Examination of the Level of Responsiveness’s Towards Occupational Hazards among Pedo Staff at Selected Dental Clinics, Saudi Arabia

Dr. Mohammed Saeed M Alqahtani

Dental Resident, Saudi Arabia

Abstract: **Background:** Notwithstanding the distinction on patient safety in dental clinics, the alternative organizations have evaluated the level to which protection is an intentional precedence or their traditions supports patient safety. In response to the Institute of Dental Medical report and to an organizational enthusiasm to patient safety, the contemporary researches was exploited an efficient dimension of safety measures was applied. **Objective:** To assess the level of Responsiveness’s towards occupational Hazards among Pedo staff at the selected dental clinics, Saudi Arabia. **Method:** A cross-sectional survey was conducted at eight dental clinics, Saudi Arabia. A 32 items self-administered questionnaire was provided to 100 Pedo staff in the research setting based on their area of their specialties to assess the level of Responsiveness’s towards occupational Hazards among Pedo staff at the selected dental clinics, Saudi Arabia. **Results:** This study finding showed that responsiveness towards Occupational Hazards among some Pedo staff at dental clinics was variable. The majority (74.0%) of the Pedo staff had a high level of responsiveness towards Occupational Hazards in relation to for decontamination of devices (with only contact with skin) washing with usual detergent is enough”. On the other hand (68.0%) of the Pedo staff had a lowest level of responsiveness towards Occupational Hazards in relation to decontamination of devices (with only contact with skin) washing with usual detergent is enough”. **Conclusions:** The current study results revealed that there were high levels of responsiveness among the Pedo staff towards occupational Hazards within the study setting.

**Keywords:** Occupational Hazards ; Responsiveness; & Pedo staff

1. Introduction

Progressively, dental clinics are expected to have a vital role in maintaining its responsiveness toward the implication of transforming organizational culture with the aim of improvement of patient safety. Emergent interest in safety culture has been accompanied by the need for assessment tools focused on the cultural aspects of patient safety development efforts. Safety culture assessment could be utilized as a tool for improving patient safety. It could also describe the characteristics of culture appraisal tools presently available and discuss their current and potential uses, including brief examples from healthcare organizations that have undertaken such assessments. (Kuo .et al., 2006).

The latitude of training in occupational and environmental health has greatly lengthened with increased emphasis on health promotion and health protection services. Many factors have influenced the evolution of occupational health practice. In the middle of them are the changing population and workforce, the introduction of new chemicals and work processes into the work environment, augmented work demands, technological advances and regulatory mandates, increased focus on illness/Hazards prevention, and a rise in health care costs and workers’ compensation claims. (Odd Cathrine, et al., (2007).

Agreeing to Derri , et al., (2013), applicable reporting of occupational exposures to an employee health service is required to ensure appropriate counseling, facilitate prophylaxis or early treatment, and establish legal prerequisites for workers' compensation. Failure to report exposures precludes interventions that could benefit the injured party, placing health care workers at unnecessary risk.

Information is limited regarding the prevalence of needle stick injuries, the circumstances surrounding them, and the barriers to reporting them. The researchers conducted this study to investigate the prevalence and context of needle stick injuries and behavior associated with the reporting of injuries among a large number of surgeons in training.

Hazards caused by non adherence to universal precautions by the health care providers, statistics reported by the Central Register of Occupational Diseases in Poland indicates that among 314 new cases of occupational diseases in HCWs in 2005, HBV and HCV represented 42.6% of all cases.9 Despite the substantial reduction in HBV infection since vaccination was introduced in 1989, the incidence of HCV hepatitis in Poland is still on the increase in this occupational group. (Rapiti, et al., 2005). Pedo staff should have a high level of responsiveness about occupational Hazards enhance consciousness education has not been prominent among health care workers, particularly in developing countries. To the greatest of our understanding, the attentiveness of Pedo staff in relation to knowledge and responsiveness about policies of safety measures within the work setting. Consequently, conducted this study to assess the level of Responsiveness’s towards occupational Hazards among Pedo staff at the dental clinics, Saudi Arabia.
2. Participants and Methods

This study was conducted among pedo staff at eight selected dental clinics, Saudi Arabia. The study was granted ethical approval by the clinics ethical committee.

The contributors were selected from the designated dental clinics. After signing an informed written consent form, the questionnaire was given to each participant. Before administration of the questionnaire, the purpose of the study was explained to each respondent and discretion of the information guaranteed.

The study was carried out by one of the authors who were appropriately trained in administering the informed consent and the self-report questionnaire to the participants. In this cross-sectional study, a structured questionnaire prepared by the authors, was administered to the participants. A 32-item self-administered structured questionnaire about Responsiveness’s towards occupational Hazards among the selected pedo staff, which advised de novo and tested.

It included a full range of response options, designed to identify the practitioner’s level of to assess their level Responsiveness’s towards occupational Hazards among pedo staff within the selected setting. Prior to distribution of the questionnaire, a pilot study was done on a selective group of health care workers who were asked to fill out the questionnaire and return it back with their remarks and criticism. Minor changes were then made to the final tool.

The preliminary part of the questionnaire consisted of demographic information such as occupation, age, gender, and the marital status. The second part of the questionnaire comprised of questions regarding their level of Responsiveness’s towards occupational Hazards among medical staff. This part also assessed Responsiveness’s towards occupational Hazards. It took approximately 15 minutes to complete each appraisal.

The level of Responsiveness’s towards occupational Hazards among Pedo at the dental clinics, Saudi Arabia. By examining questions. A score of “1” was assigned for a correct answer and “0” for an incorrect answer. A health care worker who obtained a total score of “5” was considered “very aware”; “4 or 3” “somewhat aware;” and “1 or 0” “not aware.” 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 χ2 test was used to test association between categorical variables. A p value <0.05 (two-tailed) was considered statistically significant differences.

