NURSING PRACTICE AND WORK ENVIRONMENT: EVERY SUPERB NURSE CAN SUCCUMB OCCUPATIONAL HAZARD

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ABSTRACT

A Healthy Work Environment is one that is safe, empowering, and satisfying. Parallel to the World Health Organization definition of health, it is not merely the absence of real and perceived threats to health, but a place of "physical, mental, and social well-being," supporting optimal health and safety. A culture of safety is paramount, in which all leaders, managers, health care workers, and ancillary staff have a responsibility as part of the patient centered team to perform with a sense of professionalism, accountability, transparency, involvement, efficiency, and effectiveness. All must be mindful of the health and safety for both the patient and the health care worker in any setting providing health care, providing a sense of safety, respect, and empowerment to and for all persons.

Key words

Work Environment, safety, empowerment, health, threats

Work Environment and safety of Nurses

Work environment which is safe plays a major role in the ability to provide quality care. Nurses are at greater risk for occupational health hazards since they are the inevitable part of the patients health care. Workplace violence is also more common among the nurses working in emergency departments, psychiatric units and with cognitively impaired patients. Nurses have the right to a work environment that supports and facilitates ethical practice. Hence it is an each

individual nurses responsibility to aspire for the safe and sound work environment which is of free from the occupational health hazards.

Types of Hazards



1. Biological

Nurses can be exposed to contagious and infectious diseases including those that can be transmitted through the air (e.g., TB - tuberculosis), blood-borne diseases such as AIDS, hepatitis B and C and hand to hand transmission (e.g., Clostridium difficile). There is also the risk of exposure to multi-drug resistant organisms such as multi-drug resistant tuberculosis (MDR-TB), Methicillin-resistant staphylococcus aureus (MRSA) and others.

2. Chemical

In a hospital environment, nurses may encounter:

- Various chemicals used for general janitorial cleaning as well as for disinfecting and sterilizing.
- Anesthetic gases as well as waste anesthetic gases.

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Drugs or medications.

Latex Allergy: Latex gloves have been used to prevent transmission of many infectious
diseases to healthcare workers. However, latex is hazardous to some healthcare workers,
resulting in a range of health effects from minor dermatitis to asthma, life-threatening
anaphylaxis and respiratory arrest, similar to a bee sting allergic reaction.

3. Ergonomic

There are many situations where physical demands involve force, repetition, awkward postures and prolonged activities. These include:

• Walking or standing for long periods of time.

• Lifting.

• Overexertion (reaching, carrying, etc.).

 Back Injuries: Low back injuries are the leading occupational health problem affecting healthcare workers and are increasing among nurses and nurses' assistants.

4. Physical

Nurses can be exposed to:

Radiation: both x-rays and radiation from radioisotopes.

Lasers.

Others

Psychological

Nurses often experience forms of violence at work, including when working alone and working alone with patients.

Responsibility of care, emergencies, and the need to make certain decisions when others cannot be found can increase the stress experienced by some people. Exposure to serious traumatic events (or consequence of the event) is another cause of stress. As with most emergency services, there will be long periods of quiet or routine interrupted abruptly by periods of intense stress or

activity. However, it is important to note the positive aspects of being a nurse. It is a highly respected profession and valued in the community. Also, there is usually a high sense of team membership. Most nurses work shifts or extended work days which can have health effects.

- Workload Issues: Changes in work organization resulting from restructuring, downsizing, and layoffs within the healthcare industry are resulting in decreased staffing levels, increased workloads and time pressures, and longer hours of work
- Workplace Violence

nurses suffer the largest number and the highest rate of non-fatal workplace violence.

Equipments related

In a hospital, there are many situations where there is equipment in various places, liquid on floors, etc. The main hazards from these situations are slips, trips and falls. There is also a risk of items falling onto the person.

Nurses may also be exposed to burns or scalds from hot sterilizing equipment, and stabs or cuts from sharp objects.

Effects of Occupational Hazards on nurse

- Adverse effects from long-time exposure to chemicals like medications (e.g., antineoplastic drugs), sterilizing agents (e.g., glutaraldehyde), and anesthetic gases.
- Fatigue and lower back pain.
- Diseases such as tuberculosis and hepatitis.
- Infectious skin irritation and dermatoses from frequent use of soaps, detergents and disinfectants.
- Latex allergy.

