

Hospital and Nursing Staff Occupational Health Issues

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ABOUT THE STUDY

Health workers, particularly nurses and nursing technicians, are increasingly recognized as being exposed to a number of health risks. Several studies have suggested the necessity to identify the elements that cause dangers in a vital location such as an ICU, as well as measures to minimize them, in order to protect the health of these personnel. Depending on the task difficulty, nurses and nursing technologists show signs of strain in a variety of ways. Physical and mental exhaustion is undoubtedly one of the most common stresses.

In most ICUs, the nursing staffs are made up of two technically distinct occupations: Nurses and nursing technicians. Nurses are largely responsible for managing the environment, directing the activities of the nursing team, and delivering care, particularly in more complex treatments. Nursing technicians are in charge of direct patient care chores such as hygiene, medicine administration, bandage placement and removal, and so on.

According to certain research, indicators of extreme mental exhaustion are slightly more common among nurses in higher-ranking roles than nursing technicians, probably due to the demands connected with the position occupied in the labour process. According to other studies, nursing technicians are more likely to be subjected to excessive physical workloads as a result of the physical care that patients demand.

Nurses and nursing technicians, notwithstanding their technical and hierarchical differences, are subjected to extreme weariness due to their vital duties in crucial patient care. Rapid decision-making and a strong sense of responsibility in determining priority actions; the resolution of complex problems; continuous reorganization of activities as a result of frequent interruptions; management of large volumes of variable data due to simultaneous treatments; and a wide range of interventions required by critical clinical conditions are just a few examples.

As a result, the job of an ICU nursing team may be marked by uncertainty, fluctuating situations, and the need for quick response, necessitating high levels of knowledge, ability, and competence, as well as psychomotor, affective, and cognitive control—all of which can lead to weariness.

Furthermore, the ICU nursing team is practically always confronted with human pain and death, and as a result, they must cope with ambiguous feelings, not only in regard to patients but also in regard to family members. This necessitates workers maintaining their composure and employing techniques to deal with the psychological burdens imposed by their working conditions in order to alleviate tensions that may have a cumulative effect on their health, potentially resulting in infections.

Despite the critical nature of the work performed by nurses and nursing technicians in critical environments, there are a number of social and historical factors at play, such as a lack of social recognition, as evidenced by the undervalued and invisible nature of this position in comparison to other healthcare professionals, including those seeking assistance.

Studies have shown that providing direct care to people who are physically ill or disabled, combined with precarious working conditions such as long work schedules, low pay, the need to work two jobs, and the completion of unpleasant tasks, has a negative impact on mental health, contributing to job accidents and even a reduction in life expectancy.

Given the foregoing, and based on the psychodynamics labour theory, it is assumed in this study that working in ICUs creates various sorts of weariness, which can lead to dissatisfaction (suffering), exploitation, disease, and even death. As a result, determining the elements that contribute to weariness is critical in order to suggest the necessary changes to alleviate the consequences of work processes in an organization.

Despite the potential health risks posed by the organizational context, positive aspects of the occupation are being rediscovered as a means of avoiding and overcoming the negative aspects, recognition to a line of reasoning that emphasizes the role of positive subjective experiences in improving nursing staff's lives and avoiding pathologies. Positive work experiences contribute to the enrichment of human identities and the maximization of individual potential.

The dynamic and complicated nature of caring for critical patients, which entails interaction between subjects—the care giver and the care receiver—requires decision-making, arbitration, and prioritization of activities and objectives from this perspective.

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Workers' decision-making is guided by such contact, which allows them to deal with the fragmentation of the work process to some extent. Workers assume responsibility for their work's management by constantly negotiating between established conventions, protocols, and processes, as well as the unexpected demands of daily care. The discovery of new possibilities

would thus make workers' jobs more enjoyable and result in better patient care.

CONFLICT OF INTEREST

Author has disclosed that he has no conflict of interest.