Current Awareness Bulletin - Occupational Health
May and June 2015

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**Policy and Guidance**

National Institute for Health and Care Excellence (NICE)

*Physical activity: encouraging activity in all people in contact with the NHS*
NICE quality standard [QS84] Published date: March 2015

*Smoking: reducing tobacco use*
NICE quality standard [QS82] Published date: March 2015

*Alcohol: preventing harmful alcohol use in the community*
NICE quality standard [QS83] Published date: March 2015

*Maintaining a healthy weight and preventing excess weight gain among adults and children*
NICE guidelines [NG7] Published date: March 2015

*Violence and aggression: short-term management in mental health, health and community settings*
NICE guidelines [NG10] Published date: May 2015

*Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges*
NICE guidelines [NG11] Published date: May 2015

**Cochrane New and Updated Systematic Reviews**

**New Reviews – May 2015**

*Interventions for improving employment outcomes for workers with HIV*

**Updated Reviews – May 2015**

*Incentives for smoking cessation*

**New Reviews – April 2015**

*Organisational interventions for improving wellbeing and reducing work-related stress in teachers*

*Reiki for depression and anxiety*
Preventing occupational stress in healthcare workers

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36. Upwards bullying

1. Title: A cross-sectional study of shift work, sleep quality and cardiometabolic risk in female hospital employees
   Citation: BMJ Open, March 2015, vol./is. 5/3, 2044-6055 (10 Mar 2015)
   Author(s): Lajoie P., Aronson K.J., Day A., Tranmer J.
   Language: English
   Abstract: Objectives: Investigating the potential pathways linking shift work and cardiovascular diseases (CVD), this study aimed to identify whether sleep disturbances mediate the relationship between shift work and the metabolic syndrome, a cluster of CVD risk factors. Design: Cross-sectional study. Setting: A tertiary-level, acute care teaching hospital in Southeastern Ontario, Canada. Participants: Female hospital employees working a shift schedule of two 12 h days, two 12 h nights, followed by 5 days off (n=121) were compared with female day-only workers (n=150). Primary and secondary outcome measures: Each of the seven components of the Pittsburgh Sleep Quality Index (PSQI) was measured. Of these, PSQI global score, sleep latency and sleep efficiency were examined as potential mediators in the relationship between shift work and the metabolic syndrome. Results: Shift work status was associated with poor (>5) PSQI global score (OR=2.10, 95% CI 1.20 to 3.65), poor (>2) sleep latency (OR=2.18, 95% CI 1.23 to 3.87) and poor (>2) sleep efficiency (OR=2.11, 95% CI 1.16 to 3.84). Although shift work was associated with the metabolic syndrome (OR=2.29, 95% CI 1.12 to 4.70), the measured components of sleep quality did not mediate the relationship between shift work and the metabolic syndrome. Conclusions: Women working in a rapid forward rotating shift pattern have poorer sleep quality according to self-reported indicators of the validated PSQI and they have a higher prevalence of the metabolic syndrome compared with women who work during the day only. However, sleep quality did not mediate the relationship between shift work and the metabolic syndrome, suggesting that there are other psychophysiological pathways linking shift work to increased risk for CVD.
   Publication type: Journal: Article
   Source: EMBASE
   Full text: Available Highwire Press at BMJ Open

2. Title: A Small Randomized Pilot Study of a Workplace Mindfulness-Based Intervention for Surgical Intensive Care Unit Personnel: Effects on Salivary α-Amylase Levels.
   Citation: Journal of Occupational & Environmental Medicine, 01 April 2015, vol./is. 57/4(393-399), 10762752
   Author(s): Duchemin, Anne-Marie, Steinberg, Beth A., Marks, Donald R., Vanover, Kristin, Klatt, Maryanna
   Language: English
   Abstract: Objective: To determine whether a workplace stress-reduction intervention decreases reactivity to stress among personnel exposed to a highly stressful occupational environment. Methods: Personnel from a surgical intensive care unit were randomized to a stress-reduction intervention or a waitlist control group. The 8-week group mindfulness-based intervention included mindfulness, gentle yoga, and music. Psychological and biological markers of stress were measured 1 week before and 1 week after the intervention. Results: Levels of salivary α-amylase, an index of sympathetic activation, were significantly decreased between the first and second assessments in the intervention group with no changes in the control group. There was a positive correlation between salivary α-amylase levels and burnout scores. Conclusions: These data suggest that this type of intervention could decrease not only reactivity to stress but also the risk of burnout.
   Publication type: journal article
   Source: CINAHL

