

Health and Safety at Work: Navigating Nurses' Occupational Challenges

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Singapore
General Hospital

Special thanks to:

Dr Alvin Tan (Occupational Medicine Senior Resident) and
Dr Shi Haixiao (Family Medicine Resident)

21 October 2023

The Health and Wellbeing of Nurses Is Integral to Ensure a Functioning Health System

- Nursing in the healthcare setting presents a wide spectrum of occupational challenges and risks
- Unsafe working conditions have far-reaching impacts:
 1. **Patients**¹
 - Increased risk of preventable medical errors
 - Compromise of safety, quality of care delivered
 2. **Healthcare System**²
 - High turnover rates and attrition
 - Incur additional cost of re-hiring, training
- COVID-19 pandemic has highlighted the extent to which **protecting healthcare workers, including nurses**, is key in ensuring a functioning health system and a functioning society.³



World Health
Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY
Agenda item 15

A74/A/CONF./6
26 May 2021

**Protecting, safeguarding and investing in
the health and care workforce**

“World Health Assembly called upon Member States to take the necessary steps to safeguard and protect health and care workers at all levels”.³

**Mental
Health
Challenges**

**Blood borne
and
Biological
Hazards**

**Safety and
Physical
Hazards**

**Occupational Health
Challenges Faced
by Nurses**

**Human
Factors (Shift
Work) and
Pregnancy**



**Ergonomics
Hazards
(WRMSD)**

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Ergonomics
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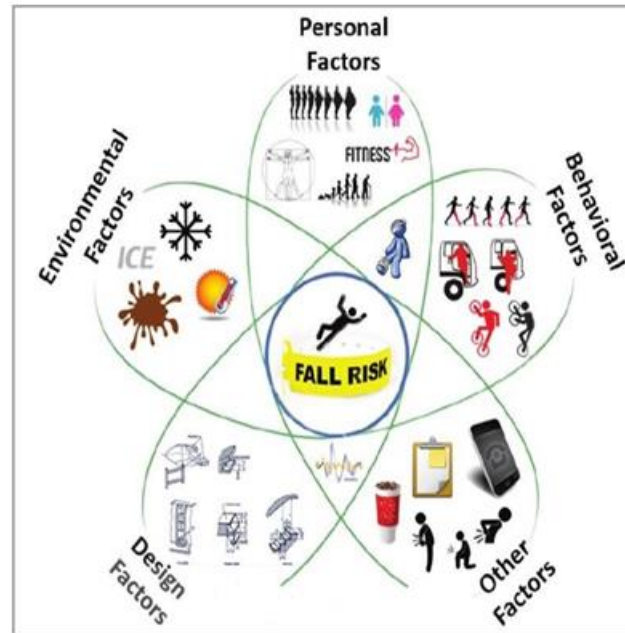
Occupational Health Challenges Faced by Nurses

Safety Hazards at the Workplace

Slips, Trips and Falls is the **most common cause** of workplace major injuries in Singapore.⁴

Causes are **multi-factorial**⁵

- **Environmental:** poor housekeeping, slippery floor, insufficient lighting, obstacles.
- **Design:** steps and kerbs, lack of handrails and slops.
- **Behavioural:** distractions, obstructed view
- **Personal:** lack of awareness
- **Others:** inadequate footwear



Source: Dr Andrew S. Merryweather, Director of the Ergonomics and Safety Program, University of Utah² (<https://www.coeh.berkeley.edu/21ew0915>)

