

Alertness's of Maxillofacial Staff towards Occupational Impairment at Selected Maxillofacial Dental Clinics, Saudi Arabia

Dr. Raghad Fahad Jayar¹, Dr. Raghad Adnan Murshed², Dr. Hanin Salah Steir Altufayhi³

Dental Intern, Saudi Arabia

Abstract: ***Background:** the National Institute for Health and Clinical Excellence (NICE) published guidance for employers on promoting mental wellbeing through productive and healthy working conditions. Additional work related stress harms employees' physical and mental health. (Chopra, et al., 2008). **Objective:** Assess the level of Alertness's of Maxillofacial Staff towards Occupational Impairment at Selected Maxillofacial Dental Clinics, Saudi Arabia. **Method:** A cross-sectional study, work postures were assessed in 140 maxillofacial dentists by employing REBA method. Stratified sampling method was used. Data were analyzed by analysis of variance (ANOVA), Independent t-test and Pearson's correlation test in SPSS version (21). **Results:** This study showed that Occupational Impairment of, the level of alertness towards the aspects of Occupational Impairment among the maxillofacial staff within the selected study setting was variable. The majority (56.71 %*) of the maxillofacial staff had a Very High Risks of occupational impairment. Followed by (61.42 %*) had a high risk level of work impairment. Moreover, (60 %*) of the maxillofacial staff have a Negligible level of occupational impairment. However, (56.42 %*) had a Moderate Risk of occupational impairment of the maxillofacial staff within the current study. **Conclusions:** The current study results revealed that there were high levels of Occupational Impairment within the study setting. Working postures need improvement for maxillofacial physicians' and other dental staff, which will consequently leads to decrease the risk of harms which they face within the work environment. A planned comprehensive concerning occupational safety training and promotion is required in dentistry curriculum.*

Keywords: Occupational Impairment, Occupational health and safety (OHS) &Maxillofacial

1. Introduction

Increasingly more, dental clinics are becoming attentive of the implication of transforming organizational culture in order to develop the standardized work safety environment. Emerging attention on safety values has been associated by the necessity for assessment tools paying attention on the traditional elements of enduring safety expansion determinations. Safety culture assessment could be applied as a tool for improving environmental well-being. This could also illustrate the characteristics of values appraisal tools presently applied and discusses their existing and potential exploitation, comprising tenders that have undertaken as assessments. (Michael & Keith, 2010).

Superlatively, the guidelines should outline discrete steps that could easily be implemented, improve the efficiency and satisfaction of workers, and ultimately be shown in a randomized controlled trial to improve morbidity and mortality. Although the guidance falls short of this ideal, business managers and human resources departments may still benefit from the advice.. (Al-Saigul & Fontaine, 2002).

Unfortunately, some of the advice is so general that it is almost useless. For example, the first recommendation in the guidance is to: "Adopt an organization-wide approach to promoting the mental wellbeing of all employees, working (Creep) (Ruben, Norden, Rockwell & Hruska, 2008)

Wilczyn, et al., (2005), mentioned that there is a particular health hazards are predictable to manipulate explicit risk for all the health care providers. All the health care personnel in particular the dental staff who are working in maxillofacial

clinics. Formerly, it is possible to integrate these anticipatory approaches into the strategies of health care surroundings.

Sorra, (2013), Occupational health and safety (OHS) relates to health, safety, and welfare issues in the workplace.OHS includes the laws, standards, and programs that are aimed at making the workplace better for workers, along with co-workers, family members, customers, and other stakeholders. Improving a company's occupational health and safety standards ensures good business, a better brand image, and higher employee morale.

Colodner, et al., (2003) & Taneja, (2010) , reported that, The Occupational Safety and Health Administration (OSHA) is an organization that directs national compliance initiatives in occupational safety and health. OSHA helps businesses protect their workers and reduce the number of workplace deaths, injuries and illnesses. OSHA promotes workplace safety and health by implementing new safety and health management systems. Organizations that fail to reach the OSHA standard may be cited or fined. OSHA also introduces cooperative programs and supports new methodologies in dealing with workplace hazards.

Policies of Occupational Impairment enhance consciousness education has not been prominent among health care workers especially the category of maxillofacial, particularly in developing countries. To the greatest of our understanding, the attentiveness of dental staff in relation to knowledge and alertness about policies work related injury. Consequently, conducted this study to assess level of occupational impairment among maxillofacial staff at Dental Clinics, selected maxillofacial clinics, Saudi Arabia.

2. Participants and Methods

The current study was carried out by one of the authors who were appropriately trained in administering the informed consent to the participants. A cross-sectional study, work postures were assessed in 140 dentists by employing REBA method. Stratified sampling method was used. Data were analyzed by analysis of variance (ANOVA), Independent t-test and

Pearson's correlation test in SPSS version (21).

The preliminary part of the assessment tool consisted of demographic information such as occupation, age, gender, and the marital status. The second part of the comprised of observational checklist regarding their level of occupational

3. Results

Level of Alertness's of Maxillofacial Staff towards Occupational Impairment at Selected Maxillofacial Dental Clinics, Saudi Arabia.