3. Title: An On-the-Job Mindfulness-based Intervention For Pediatric ICU Nurses: A Pilot
   Citation: Journal of Pediatric Nursing, Mar 2015, vol. 30, no. 2, p. 402-409, 0882-5963 (Mar-Apr 2015)
   Author(s): Gauthier, Tina, Meyer, Rika M L, Greffe, Dagmar, Gold, Jeffrey I
   Abstract: The feasibility of a 5-minute mindfulness meditation for PICU nurses before each work-shift to investigate change in nursing stress, burnout, self-compassion, mindfulness, and job satisfaction was explored. Thirty-eight nurses completed measures (Nursing Stress Scale, Maslach Burnout Inventory, Mindfulness Attention Awareness
Scale and Self-Compassion Scale) at baseline, post-intervention and 1 month after. The intervention was found to be feasible for nurses on the PICU. A repeated measures ANOVA revealed significant decreases in stress from baseline to post intervention and maintained 1 month following the intervention. Findings may inform future interventions that support on-the-job self-care and stress-reduction within a critical care setting. [PUBLICATION] 23 references

**Source:** BNI

4. **Title:** Avoiding injury the Wanless way  
**Citation:** Nursing Standard, May 2015, vol. 29, no. 37, p. 64-65, 0029-6570 (May 13, 2015)  
**Author(s):** Duffin, Christian  
**Abstract:** Good posture control could help save the NHS millions of pounds a year. [PUBLICATION] 2 references

**Source:** BNI

5. **Title:** Bloodborne viruses and workplace injury risk  
**Citation:** Nursing Times, Feb 2015, vol. 111, no. 8, p. 12-14, 0954-7762 (February 18, 2015)  
**Author(s):** Owusu, Melvina Woode, Wellington, Edgar, Canvin, Malcolm, Rice, Brian, Gilbart, Vicky, Ncube, Fortune  
**Abstract:** Staff working in healthcare settings face risk from bloodborne viruses through occupational injuries. Nurses and healthcare assistants (HCAs) represent the biggest group of healthcare workers reporting exposure to bloodborne viruses, with more than half of injuries among this group between 2004 and 2013 involving a needlestick injury. Action is needed to reduce these risks, such as the procurement and use of safety-engineered devices and the provision of safe working conditions. Raising awareness of needlestick injuries among all healthcare staff may also help. [Publication] 8 references

**Source:** BNI  
**Full text:** Available NURSING TIMES at Nursing Times; NT  
**Full text:** Available NURSING TIMES at Nursing Times  
**Full text:** Available NURSING TIMES at Salisbury District Hospital Healthcare Library

6. **Title:** Bullying dynamics  
**Citation:** Nursing Times, Mar 2015, vol. 111, no. 13, p. 1 unnumbered page, 0954-7762 (March 25, 2015)  
**Author(s):** Oade, Arryane  
**Abstract:** Incidents of workplace bullying are on the rise, so what can be done about it? [PUBLICATION] 0 references

**Source:** BNI  
**Full text:** Available NURSING TIMES at Salisbury District Hospital Healthcare Library

7. **Title:** Contribution of biopsychosocial risk factors to nonspecific neck pain in office workers: A path analysis model  
**Citation:** Journal of Occupational Health, Mar 2015, vol. 57, no. 2, p. 100-109, 1341-9145 (March 2015)  
**Author(s):** Aksaichol, Arpalak P, Awsirirat, Chaipat L, Anwantanakul, Prawit J  
**Abstract:** Objective: The etiology of nonspecific neck pain is widely accepted to be multifactorial. Each risk factor has not only direct effects on neck pain but may also exert effects indirectly through other risk factors. This study aimed to test this hypothesized model in office workers. Methods: A one-year prospective cohort study of 559 healthy office workers was conducted. At baseline, a self-administered questionnaire and standardized physical examination were employed to gather biopsychosocial data. Follow-up data were collected every month for the incidence of neck pain. A regression model was built to analyze factors predicting the onset of neck pain. Path analysis was performed to examine direct and indirect associations between identified risk factors and neck pain. Results: The onset of neck pain was predicted by female gender, having a history of neck pain, monitor position not being level with the eyes, and frequently perceived muscular tension, of which perceived muscular tension was the strongest effector on the onset of neck pain. Gender, history of neck pain, and monitor height had indirect effects on neck pain that were mediated through perceived muscular tension. History of neck pain was the most influential effector on perceived muscular tension. Conclusions: The results of this study support the hypothesis that each risk factors may contribute
to the development of neck pain both directly and indirectly. The combination of risk factors necessary to cause neck pain is likely occupation specific. Perceived muscular tension is hypothesized to be an early sign of musculoskeletal symptoms. [PUBLICATION] 40 references

Source: BNI

8. Title: Dealing with workplace bullying: the occupational health nurse's role.
Citation: Occupational Health, 01 April 2015, vol./is. 67/4(27-30), 00297917
Author(s): Whittaker, Caroline, Davies, Lyndon, Lynden, Morris, Glyn
Language: English
Publication type: journal article
Source: CINAHL
Full text: Available ProQuest at Occupational Health

