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Occupational Health Status of Female Nurses in India: A Situational Analysis

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ABSTRACT

Professional health of nurses directly affects the physical as well as emotional well-being by curbing their efficiency. It's having a direct bearing on overall quality of life. Aim of the paper is to discuss the physical, mental and emotional health of women nurses working in health care industry with special reference to India. The findings extracted from review were analysed thematically. It is basically divided into two segments one is occupational health hazards faced by nurses in general and other one is occupational health status of nurses in India. Nurses are exposed to various health problems and working conditions adversely affect the health of women nurses which also affect their profession and quality of life.

Key Words:-Professional Health, Workplace Injuries, Quality Life, Social Adjustment, Occupational Health of Indian Nurses.

LINTRODUCTION

Occupational health of nurses implies to workforce induced injuries and illness normally caused due to exposure towards patients. Nurses get affected with various diseases and injuries purely from their work environment. Lack of work safety environment physical and psychological stress adversely affect health of women nurses. Excessive work pressure and major time spending for patient cares which are determined at organizational level also affect health of nurses. Health status of nurses also greatly affected due to external factors such as increase use of complex technologies, innovations, and increase in numbers of very sick elderly patients (aging population) make them more vulnerable. So organization related risk arising from external factors produce threat to nurses and affect their health status.

II OBJECTIVE

In this paper attempt has been made to analyse some occupational health problems of nurses in general and health status of Indian nurses in particular.

III METHODOLOGY

This paper is basically descriptive and analytical in nature. A narrative literature review is made. A systematic approach was applied in the search for studies through electronic data base. Along with electronic data base information's are collected from journals, books, newspapers and websites.

IV HEALTH HAZARDS FACED BY NURSING PROFESSIONAL

The very nature of work creates additional risk for nursing professional. Various health problems that the nursing community is exposed to be musculoskeletal injuries, needle stick injury, latex allergy, chemical exposure, and work related stress that leads to poor emotional, psychological condition.

(a) Shift Work and Long Working Hours

Shift work effect the health of women nurses as long hours may reduce the time available for sleep, leads to sleep deprivation or disturbed sleep and incomplete recovery from work. (Spark K, Fried,Y et.al, 1997). Long hours of work in hospital expose them to work place hazards such as chemicals, infectious agents and physical, mental and emotional distress. Long hours of work most often compel them for smoking, alcohol consumption and other type of intoxication.

Due to night shift and rotating duty nurses experience long term insomnia and excessive sleeplessness make them unable to perform their normal shift duty (Drake &Richardson, 2005. Poor day time sleep and sleepless night shift are contributing factors for underperformance of many nurses. Injury risk increased by 18% during the afternoon /evening shift and 34% during night shift compared to morning /day shift. (Folkard, Tucker, 2005).

Nurses work in night shift in rotation. Because of the night shift they take rest at day time which is also interrupted due to various family and household activities. Due to night shift duty they get a little time for family friend. Night shift work posses' severe challenge for women nurses particularly with school going children and creates problem in family social adjustment. (Presser, 2003)

(b) Musculoskeletal Disorder

A number of studies examining the health consequences of long hour's studies have shown that long hours of duty produce silent killer effect damaging women's health with significant increase in adverse physical and psychological outcome. One study has highlighted that if the working hours of

shift duty exceeds more than 50 hours in a week it creates fatal consequences with multiple health problems among women nurses. Hectic work schedule along with increased work pace, physical and psychological demands, have been reported musculoskeletal injuries and disorders (MSD) (Liscomb & Geiger-Brown 2004). MSD also varies from region to region but mostly include pain in the affected body parts for a specific duration and frequency (Bernard, 1997) along with other related symptoms such as numbness and tingling. Findings of a mega study in United States in the year 2001 revealed that nearly 108,000health workers lost their work time due to musculoskeletal injuries and disorders (Bureau of labour statistics, 2002). Studies have focused that majority nurses reported postural problem due to heavy lifting, bending, twisting and other manual handlings (Smedley, 1995). One study revealed, nurses were found to be at particular risk of back injuries during patient transfer, which require sudden movements in non-neutral posture. Patient transfer also require flexion and rotation, increasing the injury risk due to combination of compensation rotation and shear forces(Forde, wegman, 2002). Due to highly demanding physical work, almost all nurses developed neck shoulder and back MSD; one study observed that due to extreme flexion and frequent heavy lifting has direct impacted health of nurses with low back pain.