Figure 4c: Number of workplace major injuries by cause of injury, 2015-2022

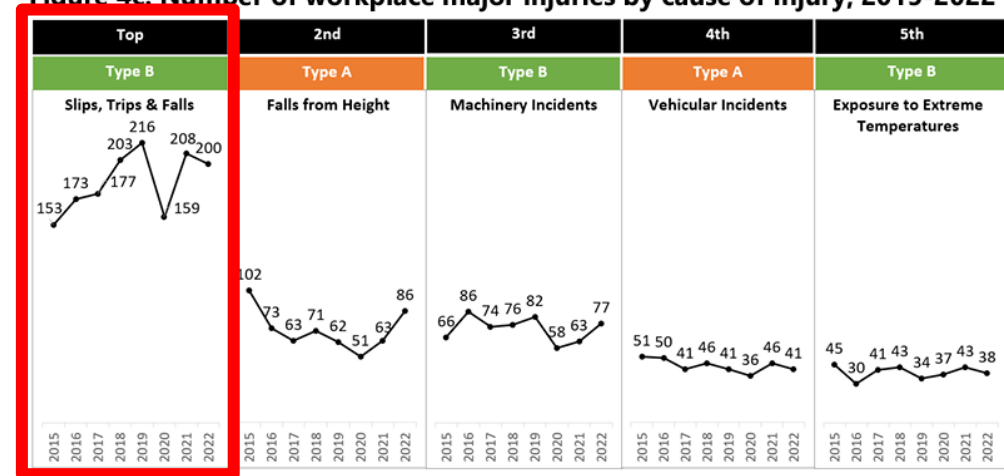
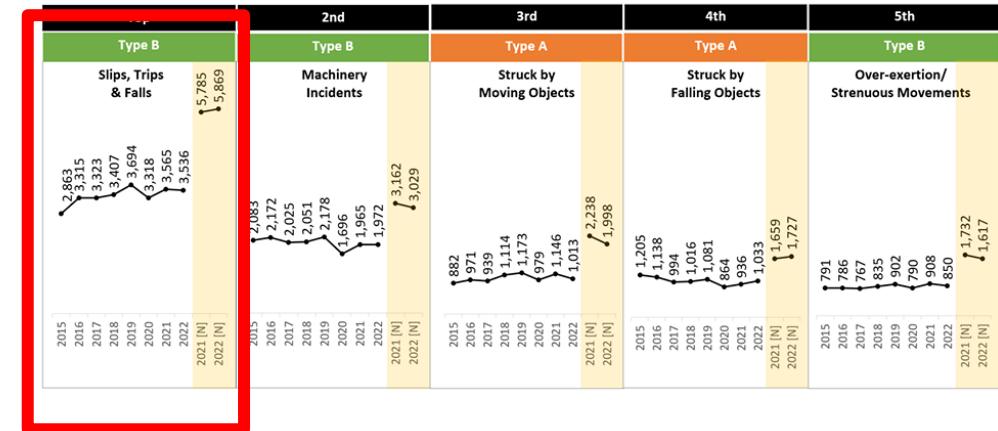


Figure 6c: Number of workplace minor injuries by cause of injury, 2015-2022



Source: Ministry of Manpower 2022 Annual Report⁴

Managing Safety Hazards

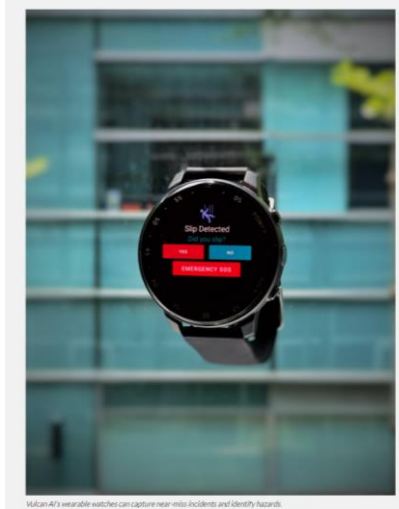
In addition to existing measures aimed at minimizing or eliminating common STF hazards⁶, organizations can adopt technology (wearables, AI) to better detect and prevent falls.^{5,7,8}

Smart insole to identify and mitigate workplace slips, trips and falls

Insole embedded with pressure and motion sensors helps identify high risk areas and mitigate workplace incidents