9. Title: Direct vs indirect
Citation: Nursing Times, Apr 2015, vol. 111, no. 16, p. 1 unnumbered page, 0954-7762 (April 15, 2015)
Author(s): Oade, Aryanne
Abstract: Some workplace bullies employ overt, obvious active aggression to intimidate the nurses they target, while others employ more subtle, indirect passive aggression. Others again employ both tactics at different times during the same campaign. What are the key differences between the two forms of anger? [PUBLICATION] 0 references
Source: BNI
Full text: Available NURSING TIMES at Salisbury District Hospital Healthcare Library

10. Title: Discern bullying from aggression
Citation: Nursing Times, Mar 2015, vol. 111, no. 12, p. 1 unnumbered page, 0954-7762 (March 18, 2015)
Author(s): Oade, Aryanne
Abstract: Bullying behavior is on the increase in hospitals across UK. At some point, managers are likely to be involved in responding to, or managing, incidents where a member of staff reports being, or feeling, bullied by another. In the first part of a series of articles, Oade discusses workplace bullying. Among other things, she differentiates true bullying with aggressive but non-bullying behavior. [PUBLICATION] 0 references
Source: BNI
Full text: Available NURSING TIMES at Salisbury District Hospital Healthcare Library

11. Title: Effectiveness of safety-engineered devices in reducing sharp object injuries.
Citation: Occupational medicine (Oxford, England), Jan 2015, vol. 65, no. 1, p. 39-44 (January 2015)
Author(s): Lu, Y, Senthilselvan, A, Joffe, A M, Beach, J
Abstract: Sharps injuries remain a common factor in occupational exposure of healthcare workers to blood-borne viruses. The extent to which the introduction of safety-engineered devices has been effective in reducing such injuries among healthcare workers is unclear. To investigate the incidence of sharp object injury among healthcare workers in the Capital Health Region of Alberta, Canada and to determine the effectiveness of the introduction of safety-engineered devices in preventing these. All reports of sharp object injuries to Capital Region Workplace Health and Safety offices from healthcare workers 2003-10 were analysed. Rates of sharp object injury were compared before (2006), during (2007-08) and after (2009-10) the introduction of safety-engineered devices, adjusting for other potential risk factors using Poisson regression and log-linear models. Between 2003 and 2010, a total of 4707 sharp object injuries were reported from 15 healthcare facilities. The sharp object injury rate per 1000 full-time equivalent employees per year declined from 35 before the introduction period to 30 during the introduction period (rate ratio [RR]: 0.88, 95% confidence interval [CI]: 0.78, 0.99) among most healthcare workers, but then rebounded again slightly after the intervention. Physician risks showed little change during the period of introduction (odds ratio [OR]: 0.99, 95% CI: 0.85, 1.14) but decreased significantly after the intervention (OR: 0.83, 95% CI: 0.71, 0.97). The introduction of safety-engineered devices was associated with a modest reduction in
reported sharp object injuries but this appeared to be relatively short-lived for most workers. © The Author 2014. Published by Oxford University Press on behalf of the Society of Occupational Medicine. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Source: Medline

12. Title: Effectiveness of total worker health interventions
Citation: Journal of Occupational Health Psychology, April 2015, vol./is. 20/2(226-247), 1076-8998;1939-1307 (01 Apr 2015)
Author(s): Kent Anger W., Elliot D.L., Bodner T., Olson R., Rohlman D.S., Truxillo D.M., Kuehl K.S., Hammer L.B., Montgomery D.
Language: English
Abstract: Total Worker Health (TWH) was introduced and the term was trademarked in 2011 by the National Institute for Occupational Safety and Health (NIOSH) to formally signal the expansion of traditional occupational safety and health (OSH) to include wellness and well-being. We searched PubMed, PsycInfo, and other databases using keywords TWH, health promotion, health protection, and variants for articles meeting the criteria of (a) employing both occupational safety and/or health (OSH, or health protection) and wellness and/or well-being (health promotion, or HP) in the same intervention study, and (b) reporting both OSH and HP outcomes. Only 17 published studies met these criteria. All but 1 of the 17 TWH interventions improved risk factors for injuries and/or chronic illnesses, and 4 improved 10 or more risk factors. Several TWH interventions reported sustained improvements for over a year, although only 1 is readily available for dissemination. These results suggest that TWH interventions that address both injuries and chronic diseases can improve workforce health effectively and more rapidly than the alternative of separately employing more narrowly focused programs to change the same outcomes in serial fashion. These 17 articles provide useful examples of how TWH interventions can be structured. The promise of simultaneous improvements in safety, health, and well-being leads to the call to pursue TWH research to identify and disseminate best practices.
Publication type: Journal: Article
Source: EMBASE
Full text: Available Journal of occupational health psychology at Journal of Occupational Health Psychology