(c) Needle Stick Injury

Incidence of needle stick injury in nurses is highly risky, exposing them to the serious and sometimes life threatening risk of blood borne infection. According to study about 600,000 to 800,000 needle stick injuries, occur annually; (Henery, combell ,2005) half of which go unreported. Nearly 1000 nurses are contracted with serious infection, such as hepatitis B or C virus or HIV from a needle stick injury. One such study also found that each year nearly 50 to 247 nurses are infected with hepatitis C virus HCV from work related needle stick accidents. (Speko-witz, Eisenbury, 2005)

(d) Exposure to Rubber Latex

Various studies researching on hazardous health effect of rubber latex exposure found that such exposure creates serious health problems for all health workers. One such study has estimated the annual incident rate among all workers is 0.5 to 1.9 cases for 1000 full time worker per year. (Diepgen, 1999). Latex allergy start with contact dermatitis located in glove area and symptoms can be more severe such as asthma, anaphylaxis. Continuous exposure to latex creates inability to work because of severe asthma.

(e) Chemical Occupational Exposure

Health of nurses also greatly affected due to exposure to chemical and other toxic substance. Nurses are prone to hazardous chemical exposure in a number of ways which includes aerosols, gases, and skin contaminants- from medication used in practice. They are also prone to exposure on an acute basis. Various studies have found that substances commonly used in the health care setting can cause asthma and trigger asthma attack. Volatile organic compounds (VOCs) are chemicals that readily evaporate at room temperature, thus allowing the chemicals to be easily inhaled. The artificial spray fragrance used in the hospitals and inside the rooms create critical exposure to health workers in general and nurses in particular.(Buckley white et.al 2002) Studies have focused that most of the liquid used in spray form to keep the patient and other hospital rooms fresh but this have potential toxic that effects human health.(Daughton, 1999). Studies also have unfolded the truth about high toxic effect of strong odours, fumes and perfumes which are potent triggers of asthma.

V OCCUPATIONAL HEALTH STATUS OF FEMALE NURSES IN INDIA

History of nursing in India dates to about 1500 B.C. In the scriptures of Hindu teaching "Susruta" the leading authorities of Ayurveda cover the entire field of medical science, defined the ideal relation of doctor, nurses, patient and medicine as the four pillars upon which a cure must rest.

Nurses form the backbone of any medical services in the health sector. But in our country this section of skilled workers are highly exploited. They lack respect and dignity at workplace and more importantly are paid extremely low wages, less secure job and health vulnerability.

World Health Organization (WHO) in 2007 world health assembly declared a global agenda for health workers health. This recognized the need for member countries to improve occupational health. (Kalpana et.al, 2015). Irrespective of this Occupational health is a neglected health issue among health care worker in general and nurses in particular

Health care workers specifically nurse and other paramedical staffs in India are unaware of the fatal consequences of needle stick injury. Injuries created due to needle stick or other pointed weapon creates measure health problems like HIV, Hepatitis C and Hepatitis B but nurses lack awareness regarding this. (Jayachandran et.al, 2015). Another study revealed, 50% of health care workers who are mostly female had latent tuberculosis infection (LTBI). (Pai M, 2012).

Apart from physical and biological hazards, occupational stress is another major factor that negatively affects mental health of nurses. A study conducted in two tertiary hospitals of Delhi found time pressure as a major contributor to stress. (Bhatia,et.al 2010). Other various stress full sources are handling various issues of life such as work life balance, child/elderly care and personal responsibilities.

Department of humanities and social science, IIT, Mumbai carried out a study in 2004 with an objective to know about individual contribution of stressor on nurse's mental health. From the study it was revealed shift work is significant source of stress. Female health workers suffer with psychosomatic disorders like acidity, back pain, stiffness of shoulder and neck, high blood pressure, ulcers. They feel stressed because of time pressure, over burden of work, shortage of staff, conflicts with patients relatives and overtime.(Kane P. 2009). Many other studies also found result in the same line. Most of female health care workers feel work place stress.