Preventive Strategies

- Hand washing is extremely important for the reduction of infections. Be sure to use moisturizers to prevent your skin from drying.
- Learn proper techniques to avoid needlestick injuries.
- Always use the correct personal protective equipment (PPE) or other barriers for the task. In some cases, latex gloves will not be appropriate (e.g., cleaning with certain chemicals).

- Wear appropriate footwear (for walking/standing, as well as protection from dropped objects).
- Learn safe patient lifting techniques create a safe patient handling program.
- If a job requires work in an awkward position (e.g., with hands above shoulder level) be sure to take frequent breaks.
- Follow a recommended shift work pattern, and be aware of the hazards associated with shift work.
- Consider offering a debriefing or session after a critical event to help reduce the impact from stress.
- Ask your workplace to establish safe procedures for working alone or develop procedures
 where this situation can be avoided altogether.
- Keep all hallways and passages clear of clutter and equipment.
- Install and maintain adequate ventilation for the area.
- Keep all radiation levels to a minimum and wear a radiation dosimeter, as recommended by the radiation safety officer or regulatory authorities.
- If work is in the nuclear medicine department or involves working with patients being treated or tested by such departments, staff should be given appropriate training to prevent or control exposure to radiation sources.

Safety work practices

Nurses will need to know:

- The risks associated with blood-borne diseases (e.g., AIDS, hepatitis B and C).
- Hand washing.
- Routine practices.
- Proper selection, use, maintenance and storage of PPE, where appropriate.
- Selection of footwear and respiratory protection.
- Prevention of needlestick injuries.
- Manual material handling (lifting) techniques.
- Safe patient handling.
- Information about shiftwork.
- Information about fatigue.

- Violence (general).
- What to do when working alone (general information) and working alone with patients.
- How to work safety with compressed gases.

Conclusion

Nurses are an integral component of the health care delivery system. In discharging their duties, nurses encounter a variety of occupational health problems . No work is completely risk free and all nurses should have some basic knowledge about workforce populations, work and related hazards, and methods to control hazards and improve health.

References

- 1. Bi P, Tully PJ, Boss K, Hiller JE. Sharps injury and body fluid exposure among health care workers in an Australian tertiary hospital. Asia-Pacific Journal of Public Health 2008;20:139-47.
- Charles PG, Angus PW, Sasadeusz JJ, Grayson ML. Management of healthcare workers
 after occupational exposure to hepatitis C virus. Medical Journal of Australia 2003;179:
 153-7.
- 3. Eline M PappInternational Council for Nurses. Occupational Health and safety management Programme for Nurses.1-53
- 4. Fontaine, D. K., & Gerardi, D. (2005). Healthier hospitals? Nursing Management, 36(10), 34-44.
- Ingersoll, G. L., Olsan, T., Drew-Cates, J., DeVinney, B. C., & Davies, J. (2002). Nurses'job satisfaction, organizational commitment, and career intent. Journal of Nursing Administration, 32, 250-263.
- Laschinger Spence, H., Finegan, J., & Shamian, J. (2001). Promoting nurses' health: Effect of empowerment on job strain and work satisfaction. Nursing Economic\$, 19(2), 42 – 52.
- 7. Lindberg Bostrom, E. (2007). Increased job satisfaction after small group reflection on an ntensive care unit. Dimensions of Critical Care Nursing, 26(4), 163-167.
- 8. Sarvimaki, A, & Benko, S. Sandelin. 2001). Values and evaluation in health care. Journal of Staff Nurse Work Settings: Factors That May Influence Nurse Retention Nursing Management, 9(3), 129 137.

- Stone PW, Clarke, S.P., Cimiotti J, Correa-de-Araujo R (2004). "Nurses' working conditions: Implications for infectious disease', Emerging Infectious Diseases, Vol.10, no. 11, pp.1984-1989
- World Health Organization (1999). Occupational Health: Ethically Correct, Economically Sound, Fact Sheet No. 84. Geneva, Switzerland.