13. Title: Emotional labour: how midwives manage emotion at work
Citation: Practising Midwife, Mar 2015, vol. 18, no. 3, p. 9-11, 1461-3123 (March 2015)
Author(s): Rayment, Juliet
Abstract: Midwifery is inherently emotional work. Midwives care for women at one of the most emotionally intense periods of their lives: they work during moments of birth and death, of joy, sadness and both physical and emotional pain. Yet the emotional experiences of midwives at work are often not spoken about. Midwives often tend to 'get on with the job', but the process of dealing with others' emotions, managing their own and displaying different kinds of emotion can be a challenging part of midwives' work and one for which they're not always adequately supported.
[PUBLICATION] 8 references
Source: BNI
Full text: Available PRACTISING MIDWIFE (formerly MODERN MIDWIFE) at Practising Midwife, The
Full text: Available PRACTISING MIDWIFE (formerly MODERN MIDWIFE) at Salisbury District Hospital Healthcare Library

14. Title: Ensure attacks fall wide of the mark
Citation: Nursing Times, Apr 2015, vol. 111, no. 14, p. 1 unnumbered page, 0954-7762 (April 1, 2015)
Author(s): Oade, Aryanne
Abstract: Recognising an attack is the first step to effectively defending yourself against it. This is the third of six articles on bullying behaviour at work. Subsequent articles will explore passive and active aggression, upwards bullying, and how to handle bullying behaviour at the time of an attack. [PUBLICATION] 0 references
15. Title: Ergonomics: 10 tips for comfortable working
Citation: Occupational Health, Apr 2015, vol. 67, no. 4, p. 17., 0029-7917 (April 2015)
Author(s): Christopherson, Robin
Abstract: The right workstation is critical for creating a safe and healthy work environment and can have a huge impact on all employees, especially those with a disability. Creating and sustaining safe and healthy workstations for employees can help increase productivity, reduce sickness absence and improve retention rates. Better workstation ergonomics can benefit everyone and, in some cases, can help reduce the risk of temporary conditions becoming a permanent disability. There is no one-size-fits-all solution and it is vital to appreciate that the right reasonable adjustments can be achieved only by working with the individual to identify their needs, combined with an awareness of the available solutions. The top 10 tips for a comfortable workstation is presented. [Publication] 0 references

Source: BNI
Full text: Available ProQuest at Occupational Health

16. Title: Evidence of Health Risks Associated with Prolonged Standing at Work and Intervention Effectiveness.
Citation: Rehabilitation Nursing, 01 May 2015, vol./is. 40/3(148-165), 02784807
Author(s): Waters, Thomas R., Dick, Robert B.
Language: English
Abstract: Purpose Prolonged standing at work has been shown to be associated with a number of potentially serious health outcomes, such as lower back and leg pain, cardiovascular problems, fatigue, discomfort, and pregnancy-related health outcomes. Recent studies have been conducted examining the relationship between these health outcomes and the amount of time spent standing while on the job. The purpose of this article was to provide a review of the health risks and interventions for workers and employers that are involved in occupations requiring prolonged standing. A brief review of recommendations by governmental and professional organizations for hours of prolonged standing is also included. Findings Based on our review of the literature, there seems to be ample evidence showing that prolonged standing at work leads to adverse health outcomes. Review of the literature also supports the conclusion that certain interventions are effective in reducing the hazards associated with prolonged standing. Suggested interventions include the use of floor mats, sit-stand workstations/chairs, shoes, shoe inserts and hosiery or stockings. Studies could be improved by using more precise definitions of prolonged standing (e.g., duration, movement restrictions, and type of work), better measurement of the health outcomes, and more rigorous study protocols. Conclusion and Clinical Relevance Use of interventions and following suggested guidelines on hours of standing from governmental and professional organizations should reduce the health risks from prolonged standing.
Publication type: journal article
Source: CINAHL

17. Title: Fatigue at work
Citation: Occupational Health, Mar 2015, vol. 67, no. 3, p. 15-17, 0029-7917 (March 2015)
Author(s): Coombs, Jane
Abstract: Nowadays, employers have a duty to take all practicable steps to ensure that employees are safe at work, and fatigue is a workplace hazard that they must manage. One thing a night shift would not include is giving out a large glass of sherry to all head nurses to celebrate the new year, especially to those who were already fatigued with eight nights' work under their belts and struggling to sleep through the celebrations in the nurses quarters. Measuring fatigue levels is not easy as it varies from person to person; therefore) it is difficult to isolate the actual effect of fatigue on accident and injury rates in business. However, some research studies have shown that when workers have slept for less than five hours before work or when workers have been awake for more than 16 hours,
their chance of making mistakes at work due to fatigue are significantly increased. [Publication] 9 references

