



## Auditing on Musculoskeletal Disorders in Nurses

Annesha Pradhan\*

Department of General Surgery, RG Kar Medical College and Hospital, Kolkata, West Bengal, India

### DESCRIPTION

Musculoskeletal Disorder (MSD) is a condition in which constant physical strain and trauma cause damage to bodily tissues. Because of different inflammatory symptoms that affect muscles, tendons, ligaments, joints, blood vessels, and peripheral nerves, this damage causes pain and suffering. MSDs are becoming more common among critical care nurses, which have a substantial impact on their health. Long-term exposure to a certain activity at work, according to Bernal et al., produces discomfort in muscles, bones, tendons, blood vessels, and nerves, eventually leading to MSDs [1].

Nursing is one of the most physically demanding professions, with an elevated risk of work-related Musculoskeletal Disorders (MSDs). MSDs are considered to be more common among nurses than other system illnesses [2]. According to current figures, the prevalence of MSDs is increasing in both developing and developed countries. Nurses working in critical care units put forth a lot of physical effort to meet patient demands, which makes them more susceptible to MSDs than nurses in other clinical settings. According to a recent study, nurses working in the Intensive Care Unit have a higher risk of having lower back pain (81.3%), knee pain (77.3%), shoulder discomfort (78.9%), and neck pain (80.5%) and elbow pain (10.6%).

Work activities are one of the key risk factors for the development of musculoskeletal problems. MSDs and occupational disorders are caused by work activities that generate excessive weariness in the lower and upper extremities, lower back, and neck. A study revealed that MSDs occur as a result of the repeated repetition of inappropriate postures and motions at work. Another recent study confirmed that force of movement, monotonous activities, lack of work management, and poor communication skills all increase the likelihood of acquiring MSDs. Furthermore, job conditions such as speed of work, weight of handling object, and working station arrangement all have an impact on MSD development [3]. The development of musculoskeletal discomfort, and their findings revealed that using vibrating equipment, adopting a consistent static posture, and using psychomotor abilities all raise the risk of MSDs. As a result, it may be concluded that physical variables, as well as the workplace, are linked to the development of MSDs.

MSDs are more common in critical care nurses than in nonspecialized nurses. Scrub nurses are especially vulnerable to MSDs because they are actively involved in creating and maintaining the surgical area as well as passing medical equipment to surgeons. Unusual motions, uncomfortable and static postures, continuous repetitive actions over long periods of time, and raising and holding up massive surgical tools when assisting the surgeon and caring for the patient are all idiosyncrasies of their work assignments. If working full-time as a critical care nurse, critical care nurses are at an even higher risk of developing MSDs.

Nurses in critical care units must exert a great deal of effort and skill in order to meet their patients' needs, and as a result, their risk of developing MSDs rises. It is common knowledge that maintaining a body position for an extended period of time can cause discomfort and weariness [4]. Similarly, nurses in critical care units maintain a fixed posture with their neck and shoulders, which leads to the development of MSDs characterized by injuries and pain. MSDs have been recorded more frequently in nurses working in critical care units than in nurses working in clinical care units over the previous two decades. The emergence of MSDs in critical care nurses is a big setback for them, as not only are their treatment choices costly, but they also diminishing the quality of patient care. It is necessary to raise awareness among critical care nurses about the proper handling and transfer of patients/objects through the development of coping mechanisms, educational programmers, and the implementation of unique policies and procedures.

Occupational therapy's function includes task adaptation and adjustments, injury prevention through employee and management education, and ergonomic examinations. A critical care nurse would take on the role of a nurse with MSDs and analyses the elements that contribute to the injury throughout the workplace. The following movements included in an ergonomic assessment by an occupational therapist to analyses the physical stress it produces and to mitigate unfavorable postures or repetitive muscle use.

### CONCLUSION

In terms of clinical practice, the study recommends that the critical care unit be staffed with an adequate number of nurses

**Correspondence to:** Annesha Pradhan, Department of General Surgery, RG Kar Medical College and Hospital, Kolkata, West Bengal, India, E-mail: iamannesha20@gmail.com

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to reduce work strain on individual nurses and prevent MSDs. Body mechanics can be improved by making changes to the task. Occupational therapists would also help to modify the engineering controls of any work-related transportation requirements. Furthermore, to avoid the development of MSD, an adequate number of nurses should be hired in critical care settings. Future research should concentrate on the factors that cause MSDs, such as stress, resilience, work environment, exhaustion, and sleep deprivation.

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