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Nurses: Health and the imperative of occupational care

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EDITORIAL ARTICLE

NURSES: HEALTH AND THE IMPERATIVE OF OCCUPATIONAL CARE

The increased demands of everyday life, both personally and professionally, can create stressful environments that may be harmful to mental and physical health. Work-related stress is a prevalent phenomenon that may escalate into severe manifestations, such as exhaustion and burnout. Its intensity is shaped by various factors, including the individual's personal choices, level of education, and lifestyle habits.¹ Promoting a healthy lifestyle—characterized by adequate nutrition, regular physical activity, balanced interpersonal relationships, spiritual fulfillment, proactive health maintenance, and effective stress management—constitutes a crucial protective factor against these adverse outcomes.²

Healthcare personnel have attracted considerable interest from researchers regarding their level of bio-psycho-social well-being, as their health status and potential burnout affect the level of care provided and patient satisfaction. Studies have argued that nurses are indeed willing to maintain a healthy lifestyle with physical activity, alcohol restriction, and regular health checks.³ However, the opposite view has also been put forward, namely that healthcare personnel, showing excessive confidence in their knowledge, underestimate their own problems, or that in their efforts to cope with stress and night shifts, they engage in unhealthy habits with harmful effects.⁴

The nature of nursing work is widely recognized as stressful for both mental and physical health. The profession is associated with elevated stress levels, particularly in departments such as intensive care units and emergency rooms, where time pressures, specialized knowledge, clinical expertise, and the capacity for rapid and critical decision-making are essential. Furthermore, providing care to patients who are approaching the end of life or are in the process of dying imposes significant emotional strain on nurses.⁵ Another considerable physical strain for nurses is prolonged standing and the manual handling of critically ill patients. These demands are further intensified in environments characterized by exposure to biological and chemical hazards, persistent staff shortages, frequent shift rotations with multiple night duties, workplace friction and conflict, ineffective management practices, inadequate remuneration, and limited social recognition of the profession's contribution.^{6,7}

As a result, research has shown that nurses not only have many types of health problems but are also characterized by a "specific health profile". A review of the relevant literature shows that musculoskeletal disorders and general discomfort are the most common health problems reported by nursing staff; low back pain and sciatica appear to constitute an occupational hazard for this group of workers, with the incidence increasing with the number of years of service. When nurses experience musculoskeletal pain, which also limits their personal lives, they begin to feel aversion to the profession and their willingness to provide care to patients decreases due to fear of further burdening their health. Sick leave and lost working hours constitute the economic impact of the problem.⁸

Shift work has been implicated in mood disorders, sleep disturbances, and weight gain. It also has a negative effect on the desire for physical exercise, which could be beneficial in maintaining the physical condition of shift workers.⁹

The mental strain and stress of working in a hospital setting has raised the interest of many researchers in relation to the

incidence of hypertension among nursing staff. However, the results of these studies are contradictory. Studies in the US and Canada show an increased incidence of hypertension among nurses or categories thereof, while no such trend was observed in Mexico. Monakali et al., (2018) in a study in South Africa, reported a 52% incidence of hypertension among general nursing staff.¹⁰ This percentage is higher than that found in studies in North Africa, Brazil, and Nigeria, but also from the incidence of hypertension in the general population of the same region where the studies were taken. Something similar has been observed in Sao Paulo, while in the province of Hubei in China, in a sample of 92,815 nurses, the incidence of hypertension was slightly higher than in the general population.¹¹

A study by Pappas et al. (2005) concerning a nursing population in the Ionian Islands region of Greece, in which participants rated their own level of health, in a sample of 353 nurses, 10.2% reported excellent health, 31.4% good health, 38.5% fair health, 18.1% poor health, and 1.7% very poor health.¹² Nurses who reported poor health typically had 11–20 years of professional service, family responsibilities, and shift work obligations. By contrast, those who described their health as excellent were significantly more likely to engage in physical activity during their leisure time. Notably, half of the nurses were smokers—a prevalence exceeding that of the general population—while more than one-third were classified as overweight.

Although nurses worldwide are committed to safeguarding the health of others, their own well-being is frequently neglected. Job-related stressors adversely affect nurses' health, which in turn influences their professional performance, including a heightened risk of medication errors and compromised patient safety. Beyond the individual level, these effects extend to the broader healthcare system by contributing to increased staff turnover and elevating the financial burden associated with recruitment and training of new personnel.

Although nurses are often accustomed to disregarding their own needs and fears to care for others and routinely undertake demanding tasks, insufficient support for their physical, emotional, and mental well-being inevitably constrains their capacity to provide effective care. Therefore, safeguarding nurses' health and well-being is essential not only for enhancing their own quality of life but also for ensuring the quality of care delivered to patients.

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