

## Conference Release from the Polish National Conference under the Honorary Patronage of the Minister of Health on “Occupational Safety for Nurses and Midwives”, September 10-11, 2018, Warsaw, Poland

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**A** - Conception and study design; **B** - Collection of data; **C** - Data analysis; **D** - Writing the paper; **E** - Review article; **F** - Approval of the final version of the article; **G** - Other (please specify)

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### ABSTRACT

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The National Council of Nurses and Midwives organized the Polish National Conference under the Honorary Patronage of the Minister of Health on “Occupational Safety for Nurses and Midwives,” held in Warsaw on September 10 – 11, 2018. The main issues that were addressed concerned the following: Mental and health disorders in shift work; Aggression towards nurses and midwives; The effect of shift

work on nurses’ health and functioning; Occupational biological hazards and risk of exposure to biological materials for nurses and midwives; Occupational causes and injuries for nurses and midwives; Occupational ergonomics for nurses and midwives.

**Keywords:** Aggression, occupational safety, bullying, chronic fatigue, mental and health disorders

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Prof. Alicja Bortkiewicz, M.D., Ph.D. and Dr Zbigniew Jozwik, Ph.D. in Natural Sciences, from the Nofer Institute of Occupational Medicine in Lodz, gave a lecture on the "Occupational ergonomics for nurses and midwives" [1], which provided significant information, among others, on load reduction techniques; work environment factors affecting safe performance of patient manual transfer; improvement of physical fitness; passive rest; and patient lifting procedures. Attention was given to adverse aspects of performance of nurses and midwives job duties, during which long-lasting load resulting from twisted or laterally inclined body position should be avoided as it may lead to permanent spinal damage. And lifting is certainly not allowed when a person performing such an activity lack balance.

According to the recommendations of the lecturers, information on how to properly use the musculoskeletal system in nursing practice as well as on prevention and rehabilitation programs for nurses may be found on the website of the Nofer Institute of Occupational Medicine in Lodz: <http://old.imp.lodz.pl/pielgniarki/>.

Prof. Dorota Merez-Kot, Ph.D. from the Nofer Institute of Occupational Medicine in Lodz, Department of Health and Work Psychology, discussed the issues of "Aggression Towards Nurses and Midwives: Causes, Effects and Coping Strategies" [2]. The author confirms a growing tendency of aggression toward nurses and midwives, though said aggression does not always come from patients. She differentiates and characterizes four types of acts of violence, pursuant to the research of the *University of Iowa Injury Prevention Research Center* (2001). In terms of mobbing, she focuses on its characteristic manifestations such as: repeated hostile behavior (e.g., public ridicule; accusations of ineffective work, access to resources and materials, withholding of important information); deliberate work overload; setting impossible deadlines for task completion; imposing additional tasks; interfering with work activities; assigning irrelevant tasks; constant reprimanding; taking back tasks requiring responsibility; physical or social isolation; name-calling; bullying, insulting and belittling; disregarding opinions; persistently interrupting someone speaking; written or verbal threats; spreading gossip; mocking religious and political beliefs; sexual innuendos. The lecturer emphasizes that techniques applied to attempt de-escalation of aggressor's agitation (e.g., that of a patient or a superior) are not always effective. That is when self-defense and coordinated team effort is the key to overpower the aggressor. According to the cited model found by Whittington, a transfer of anxiety and stress levels to medical personnel has been noted, if said personnel experiences verbal

and/or physical aggression from patients. In such situations, the attacked personnel's response may result in avoidance of patients, overly formalized (deprived of empathy) attitude to patients, which in turn often causes reciprocal aggression in patients.

Assistant Dean of the Medical University of Gdansk Department of Health Sciences, Prof. Aleksandra Gaworska-Krzeminska, M.D., Ph.D., brought up the subject of „The effect of shift work on nurses' health and functioning in Poland as compared to research in other countries.”