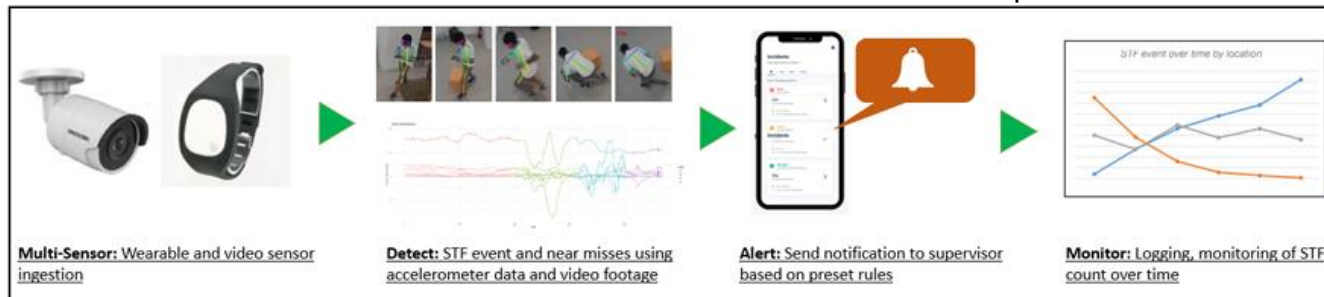


Source: <https://news.nus.edu.sg/smart-insole-for-slips-trips-and-falls>



USCAR AI's wearable watches can capture near-miss incidents and identify hazards.

Source: <https://www1.bca.gov.sg/buildsg-emag/articles/from-reaction-to-prevention-be-safe-and-productive-with-technology>



Source: <https://www.mom.gov.sg/-/media/mom/files/pdf/wshi-owlinks/issue-82.pdf>

How to Prevent Slips, Trips, and Falls



Good Housekeeping

- Keep clutter away from the floor to prevent injuries.
- Close drawers when not in use.
- Put boxes away from the walkways.
- Store cables in protective covers.



Adequate Lighting

- Make sure there's enough light on walkways, stairs, halls, ramps, and exits.
- Report malfunctioning lights to appropriate authorities.



Safety Signs

- Alert workers of spill accidents and other trip hazards using safety signs.



Spill Cleanup

- Clean up spills as soon as you see them.
- Sweep up clutter and debris regularly.



Proper Footwear

- Wear non-slip shoes or waterproof footwear in slip-prone areas.
- Avoid using sandals, open-toed shoes, and high heels in slippery or uneven surface.



