

ALTERNATING SHIFT WORK – INTERVENTION PLAN – PREVENTION

NICULINA CRĂCIUN¹, DORIN IOSIF BARDAC²

¹PhD candidate “Lucian Blaga” University of Sibiu, ²“Lucian Blaga” University of Sibiu

Keywords: *alternating shift work, risk assessment, health and safety health-medical staff*

Abstract: *In alternating shift work, a way of organizing the professional work, there occur both medical problems (being involved the existing risk factors at work) and social, family problems, which accentuated the physical strain, all being exacerbated or dimmed by the adaptation capacity of the worker. Working in alternating shifts is governed by the provisions of art. 136 of the Romanian Labour Code. The health and safety of the medical personnel and environmental should represent the target objectives of the medical activity through the increase of the quality of care and ensuring patient satisfaction. Issues of safety and health at work in the hospital must be regarded as consistent with the economic possibilities and existing priorities.*

Cuvinte cheie: *munca în schimburi alternante, evaluarea riscurilor, sănătatea și securitatea personalului medico-sanitar*

Rezumat: *În munca în schimburi alternante, această modalitate de organizare în timp a activității profesionale, apar atât probleme medicale (implicați fiind factorii de risc existenți la locul de muncă) cât și problemele sociale, familiale care pot accentua tensiunea psihică, toate fiind exacerbate sau estompate de capacitatea de adaptare a lucrătorului. Munca în schimburi alternante este reglementată prin prevederile art. 136 din Codul Muncii. Sănătatea și securitatea personalului medico-sanitar, precum și protecția pacienților și a mediului înconjurător trebuie să reprezinte obiectivele țintă ale activității medicale prin creșterea calității actului medical și asigurarea satisfacției pacienților. Problemele de securitate și sănătate în muncă în spital trebuie să fie privite în concordanță cu posibilitățile economice și prioritățile existente.*

In alternating shift work, this way of organizing the work of professional time, appear both medical problems (being involved existing risk factors at work) and social and family problems, which accentuate the tension, all being exacerbated or dimmed by the resilience of the worker. Working in alternating shifts is governed by the provisions of art. 136 of the labour code.(1)

This article aims to present a contingency – prevention plan, which aims to improve working conditions in institutions providing medical care. To improve these conditions there are required several steps:

- assessment of risks in workplaces surveyed;
- analysis of the proposal and the measures to be carried out in accordance with a list containing: costs, priorities, intervention chronology;(2)
- implementation of measures for the improvement of working conditions;
- preparation of a sectoral report on a quarterly basis;
- the annual activity report.

Research and monitoring of occupational accidents, occupational diseases and diseases related to the County Hospital of Târgoviște is carried out by the Committee of safety and health at work. Within the institution, however, is not a scientific, consistent monitoring, since the Commission on safety and health at work does not have a doctor of occupational medicine in the composition, because of the scarcity of doctors with this specialty. The Dâmbovița County has only five doctors of occupational medicine. It is known and legally required that the Declaration of the occupational diseases related to the

profession can be made only by the occupational health doctor in ASP, after prior research in the field.(3) Modern management of a hospital should be regarded in a systemic perspective, integrating with the finality for both increased efficiency and competitiveness in general, as well as ensuring the integrity of anatomical and psychological morphofunctional of the employees, environmental protection, increasing the quality of life.(4) The health and safety of the medical personnel and health protection of patients and the environment to be charged as an end in itself, the medical activity objective being higher quality care and patient satisfaction.

For the implementation of the quality system of the medical act is necessary:

- increased medical services standards;
- increase the quality of the management act;
- adapting to the demands of hospital activity to market requirements;
- optimisation of human resources;
- provision for own resources;
- development of the quality management system of medical services;
- defining a strategy of informational system;
- strict records of costs;
- quarterly financial and economic control;
- efficient communication with other factors of medical community;
- analysis of the possibilities of bringing in outside funds;(2)

¹Corresponding author: Crăciun Niculina, Str. Mihai Popescu, Bl. 33, Sc. B, Ap. 13, Târgoviște, Jud. Dâmbovița, România, E-mail: craciun_veronica@yahoo.com, Tel: +40744 345667

Article received on 26.04.2013 and accepted for publication on 20.05.2013
ACTA MEDICA TRANSILVANICA June 2013;2(2):220-221