Source: BNI
Full text: Available ProQuest at Occupational Health

18. Title: Improving wellbeing at work
Citation: Occupational Health, Apr 2015, vol. 67, no. 4, p. 24-26, 0029-7917 (April 2015)
Author(s): Brownett, Tristi
Abstract: During the past decade there has been a concerted shift of attention to workplace wellbeing strategies. Initially, the focus was specifically on stress but recently there has been a wider recognition of the psychosocial aspects that influence positive physical and mental health and wellbeing. As an example, this article describes the approach adopted at a food-manufacturing site in South-East England. A three-year OH wellbeing plan was written, signalling an intention to respond to the health needs of staff. Around 30 initiatives were carried forward as part of the site’s wellbeing strategy, which addressed stated needs and the notions of good work through personal development, values and culture. The wellbeing strategy and programme of activities played a part in the manufacturing site winning several prestigious industry awards. The business discovered that a healthy and engaged workforce improved staff retention. Furthermore, contact from the local job centre indicated that job seekers were actively pursuing the company as an employer of choice. [Publication] 16 references

Source: BNI
Full text: Available ProQuest at Occupational Health

19. Title: Maximising well-being and resilience in maternity care workers
Citation: MIDIRS Midwifery Digest, Mar 2015, vol. 25, no. 1, p. 15-17, 0961-5555 (March 2015)
Author(s): Hamilton, Stephen
Abstract: In many countries, and for many different reasons, being a health care worker in maternity services can be tough. The maximisation of the overall health status and well-being of these individuals should be a priority for policy makers, researchers, stakeholders and maternity care workers themselves. Staff are of no use to anyone, either inside or outside of any organisation, if they are not looking after themselves, yet health care staff across the entire spectrum are notoriously neglectful regarding their own health. This is partly due to the pressures and considerable challenges within health care service provision and its delivery across the globe. This article will describe a self-help model of support for all those working in maternity care settings, and beyond. [PUBLICATION] 5 references

Source: BNI
Full text: Available Ovid at MIDIRS Midwifery Digest

20. Title: Mediation to identify causes of stress early
Citation: Occupational Health, Apr 2015, vol. 67, no. 4, p. 20-22, 0029-7917 (April 2015)
Author(s): Ingham, Susan, St Romaine, Jenny, Brearley, Donna
Abstract: Occupational stress is the prevalent condition causing 40% of work-related illness in the UK, with 10.4 million working days lost a year. The impact that stress has on both the employee and organisation is well documented, and the demand on OH to deal with stress-associated illness has increased. Bradford Council has developed an alternative approach to managing stress, which is based on a collaborative problem-solving approach to engage both the employee and their manager in facilitating the employee to return to work, and remain both physically and psychologically well at work. This involves using a “resolution coordinator” -- a skilled mediator to facilitate meetings between the employee and their manager to address the issues of stress -- and developing an action plan that supports the employee at work. Working with its in-house mediator is an efficient use of existing resources; the intervention is a quick and cost-effective way of providing effective assistance to stress management. [Publication] 5 references

Source: BNI
Full text: Available ProQuest at Occupational Health
21. Title: Mindfulness for resilience - a self-care strategy for staff working with emotionally distressed individuals  
**Citation:** European Journal of Palliative Care, Mar 2015, vol. 22, no. 2, p. 64-67, 1352-2779 (Mar-Apr 2015)  
**Author(s):** O’Connor, Margaret, Peyton, Suzanne  
**Abstract:** To avoid burnout, professionals who care for emotionally distressed individuals must develop self-care strategies. Margaret O’Connor and Suzanne Peyton report on a pilot project conducted in Melbourne, Australia, that has demonstrated potential benefits of mindfulness as a self-care strategy for palliative care staff. [PUBLICATION] 12 references  
**Source:** BNI

22. Title: Please respond ASAP: Workplace telepressure and employee recovery  
**Citation:** Journal of Occupational Health Psychology, April 2015, vol./is. 20/2(172-189), 1076-8998;1939-1307 (01 Apr 2015)  
**Author(s):** Barber L.K., Santuzzi A.M.  
**Language:** English  
**Abstract:** Organizations rely heavily on asynchronous message-based technologies (e.g., e-mail) for the purposes of work-related communications. These technologies are primary means of knowledge transfer and building social networks. As a by-product, workers might feel varying levels of preoccupations with and urges for responding quickly to messages from clients, coworkers, or supervisors—an experience we label as workplace telepressure. This experience can lead to fast response times and thus faster decisions and other outcomes initially. However, research from the stress and recovery literature suggests that the defining features of workplace telepressure interfere with needed work recovery time and stress-related outcomes. The present set of studies defined and validated a new scale to measure telepressure. Study 1 tested an initial pool of items and found some support for a single-factor structure after problematic items were removed. As expected, public self-consciousness, techno-overload, and response expectations were moderately associated with telepressure in Study 1. Study 2 demonstrated that workplace telepressure was distinct from other personal (job involvement, affective commitment) and work environment (general and ICT work demands) factors and also predicted burnout (physical and cognitive), absenteeism, sleep quality, and e-mail responding beyond those factors. Implications for future research and workplace practices are discussed.  
**Publication type:** Journal: Article  
**Source:** EMBASE  
**Full text:** Available *Journal of occupational health psychology* at Journal of Occupational Health Psychology