3. Results

<table>
<thead>
<tr>
<th>Items of Occupational Hazards</th>
<th>High Level of Responsiveness No</th>
<th>%</th>
<th>No</th>
<th>%</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal precautions are applied to patients with HIV and viral hepatitis only*</td>
<td>74</td>
<td>74.0%</td>
<td>16</td>
<td>16.0%</td>
<td>10</td>
<td>10.0%</td>
</tr>
<tr>
<td>“Isolation is necessary for patients with blood-borne infections”</td>
<td>66</td>
<td>66.0%</td>
<td>32</td>
<td>32.0%</td>
<td>12</td>
<td>12.0%</td>
</tr>
<tr>
<td>Used needles can be recapped after giving an injection*</td>
<td>68</td>
<td>68.0%</td>
<td>14</td>
<td>14.0%</td>
<td>8</td>
<td>8.0%</td>
</tr>
<tr>
<td>For decontamination of devices (with only contact with skin) washing with usual detergent is enough*</td>
<td>54</td>
<td>54.0%</td>
<td>36</td>
<td>36.0%</td>
<td>6</td>
<td>2.0%</td>
</tr>
<tr>
<td>Universal precautions are not necessary in situations that might lead to contact with saliva*</td>
<td>69</td>
<td>69.0%</td>
<td>20</td>
<td>20.0%</td>
<td>11</td>
<td>11.0%</td>
</tr>
<tr>
<td>“HCWs with non intact skin should not be involved in direct patient care until the condition resolves”</td>
<td>62</td>
<td>80.33%</td>
<td>20</td>
<td>20.0%</td>
<td>18</td>
<td>6.33%</td>
</tr>
<tr>
<td>Blood spills should be cleaned up promptly with sodium hypochlorite*</td>
<td>236</td>
<td>79.66%</td>
<td>34</td>
<td>11.33%</td>
<td>30</td>
<td>10.0%</td>
</tr>
</tbody>
</table>

This study finding showed that responsiveness towards Occupational Hazards among some Pedo staff at dental clinics was variable. The majority (74.0%) of the Pedo staff had a high level of responsiveness towards Occupational Hazards in relation to for decontamination of devices (with only contact with skin) washing with usual detergent is enough*. On the other hand (68.0%) of the Pedo staff had a lowest level of responsiveness towards Occupational Hazards in relation to Universal precautions are applied to patients with HIV and viral hepatitis only*”. Although, concerning the Intermittent Level of Responsiveness the highest level was responsiveness towards Occupational Hazards in relation to “Universal precautions are applied to patients with HIV and viral hepatitis only””. While, regarding the Low Level of Responsiveness towards Occupational in the item of Used needles can be recapped after giving an injection”” was showed higher rate (11.0%) towards Occupational Hazards.

4. Discussion

The level of Responsiveness’s towards occupational Hazards among Pedo staff was shown significantly associated with many variables (Table 1). This study finding showed that responsiveness towards Occupational Hazards among some Pedo staff at dental clinics was variable. The majority (74.0%) of the Pedo staff had a high level of responsiveness towards Occupational Hazards in relation to for decontamination of devices (with only contact with skin) washing with usual detergent is enough”. On the other hand (68.0%) of the Pedo staff had a lowest level of responsiveness towards Occupational Hazards in relation to Universal precautions are applied to patients with HIV and viral hepatitis only*”. Although, concerning the Intermittent Level of Responsiveness the highest level was

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responsiveness towards Occupational Hazards in relation to "Isolation is necessary for patients with blood-borne infections" (9.5%).

While, regarding the Low Level of Responsiveness towards Occupational Hazards in the item of Universal precautions are applied to patients with HIV and viral hepatitis only" "was showed higher rate (17.0%).

It is very important that health care workers have good understanding about the risk of blood-borne pathogens at work place and about the preventive measures for reducing risk. In this study, the majorities of the respondents were very knowledgeable of the harmful effects of bloodborne pathogens and identified HIV as a potential harm followed by hepatitis and bacterial infections. In this study, health care workers employed in the health sector for longer periods were more aware of universal precautions compared with those who served for shorter periods.

Training and education have been found to be of paramount importance to developing responsiveness among health care workers, as well as improving adherence to high-quality clinical practice. This research findings is congruent with the findings of the study carried out by (Rapiti, et al., 2005), who found that he greater responsiveness of universal precautions among health care workers employed for a longer period non-compliance among medical doctors and nurses are associated with insufficient knowledge, workload, forgetfulness, workplace safety and the insight that colleagues also failed to track.

Personnel protective equipments reduce the risk of exposure of the health care provider’s skin or mucous membranes to potentially infectious materials. Protective barriers reduce the risk of exposure to blood and other body fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Just over one half of the respondents indicated that they were provided with protective equipment most times. Furthermore, more nurses were provided with protective equipment than medical technologists and medical doctors. Interestingly, more respondents who were aware of universal precautions reported being provided with protective equipment more often than those who were somewhat or not aware. This study results congruent with the research data carried out by Pourmaras, et al,2004, who reported that less than two-thirds of health care workers claimed that they always used personal protective equipment such as aprons, gowns and gloves, during surgeries and while conducting deliveries.

This study showed that there was high level of Responsiveness’s towards occupational Hazards among Pedo staff within the study setting. These findings suggest that training of dental staff to maintain and enhance their knowledge about occupational safety, blood borne pathogens and universal precautions could improve their use of universal precautions. Regular training should include the universal precautions, initial biohazard handling, safety policies, safety behavior, safety equipments, continuing monitoring and maintain continuous quality improvement concerning the practice of occupational safety.

5. Acknowledgements

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References