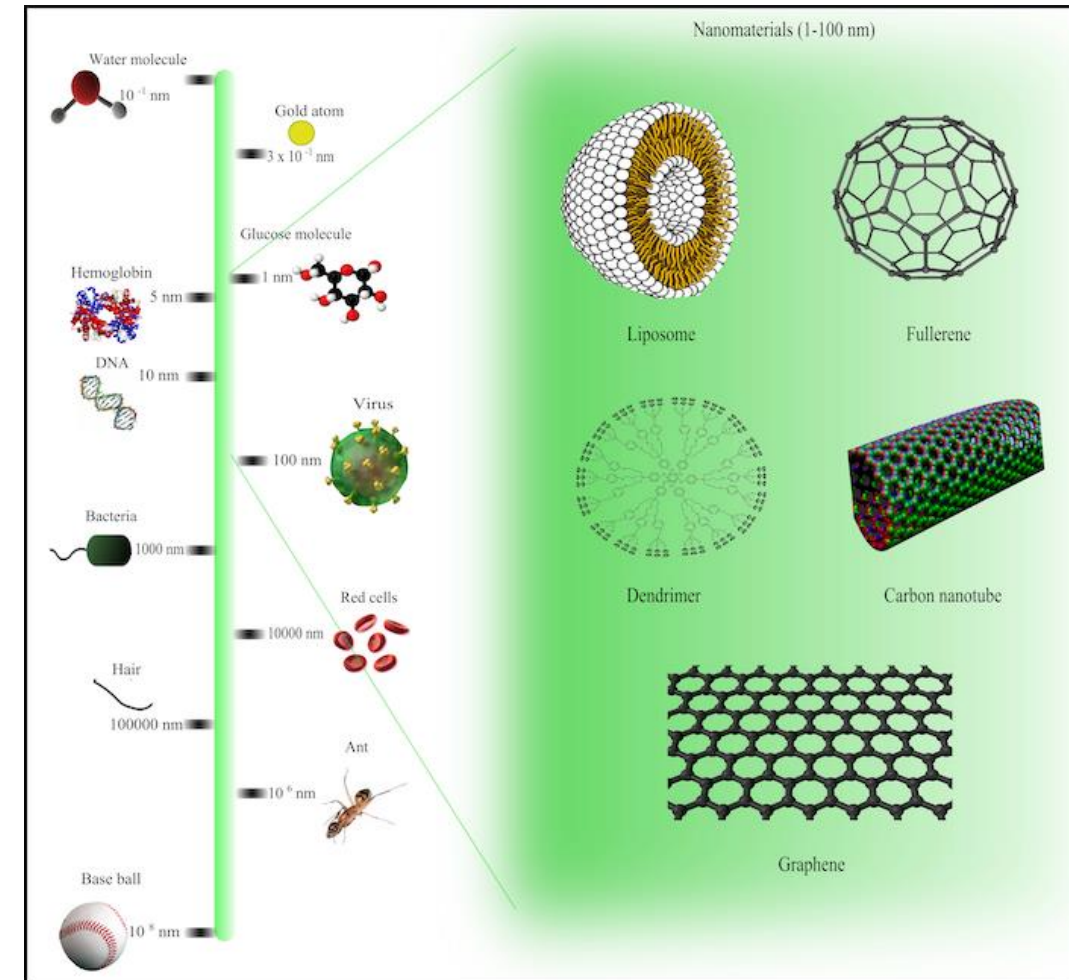
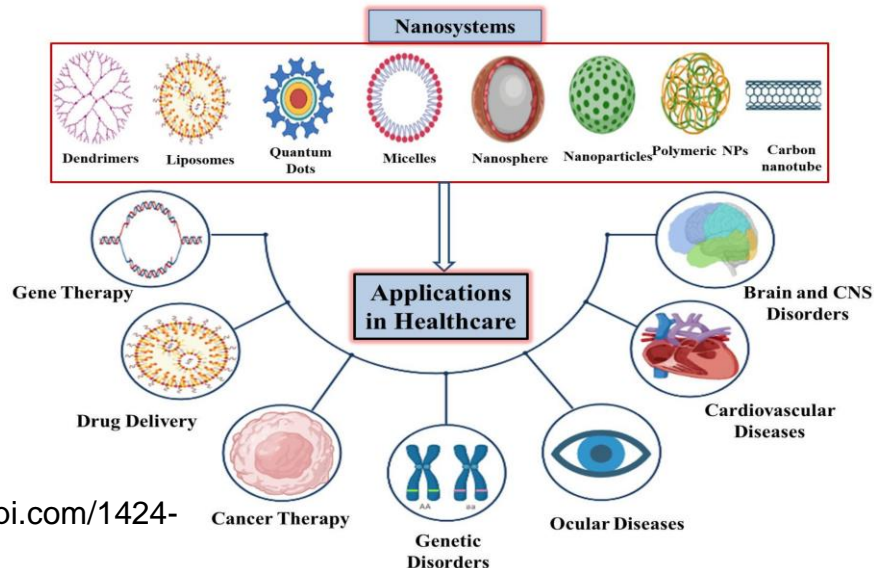
Floor Quality

- Check your walking surfaces for uneven areas, holes, and other damages.
- Install safety mats and floor markings in hazardous workspaces.

Source: <https://safetyculture.com/topics/slips-trips-and-falls/>

Nanotechnology in Healthcare

- Materials containing particles sized between 1 and 100nm are an emerging adoption in medical diagnosis and therapies^{9,10}:
 - Drug deliveries
 - Imaging agents
 - Implants and tissue-engineered constructs
- Health effects of nanomaterial are different compared to materials of the same composition at the macro scale.