Lack of professional respect and recognition by the management, senior colleagues and doctors is another measure cause of emotional imbalance with nurses. Lack of recognition, dealing with patients suffering from critical illness too creates fatigue among them. (Roy, 2011). Some nurses working in super speciality hospitals of Kerala and fresher to the profession suffer from anxiety and hypertension because they do not get support from their seniors to carry out the assigned responsibility effectively. (Purvi et. al 2012) It is evident from above discussion that nurses in health care sector are prone to occupational hazard. In addition to this lack of awareness to observe simple safety measures, absence of protective device, inadequacy of basic amenities such as ventilation, lighting, seating arrangements, restroom, drinking water facility etc worsens the health concern of nurses. (Potdar; et. al 2016).

VI CONCLUSION

In the above analysis we have presented the threat perception and health hazard of nurses related to their profession. Although the health hazards and risks associated to occupation and workplace are many but effective measures initiated by the organization and govt could prevent and minimize work place related injuries of nurses irrespective of government, private and corporate hospitals. Authority should initiate all possible measures to prevent work places related injuries. However the benefit of improvements to nurses' health is of great importance as it helps retaining working nurses and new entries to the profession. All hospital management should redefine

their working hours that excessively affect health of nurses which in turn also adversely impacts patients care. Hospitals whether government or private are making important financial investment and system level improvements to promote patients safety. However it is equally important for the administration to pay attention towards ensuring a good professional health for working nurses. This will definitely benefit patients, enrich the hospital management and promote a holistic development of health care industry.

REFRENCES

- [1] Bhatia N, Kishore J, and Anand T, "Occupational Stress Amongst Nurses from Two Tertiary Care Hospitals in Delhi", Australasian Medical Journal, 2010, 731-738
- [2] Bernard BP, editor,(1997), "Musculoskeletal disorders (MSDs) and workplace factors- a review of epidemiologic evidence for work related musculoskeletal disorders of the neck, upper extremity and low back." Washington, DC: National Institute for Occupational Safety and Health; U.S. Government Printing Office; Publication No 97-141,
- [3] Daughton,CG; Ternes TA,(1999)
 "Pharmaceuticals and personal care products in
 the environment: agents of subtle change
 "Environmental Health Perspective; 107:907-38
 [PMC free article] [PubMed]
- [4] Daughton,CG; Ternes TA,(1999)
 "Pharmaceuticals and personal care products in
 the environment: agents of subtle change
 "Environmental Health Perspective;107:907-38
 [PMC free article] [PubMed]
- [5] Diepgen TI;Coenraads,PJ;(1999) "The epidemiology of occupational contact dermatitis." Int Arch Occup Environ-Health. 72:496-506 [PubMed.
- [6] Drake CL; Roehrs T, Richardson G, (2005) "Shift work: sleep disorder: prevalence and consequences beyond that of symptomatic day workers." Sleep.; 27:1453-62[PubMed]
- [7] Folkard S, Lombardi DA, Tucker PT.(2005) Shift work: safety, sleepiness and sleep.Ind Health.; 43L20-3.[PubMed]
- [8] Kane P, "Stress causing psychosomatic illness among nurses", Indian Journal of Occupational and Environmental Medicine, vol 13, 2009, 28-32.

- [9] Muralidhar,S; Singh P.K, Jain R.K, Malhotra, M, Bala M(2010) "Needle stick injury among health care workers in a tertiary hospital of india" Indian Journal of Medical Research 13(1) 405-410
- [10] Nicolau, L, Daphne, L, Pai, M et.al (2012) "research questions and priorities for tuberculosis: A survey of published systematic reviews and meta-Analysis. Plos one 7(7):e42479
- [11] Presser, H,B. Working in a 24/7 economy challenges for American families. New York: Russell Sage Foundation; 2003
- [12] Roy T; Chatterjee, C; Iskanius, P "Measuring stress among Nurses", International Journal of Logistic Economic and Globalization, 2011, vol 3, 142-154.