The main hazardous and harmful factors for the health of nurses have been divided into the following three categories: material working environment conditions (physical: electromagnetic field, noise, radiation, microclimate; chemical: e.g., toxic for reproduction; biological: bacteria, viruses), psychophysical and psychosocial factors (physical workload: static and dynamic, physical aggression; psychosocial load: verbal aggression, monotony; shift work), danger factors (technical factors: slippery surfaces, faulty internal transportation system; organizational factors: work rhythm, work hours, number and duration of activities; work pace). The Appendix was discussed to Instruction No. 5/87 of the Ministry of Health and Welfare dated August 11, 1987 of on the contraindication to shift work for staff with: ischemic heart disease, insulin-resistant diabetes mellitus, peptic ulcer disease (and bile duct diseases requiring regulated lifestyle), hypertension, and neuroses with poor shift work tolerance.

Attention was brought to jet lag and shift/night work intolerance syndrome. Chronic fatigue and untreated symptoms of burnout or depression in nurses working only night shifts contribute to the risk of social isolation and hostile attitudes towards colleagues and patients. Night shifts are subject to a greater error frequency than during daytime duties. International Agency for Research on Cancer IARC 2013, considered shift work as likely carcinogenic [3].

Aneta Trzcinska, M.A. in Nursing, argued in the study on „Mental and health disorders in shift work” [4], based on research conducted in a group of 1600 nurses (650 working single-shift, 950 working shifts/nights), that 92% of respondents in the shift work group are subject to the negative effects of this type of work. Night work results in impaired melatonin secretion (increasing as a result the risk of developing type 2 diabetes mellitus), leptin secretion (responsible for increased risk of ovulation disorders) and ghrelin secretion. People working night shifts are in risk of developing coronary heart disease, hypertension, headaches, hypersensitivity, impaired vision and speech, depression, and reduced resistance to infection. Detailed results of studies on the adverse

impact of shift work on mental and health disorders are interesting: 65.8% - sleep disorders; 42.5 % - intestinal motility disorders; 40 % - excess weight (MBI 25-30); 32.5 % - hypothyroidism; 30.8% - menstrual cycle changes; 30% - feeling of being overworked; 22.5 % - peptic ulcer disease; 21.6% - hormone-induced hypertension; 15% - depression; 13.4% - obesity (BMI >30); 9.6% - *hyperthyroidism*; 6.7% - problems getting pregnant; 5.9 % - diabetes; 5% - neurosis. The author finds that nurses working night shifts experience not only the effects of hormone secretion disorders, causing the onset of diseases which poses a threat to their lives as well as physical and mental health, but also there is a higher rate of divorce and medication abuse in this population.

Regarding responsibility for adverse and medical events, Jacek Chojnicki, counsellor at law [5] confirmed that such responsibility is being investigated in the proceedings before the Province Medical Event Adjudication Board, pursuant to the provision of the Act on Patient's Rights and Patient's Rights Ombudsman dated November 6, 2008. The speaker characterized the model for out-of-court proceedings for adverse medical events, proceedings to assess medical events, the Board's ruling and enforcement procedure, the petition for re-examination, as well as the legal consequences of a final judgment on a medical event from the point of view of hospital staff member liability.



Photo 1. Dr Izabela Witczak

The subject of „Adverse events in nursing” was discussed by Dr Izabela Witczak, Ph.D. in Economics, from the Wrocław Medical University Faculty of Health Sciences, Department of Public Health, Division of Economics and Quality in Health Care. The lecturer provided arguments supporting the fact that for pharmacologically treated patients, there is a risk of incorrect administration of the drug in terms of improper dose, and/or administration of a pharmacological agent to the wrong patient. The thesis was based on the 2017 survey conducted in a

group of 305 nurses working in hospitals and in primary health care in Poland. The following risk factors were found in the process of incorrect administration: incorrect doctor-nurse communication in terms of changes in medication orders, the impact of time pressure on duty nurses, the risk of potential error in pharmacotherapy in relation to the ways of preparing medications for patients combined with simultaneous performance of other activities resulting from the adopted organization of work [6].



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