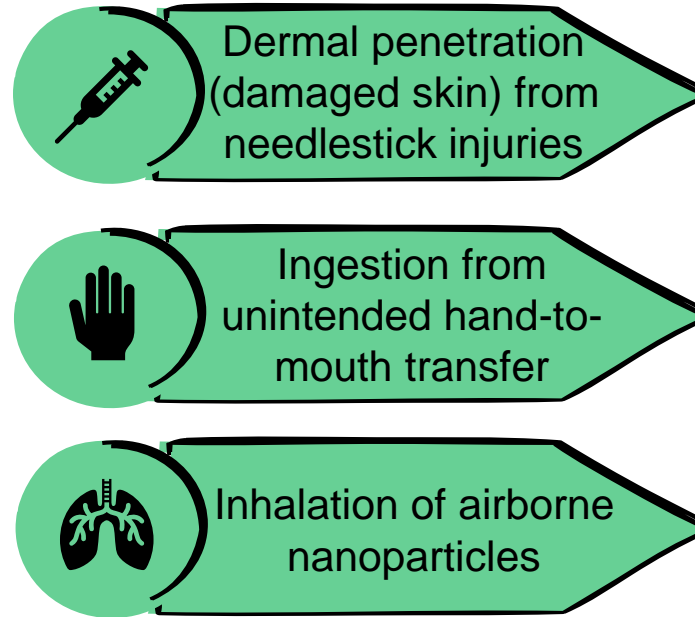
Source: <http://www.mdpi.com/1422-0067/15/5/7158>

Occupational Risks from Nanomaterials for HCWs

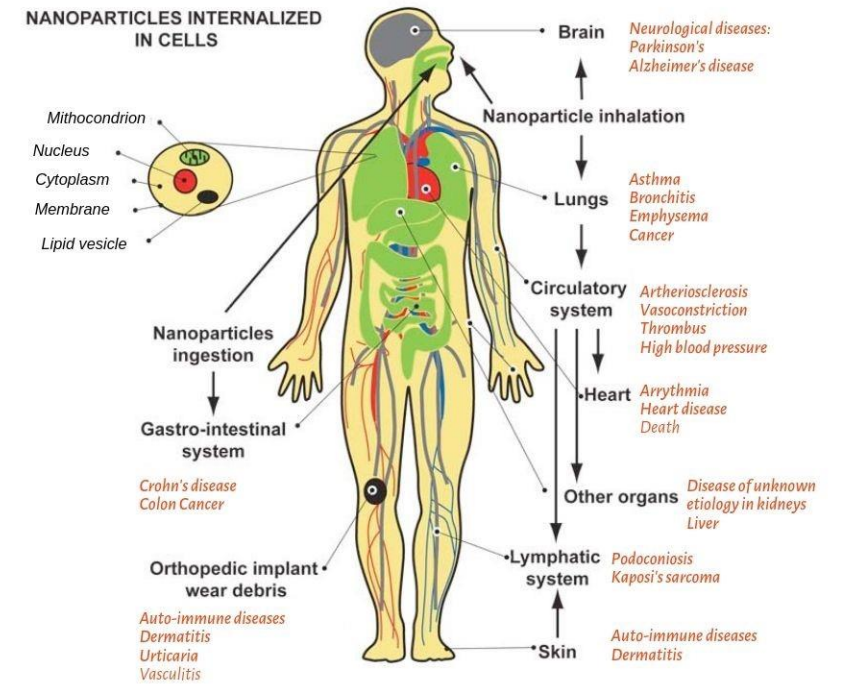
Exposure Situations in the Healthcare Setting¹¹

- 1 Administration and preparation of nanodrugs
- 2 Contact with contaminated areas and surfaces (spills, patients' excreta)
- 3 Dental and surgical procedures involving drilling, grinding, polishing of medical materials with nanomaterials

Route of Exposure Into The Body¹¹



Potential Health Hazards¹²



Source: <https://www.canada.ca/en/employment-social-development/services/health-safety/reports/engineered-nanoparticles.html>



