031$ ) i površinskim ranama/kontuzijama ( $p=0,006$ ). Također ispitanici s gangrenom u istom vremenu mjerenja značajno višom procjenjuju bol od ispitanika s dekubitusom ( $p=0,002$ ) i ispitanika s površinskim ranama/kontuzijama ( $p=0,006$ ). Kod razine boli u mirovanju ispitanici s ulkusom značajno višom procjenjuju bol od ispitanika s površinskim

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ranama/kontuzijama ( $p=0,003$ ). Postoji značajna statistička razlika u tri vremenska perioda mjerenja boli prema veličini rane, ( $p=0,025$ ). Ispitanici s ranom manjom od 5x5 cm značajno manjom procjenjuju razinu boli od ispitanika s operativnim rezom ( $p=0,031$ ), ranom veličine 10 x 10, ( $p=0,029$ ) i ranama velikih površina ( $p=0,002$ ).

**Zaključak:** Doživljaj boli ovisi o doživljaju pojedinca i nije objektivno mjerljiv. Postoje velike osobne, kulturne i spolno uvjetovane razlike u izrazu boli. U rješavanju složenog zadatka upravljanja boli potrebno je izabrati model koji je kulturološki prihvatljiv i osjetljiv, kako bi se optimiziralo zadovoljstvo i ishod liječenja bolesnika.

**Ključne riječi:** kronična rana, bol, mjerenje boli

## PAIN MANAGEMENT IN PATIENTS WITH CHRONIC WOUNDS

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### Abstract

**Introduction:** Chronic wounds are considered a major public health problem and increases the suffering of the patient and significantly affects the quality of life. By continuous assessment of pain, the nurse will allow timely therapeutic action either by pharmacological or non-pharmacological methods.

**Methods:** A cross-sectional survey was conducted from April to August 2019 at the General County Hospital Požega. The study involved adult patients with wounds that did not heal for more than 8 weeks. 60 patients were enrolled. A visually analogous three-point time scale (at admission, wound dressing, and at rest) was used for pain assessment. From the statistical tests, the Hi square test MANOVA (Multivariate analysis of variance), and the Bonferroni post hoc test.

**Results:** It was found that there was a significant statistical difference in the three time periods of pain measurement according to the gender of the subjects in such a way that the respondents significantly evaluated the pain level more than the respondents ( $p = 0.008$ ). A statistically significant difference was observed in the three time periods of pain measurement according to the type of wound ( $p < 0.001$ ). A significant difference between pain levels at admission and ulcer where they rate pain significantly higher than subjects with decubitus ( $p = 0.031$ ) and superficial wounds / contusions ( $p = 0.006$ ). Also, subjects with gangrene at the same time of measurement had significantly higher pain scores than subjects with decubitus ( $p = 0.002$ ) and subjects with superficial wounds / contusions ( $p = 0.006$ ). At the level of pain during the dressing, subjects with superficial wounds / contusions had significantly lower pain scores than all other groups of subjects, subjects with ulcer ( $p = 0.009$ ), subjects with decubitus ( $p = 0.022$ ), and subjects with gangrene ( $p = 0.001$ ). At resting pain level, subjects with ulcer had significantly higher pain scores than subjects with superficial wounds / contusions ( $p = 0.003$ ). There was a significant statistical difference in the three time periods of pain measurement according to wound size, ( $p = 0.025$ ). Subjects with a wound less than 5x5 cm significantly less rated pain level than subjects with an operative incision ( $p = 0.031$ ), a size 10 x 10 wound ( $p = 0.029$ ), and large area wounds ( $p = 0.002$ ).

**Conclusion:** The experience of pain depends on the experience of the individual and is not objectively measurable. There are major personal, cultural and gender-related differences in the expression of pain. In dealing with the complex task of pain management, it is necessary to choose a model that is culturally acceptable and sensitive, in order to optimize patient satisfaction and outcome.

**Keywords:** chronic wound, pain, pain measurement