23. Title: Preventing the contamination of hospital personnel by cytotoxic agents: evaluation and training of the para-professional healthcare workers in oncology units  
**Citation:** European Journal of Cancer Care, May 2015, vol. 24, no. 3, p. 404-410, 0961-5423 (May 2015)  
**Author(s):** Kieffer, C., Verhaeghe, P., Lagrassa, S., Grégoire, R., Moussaoui, Z., Casteras-Ducros, C., Clark, J.E., Vanelle, P., Rathelot, P.  
**Abstract:** This study was specifically focused on para-professional healthcare workers (PHCWs) who handle cytotoxic drugs and contaminated wastes at the Public Teaching Hospitals of Marseille (AP-HM), France. It first aimed at evaluating the knowledge and professional practice of the PHCWs who belong to a personnel category among the less informed and protected in hospitals. In a second time, this study also proposed to raise awareness, educate and train the staff on protective measures to minimise the exposure of the PHCWs to the potential toxicity of anticancer chemotherapy agents (or metabolites) when cleaning and handling both cytotoxic drugs and wastes. Among the 11 oncology units evaluated, 82% completed an assessment survey, 63% of which were PHCWs. Out of nine oncology units assessed, 89% reported limited knowledge of the general risk and of the safe handling of cytotoxic drugs, 89% reported using vinyl gloves which are the less protective ones. Forty-four per cent of the units used wet sweeping techniques for cleaning the floors, and 11% of the units did not have specific procedures for cleaning the equipments used for collecting contaminated excreta. Protective outer apparel was not always worn and chemotherapy wastes were not managed consistently between all units. Standardized procedures and guidelines to prevent occupational...
exposure were not used by PHCWs. More education and training are needed to improve safety. [PUBLICATION] 39 references

Source: BNI

24. Title: Reducing your risk of back injury at work
Citation: Nursing Standard, Feb 2015, vol. 29, no. 25, p. 73., 0029-6570 (February 18, 2015)
Author(s): Davies, Nicola
Abstract: Support in Practice supplement: Many patient-care activities performed by healthcare assistants involve lifting, turning and moving patients. These activities can cause back strain and even contribute to chronic back injuries. [PUBLICATION] 2 references
Source: BNI

25. Title: Risks of surgical smoke exposure
Citation: Occupational Health, Mar 2015, vol. 67, no. 3, p. 27-29, 0029-7917 (March 2015)
Author(s): Tregoning, Clare
Abstract: In this case study, the environmental hazard of surgical smoke in a day-case operating theatre is explored by evaluating smoke exposure and its impact on health. The manager of an operating theatre raised concerns with the organisation's OH adviser about the health and safety of staff and their exposure to surgical smoke. New employees had highlighted this issue, which had not been raised previously. A risk assessment of the electro-surgery equipment was undertaken, and prolonged exposure to unevacuated surgical smoke was identified. According to Marsh (2012), this poses a risk of ill health to those significantly exposed. Following the risk assessment, it was noted that the surgical smoke in the theatre department had no means of evacuation. Following the identification of the hazard of surgical smoke and the risk of staff exposure, employers have a legal requirement under the Control of Substances Hazardous to Health Regulations to safeguard employees. [Publication] 16 references
Source: BNI
Full text: Available ProQuest at Occupational Health
Full text: Available ProQuest at Occupational Health

26. Title: Screening nurses for tuberculosis
Citation: Nursing Critical Care, May 2015, vol. 10, no. 3, p. 32-36, 1558-447X (May 2015)
Author(s): Heavey, Elizabeth
Abstract: Nurses may be required, depending on facility policy and state requirements, to undergo periodic screening for tuberculosis (TB) to prevent the potential transmission of the disease to patients and colleagues. This article will review how TB is transmitted, the screening tests available, what the test results mean, and treatment recommendations for nurses with TB. [PUBLICATION] 13 references
Source: BNI

27. Title: Self-Advocacy for Nurses with Mental Health Disabilities
Citation: Minority Nurse, May 2015, (May 2015), 1076-7223 (May 2015)
Author(s): Chwedyk, Pam
Abstract: The barriers that nurses with mental health problems may face in their careers, ranging from self-doubt and stigma to bias and discrimination in education and employment. The importance of being aware of discrimination law and their legal rights to receive 'reasonable accommodations' to enable them to perform the essential functions of their job or education course are highlighted. The pros and cons of disclosing disabilities to potential or current employers are discussed. [ORIGINAL] 0 references
Source: BNI

