



## THE SELECTED ABSTRACTS

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**EPICOH 2.0.13: IMPROVING THE IMPACT**

**438 Indicators to surveillance the health of nursing staff**

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**Session Date:** 20/06/2013

**Presentation Time:** 13:30 - 15:00

**Abstract**

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**Objective:**

Nursing morbidity profile has changed according to the working conditions. The profile that was composed of needlestick injuries and infectious diseases a few decades ago has nowadays become prevalent for musculoskeletal disorders. Knowing the health indicators of these workers is an essential tool to implement strategies to promote their health and monitor them. The aim of this study was to analyze health indicators related to nursing work, according to the institutional determinants and health problems.

**Methods**

The study is characterized as epidemiological descriptive, cross-sectional and retrospective, and it was conducted in seven university hospitals in Brazil, in a universe of 44. From 2008 to 2009, information about the health problems of nursing staff-related work was sent by hospitals to researchers. The "System for Monitoring the Health of Nursing Workers (SIMOSTE)", that is an online system to capture data was used. For data analysis descriptive statistics was used. After the data analysis the System allows to verify the 13 proposed indicators.

**Results**

The indicators highlight regional disparities of the country. The indicators related to the work dynamics show, on average, that nursing staff represent 38.4% of the health team of the hospitals, nurses represent 21.8% of nursing team, and the ratio of 2.4 nursing staff per bed was found. Considering the indicators related to exposure to workloads and strain processes, the most often are the physiological workloads (RR = 43.8), biological (RR = 29.5) and psychic (RR = 26.5); the health problems reported were musculoskeletal disorders (21.5%), trauma, and external causes (13%), mental and behavioral disorders (8.3%). The indicator that relates the consequences show that in one year were registered more than 8,000 days lost at work.

**Conclusion**

In synthesis, these indicators will allow the accompanying of effectiveness of the preventive measures adopted by the hospitals and the improvement of working conditions.

**478 Workplace Occupational Health Information**

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**Session Date:** 20/06/2013

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**Abstract**

**Objectives**

An information system on occupational hazards, injuries and near misses as well as disease and associated risk factors and prevention measures needed and/or implemented is essential for any large employer to effectively manage and mitigate injuries and diseases in work place. The information provided by a system is only as good as the information entered to the system thus staff attitude towards the system and surveillance is important to ascertain for the program to work effectively

**Method**

A 15% stratified random sample of employees was selected to participate in the baseline online survey. The questions covered incidents, workplace hazards and employee health. The employees were contacted via email with regular reminders to participate.

**Results**

There were 314 participants giving a 32% response rate. 23% of employees did not know or were unsure how to contact their safety health and environment officer. In the past 5 years 9% of staff have suffered needlesticks and the majority (65%) reported the incident to both their supervisor and their health and safety representative. A few reported to a colleague or first aid provider and only 1 did not report. With other occupational injuries and diseases the patterns were the same. 60% of staff have received all three doses of the Hepatitis B vaccine and 26% received flu vaccines.

**Conclusions**

The response rate was what was expected for this population and the majority indicated that they report all incidents which suggests that an online information system will be used and provide a valuable resource. With 40% of staff not complete with their Hepatitis B vaccines an information system will allow nurses to track these employees more effectively.