Items of Occupational Impairment	Risk Level		Action level		Action including for further assessment	
	No	%	No	%	No	%
Negligible	84	60%*	36	25.71%	20	14.28%
Low Risk	57	40.71%*	43	30.71%	40	28.57%
Moderate Risk	79	56.42%*	11	7.85%	50	35.71%
High Risks	86	61.42%*	40	28.57%	14	10%
Very High Risks	92	56.71%*	30	21.42%	18	12.85%

This study showed that alertness towards the aspects of Occupational Impairment among the maxillofacial staff within the selected study setting was variable. The majority (56.71%*) of the maxillofacial staff had a Very High Risks of occupational impairment. Followed by (61.42%*) had a high risk level of work impairment. Moreover, (60%*) of the maxillofacial staff have a Negligible level of occupational impairment. However, (56.42%*) had a Moderate Risk of occupational impairment of the maxillofacial staff within the current study.

4. Discussion

This study showed that Occupational Impairment of, the level of alertness towards the aspects of Occupational Impairment among the maxillofacial staff within the selected study setting was variable. The majority (56.71%*) of the maxillofacial staff had a Very High Risks of occupational impairment. Followed by (61.42%*) had a high risk level of work impairment. Moreover, (60%*) of the maxillofacial staff have a Negligible level of occupational impairment. However, (56.42%*) had a Moderate Risk of occupational impairment of the maxillofacial staff within the current study.

This study data is congruent with the results of the studies carried out by Linda & Paul, (2016), who mentioned that, workforce knowledge, attitudes, and intentions regarding vulnerable populations can have an effect on the oral care of PLWHA. However, studies have shown that those working in or pursuing careers in oral health care may have a lack of

impairment among maxillofacial staff at Dental Clinics, selected maxillofacial clinics, Saudi Arabia. within the study setting. It took approximately 50 minutes to complete each appraisal.

The level of occupational impairment among maxillofacial staff at Dental Clinics, selected maxillofacial clinics, Saudi Arabia. The data were coded and analyzed by SPSS® for Windows® ver. 12.0. Strict confidentiality was maintained. All the data were stored in computers at a secured location, with access provided only to the researchers involved in the study. The χ^2 test was used to test association between categorical variables. A p value <0.05 (two-tailed) was considered statistically significant differences.

knowledge and negative attitudes toward treating vulnerable populations. In Seacat and Inglehart's 2003 report, 44.3 percent of dental (N=315) and dental hygiene (N=89) students surveyed either did not answer or answered incorrectly questions regarding the oral manifestations of AIDS. Also, 58.4 percent of those students incorrectly answered questions regarding risk of infection from a needle stick. In 2012, Myers et al. reported that only 34.1 percent and 19.7 percent of dental students (N=220) "were able to correctly quantify the risk of HIV transmission from a needle stick injury or a mucous membrane exposure, respectively."

Many studies have analyzed the attitudes of dental providers, including one in which fewer than half of the dentists surveyed (N=330) reported they would accept PLWHAs as patients with "no hesitation," 34 percent said they were "worried" about occupational exposure to HIV infection," and 34 percent were either undecided or disagreed that they had an "ethical responsibility to provide dental care to an HIV-positive person." In Seacat and Inglehart's study, 45.5 percent of students (N=404) believed that patients may leave their practice if they find out that PLWHA are treated there, while 29.5 percent were concerned that they may contract an infectious communicable disease from these patients. Conversely, 79.6 percent of the same sample believed that dentists have an obligation to treat PLWHA. Another study found that "only 65 percent of dental graduates (N=86) consider HIV risk screening to be part of their professional role." More recently, Myers et al. found that 8.2 percent of dental students surveyed (N=220) "acknowledged an unwillingness to perform procedures on patients with HIV."

However, according to Fox, et al., (2012), there is evidence suggesting that dentists' attitudes toward treating vulnerable populations can be influenced by appropriate experiences and training. A review of the literature on disparities in oral health education found that "personal experiences with family members or friends on Medicaid before entering dental school, as well as experiences during dental school, can have a positive effect on how comfortable dentists are when treating Medicaid patients."

In another study, Rockville (2008), mentioned that dentists and dental students were surveyed to determine how educational preparation correlated to intention to treat underserved

patients. This study found that although 50.0 percent of the students (N=328) had an intention to treat underserved populations, only 37.0 percent of the alumni (N=234), a separate sample, actually treated these patients. Likewise, only 35 percent of these alumni compared to 41 percent of the students reported feeling their dental education prepared them to treat underserved populations. This study also found significant correlations between the students' and graduates' perceptions of their education and their attitude toward treating vulnerable populations towards the risk effect of occupational health impairment specifically for maxillofacial dental staff.

5. Conclusion

The current study results revealed that there were high levels of Occupational Impairment within the study setting. Working postures need improvement for maxillofacial physicians' and other dental staff, which will consequently leads to decrease the risk of harms which they face within the work environment. A planned comprehensive ergonomic training and promotion is required in dentistry curriculum.

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