28. Title: Sharp truth: health care workers remain at risk of bloodborne infection.

Author(s): Rice, B D, Tomkins, S E, Ncube, F M

Abstract: In 2013, new regulations for the prevention of sharps injuries were introduced in the UK. All health care employers are required to provide the safest possible working environment by preventing or controlling the risk of sharps injuries. To analyse data on significant occupational sharps injuries among health care workers in England, Wales and Northern Ireland before the introduction of the 2013 regulations and to assess bloodborne virus seroconversions among health care workers sustaining a blood or body fluid exposure. Analysis of 10 years of information on percutaneous and mucocutaneous exposures to blood or other body fluids from source patients infected with a bloodborne virus, collected in England, Wales and Northern Ireland through routine surveillance of health care workers reported for the period 2002-11. A total of 2947 sharps injuries involving a source patient infected with a bloodborne virus were reported by health care workers. Significant sharps injuries were 67% higher in 2011 compared with 2002. Sharps injuries involving an HIV-, hepatitis B virus- or hepatitis C virus (HCV)-infected source patient increased by 107, 69 and 60%, respectively, between 2002 and 2011. During the study period, 14 health care workers acquired HCV following a sharps injury. Our data show that during a 10-year period prior to the introduction of new regulations in 2013, health care workers were at risk of occupationally acquired bloodborne virus infection. To prevent sharps injuries, health care service employers should adopt safety-engineered devices, institute safe systems of work and promote adherence to standard infection control procedures. © The Author 2015. Published by Oxford University Press on behalf of the Society of Occupational Medicine. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Source: Medline

29. Title: Sharps injuries in a teaching hospital: changes over a decade.

Author(s): Kevitt, F, Hayes, B

Abstract: Sharps injuries create a high volume of occupational health (OH) workload in the health care setting. The deadline for implementation of the European Sharps Directive was 11 May 2013. To compare the epidemiology of sharps injuries reported in a large Irish teaching hospital in 2008-10 with those reported between 1998 and 2000. We compared data from electronic and paper OH records of sharps injuries reported between 1 January 2008 and 31 December 2010 with those from a previous study of sharps injuries reported between 1 January 1998 and 31 December 2000. A total of 325 sharps injuries were reported in 2008-10, compared with 332 in 1998-2000 (P = 0.568). Hepatitis B immunity in sharps injury recipients in 2008-10 was 87% compared to 86% in 1998-2000 (P = 0.32). Glove use was reported in 80% of reported injuries in 2008-10 compared with 74% in 1998-2000 (P = 0.32). In 2008-10, 49% of injuries occurred during disposal or following improper disposal of sharps, compared with 42% in 1998-2000. There was no significant change in the epidemiology of sharps injuries reported between 2008 and 2010 compared with 1998-2000. Further education in standard precautions, safe disposal of sharps, the use of safety-engineered devices and the benefits of hepatitis B immunization is needed. © The Author 2014. Published by Oxford University Press on behalf of the Society of Occupational Medicine. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

Source: Medline

30. Title: Six ways to stop the spread of infections at work
Citation: Occupational Health, Mar 2015, vol. 67, no. 3, p. 10., 0029-7917 (March 2015)

Author(s): Barratt, Peter, Rutterford, Luke

Abstract: Employees can become increasingly vulnerable to infections in the winter months, especially in premises where there is a high density of people with the potential for a variety of illnesses. The steps on how to improve hygiene standards in the workplace are: 1. Encourage staff to practice good hand hygiene. 2. Hand sanitisers should always be openly available in public areas. 3. Ensure regular, thorough surface cleaning takes place in all communal areas. 4. If a member of staff does contract a virus, make sure they stay away from work for at least 48 hours after the symptoms have disappeared. 5. Ensure that storage rooms, refuse areas, canteens and changing rooms are
cleaned regularly. If an outbreak of illness does occur, then it is essential that managers get in touch with a specialist cleaning provider.

Source: BNI

Full text: Available ProQuest at Occupational Health

31. Title: Slips and trips: the law and what to do
Citation: British Journal of Neuroscience Nursing, Apr 2015, vol. 11, no. 2, p. 88-89, 1747-0307 (Apr-May 2015)
Author(s): Gledhill, Judith
Abstract: Slips and trips are one of the most common causes of accidents and injury in Britain's workplaces. Nurses working in hospitals and other clinical environments are no exception. According to the Health and Safety Executive (HSE), in 2013-2014, there were 77,593 non-fatal injuries to employees. Of these, nearly 3% (27,537 reported injuries) were as a result of slips, trips and falls (HSE, 2014). Recent estimates from the government’s Labour Force Survey (HSE, 2014) show that 190 workers in every 100,000 are injured as a result of a slip or trip. Given the prevalence of trip and slip hazards in most modern workplaces, what should neuroscientist nurses expect their employers to do to prevent them, and, if you get injured as a result of a slip or trip, how can the law help you?