- implementation of a viable system to increase the quality of the medical act;
- implementation of ergonomic measures;
- training of personnel for the requirements of the job for which he was employed;
- measures to protect the environment;
- exclusionary measures (where possible) or to reduce the professional risk factors on the body;(5)
- for prevention of accidents at work and the dangers of infection it is necessary that workplace health and safety regulations to be strictly complied with, including those relating to personal hygiene.(6)

In order to achieve these objectives a plan for organizational performance and leadership in the field of health and safety at work is required, as an important objective of the management of hospital policy. Implementation of the quality system of the medical act is a necessary requirement to the County Hospital of Târgoviște as well as continuous training of staff, regular themed training and regular checking of the knowledge of health personnel.(7)

General morbidity and professional prophylaxis of workers in the health sector can be achieved by the creation of optimal conditions for labour protection:

- exclusion or reduction of the harmful factors of the working environment;
- establishment of rational organization of work and rest regime in relation to the specific professional group;
- implementation of ergonomic measures (creation of comfortable working conditions – ergonomic furniture to avoid air currents, adequate lighting, etc.(8)
- organizing active / passive breaks during the shift, rational and timely nutrition, avoiding excesses and stimulants, psychological and emotional relaxation;(9)
- effective measures for early detection and treatment of chronic diseases;
- applying strictly the rules for safety and health at work, including those relating to personal hygiene.(10)

Conclusions:

County Hospital Management should be approached Târgoviște in a systemic perspective, integrative, having as purpose to both increased efficiency and competitiveness, and ensuring the integrity of the morpho-anatomical and mental health of employees, environmental protection, increasing the quality of life. Health and safety of the medical personnel and patient protection and environmental objectives should be the target objectives of medical activity through increasing the quality of care and ensuring patient satisfaction. Issues of safety and health at work in the hospital must be regarded as consistent with the economic possibilities and existing priorities. Ignorance of the risk factors of occupational pathology medical and health personnel in the hospital sector is due, to a large extent, the lack of adequate structures for monitoring of risk factors and health status of staff. County Hospital is an old hospital that presents a multitude of structural and functional deficiencies, generating professional risk factors.

The risk factors most commonly in this hospital are represented by:

- neuropsychological overload (stress);
- biological factors;
- physico-chemical factors etc.

The greatest health risk has been registered to:

- emergency units;

- Intensive Care;
- sections that require night shifts.

To improve working conditions in an environment such as a hospital, there are required: good knowledge of the priority categories, an effective form of work organization, identifying and evaluating risks and especially new risks. It is known that hospital workers are exposed to various harmful factors combined in the same job (psychological strain, physical strain, chemical agents, biological agents, etc.).(11)

Shift work alternating night guards can cause a range of health problems and increase the stress in the workplace. The main risk factors are:

- high degree of unnecessary psychological strain;
- static muscle exertion;(8)
- visual, auditory, sensory stress;
- biological, chemical agents, physical;
- work and rest regimen inadequate;
- shift work;
- lack of opportunities for recovery after the working process;
- stress or aggressions caused by violent patients or their attendants;
- deficient interpersonal relations;
- vicious postures.

Monitoring these risk factors from the hospital environment is necessary for the establishment of standards and norms.

REFERENCES

1. Codul Muncii.
2. Dăscălescu A. Efecte economice ale accidentelor de muncă, Bucuresti, Ed. INID; 1991.
3. Pauncu AE. Bolile profesionale la personalul medical' Revista Romană de Medicina Muncii. 2000;50(1-2).
4. Directiva-cadru 89/391/CEE privind introducerea de măsuri pentru încurajarea îmbunătățirilor în domeniul sănătății și securității în muncă.
5. Bardac DI. Elemente de medicina muncii și boli profesionale, Sibiu, Ed. Eranoss; 2005.
6. Todea A. Morbiditatea profesională în România față în față cu cea europeană, Bucuresti, Ed. Fundatiei România de mâine; 2006.
7. Todea A. Boli profesionale în actualitate, București, Ed Viața Medicală Românească; 2000.
8. Pauncu EA. Aspecte de suprasolicitare musculoscheletală la personalul medico-sanitar, Revista Română de medicina muncii, Timișoara, Ed. Orizonturi universitare. 2000;50(1-2):15-21.
9. Niculescu T. Manual de patologie profesională, București, Ed. Medicală; 1995;1.
10. Toma I. Medicina muncii, Craiova, Ed. MEDMUN; 1992.
11. Cocîrlă A. Manual de medicina muncii, București; 2003.