Source: BNI

32. Title: The impact of onsite workplace health-enhancing physical activity interventions on worker productivity: A systematic review
Citation: Occupational and Environmental Medicine, June 2015, vol./is. 72/6(401-412), 1351-0711;1470-7926 (01 Jun 2015)
Author(s): Pereira M.J., Coombes B.K., Comans T.A., Johnston V.
Language: English
Abstract: The aim of this study is to investigate the effects of onsite workplace health-enhancing physical activity (HEPA) programmes on worker productivity. The PROSPERO registration number is CRD42014008750. A search for controlled trials or randomised controlled trials (RCTs) that investigated the effects of onsite workplace HEPA programmes on productivity levels of working adults was performed. Risk of bias of included studies was assessed, and the inter-rater reliability of the quality assessment was analysed. Qualitative synthesis of available evidence is presented. Eight studies were included in the review. There is consistent evidence that onsite workplace HEPA programmes do not reduce levels of sick leave. There appears to be inconsistent evidence of the impact of onsite workplace HEPA programmes on worker productivity. A high-quality study of an onsite combination (aerobic, strengthening and flexibility) HEPA regime and a moderate-quality study of a Tai Chi programme improved worker productivity measured with questionnaires in female laundry workers and older female nurses, respectively. Two high-quality studies and four moderate-quality studies did not show benefit. Studies that showed benefit were mainly those designed with productivity measures as primary outcomes, delivered to occupations involved with higher physical loads, and had higher compliance and programme intensity. The small number of studies and the lack of consistency among studies limited further analyses. There is inconsistent evidence that onsite workplace HEPA programmes improve self-reported worker productivity. Future high-quality RCTs of onsite workplace HEPA programmes should be designed around productivity outcomes, target at-risk groups and investigate interventions of sufficient intensity. High attendance with improved recording is needed to achieve significant results in augmenting worker productivity.

Publication type: Journal: Review
Source: EMBASE
Full text: Available Highwire Press at Occupational and environmental medicine

33. Title: The importance of healthy eating for all NHS staff
Citation: Nursing Standard, Mar 2015, vol. 29, no. 30, p. 12-13, 0029-6570 (March 25, 2015)
Abstract: New standards that will improve hospital food support our own Eat Well, Nurse Well campaign for better
34. Title: The Potential Effects of Sleep Loss on a Nurse’s Health  
Citation: American Journal of Nursing, Apr 2015, vol. 115, no. 4, p. 34-40, 0002-936X (April 2015)  
Author(s): Eanes, Linda  
Abstract: While much has been written about the effects of extended work hours on quality of nursing care, nurse burnout, and job attrition, the potential adverse effects of acute and chronic sleep loss on the overall health and well-being of nurses has received little attention. The author describes the acute and chronic effects of sleep loss on nurses, strategies nurses can use to increase the quantity and quality of their sleep, and institutional policies that can promote adequate rest and recuperation between work shifts for nursing staff. [PUBLICATION] 52 references  
Source: BNI

35. Title: Therapeutic Rapport: The Forgotten Intervention  
Citation: Journal of Emergency Nursing, May 2015, vol. 41, no. 3, p. 252-254, 0099-1767 (May 2015)  
Author(s): Casella, Suzanne M  
Abstract: Workplace violence is a significant problem affecting emergency nurses. Armed with toolkits provided by various nursing associations, ED managers are developing and implementing programs aimed to mitigate the prevalence of violence and ensure staff safety. However, the nursing profession still adopts the perception that violence is part of the job, and therefore, nurses may miss a crucial step in preventing injury from violence. The purpose of this article is to define therapeutic rapport, explain its role within the violence continuum, and offer emergency nurses implementation strategies to prevent violence, thereby reducing their exposure to harm. [Publication] 16 references  
Source: BNI

36. Title: Upwards bullying  
Citation: Nursing Times, Apr 2015, vol. 111, no. 17, p. 1 unnumbered page, 0954-7762 (April 22, 2015)  
Author(s): Oade, Aryanne  
Abstract: Upwards bullying in the workplace occurs when a team member pursues a campaign of bullying against their manager or supervisor. The bully is likely to be oppositional towards authority, which means they oppose the views, aims or wishes of authority figures on principle. Their opposition to authority is automatic, emotionally derived and persistent. [PUBLICATION] 0 references  
Source: BNI  
Full text: Available NURSING TIMES at Nursing Times  
Full text: Available NURSING TIMES at Salisbury District Hospital Healthcare Library
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