Potential risk of explosion and fire

Nanomaterials' Risk Control and Prevention¹¹

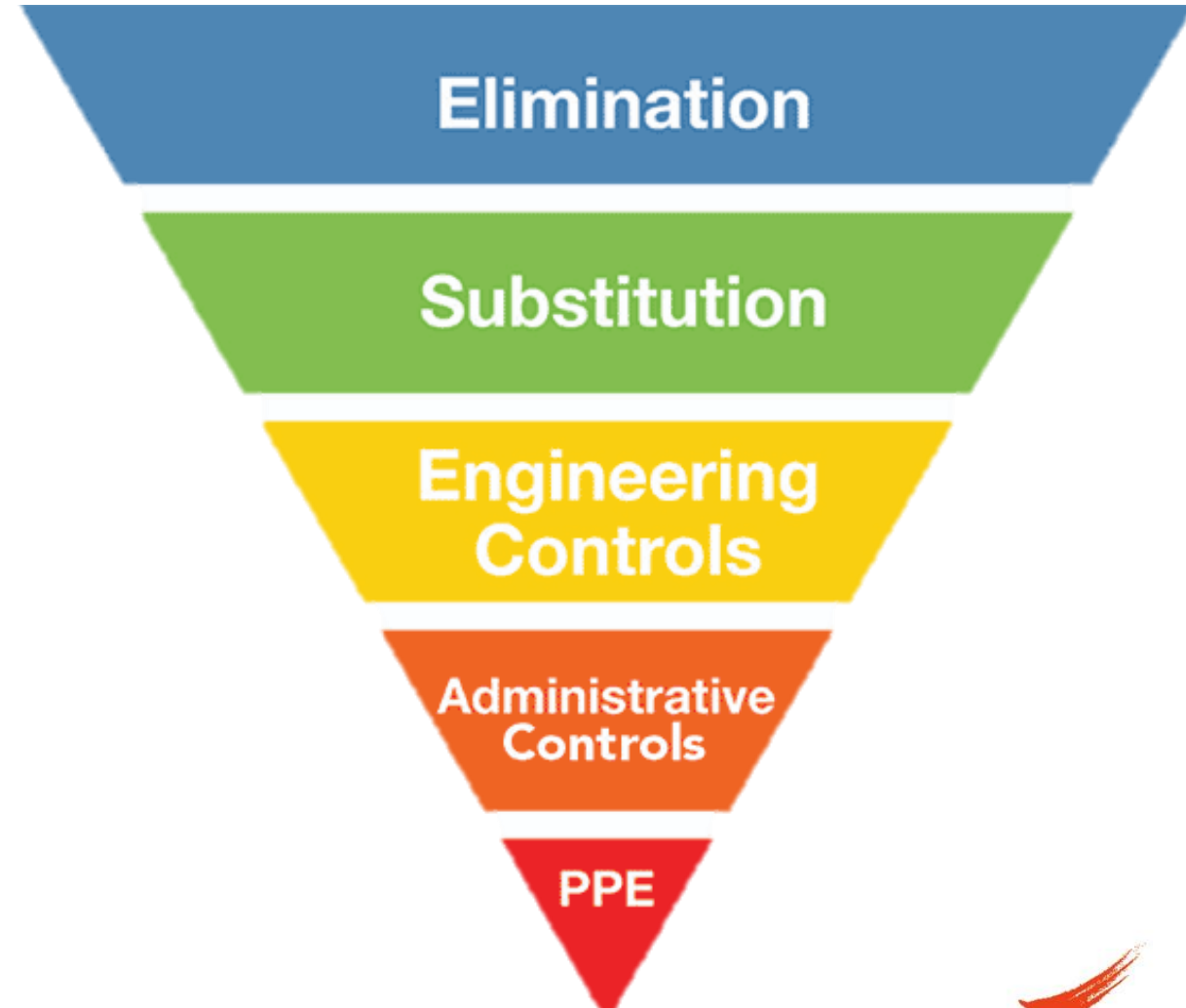
Difficult and may not be feasible

Solubilising powder form that could be airborne into liquids to reduce hazardous properties

Preparation of drugs in glove boxes with high-efficiency particulate air filters, or under local exhaust ventilation

Dedicated work areas with regular wet cleaning. Limit the duration of HCWs' exposure, and prohibit access to unauthorised personnel

Respirators with appropriate cartridges, eye protection, gloves (latex, nitrile, neoprene), non-woven textiles clothing



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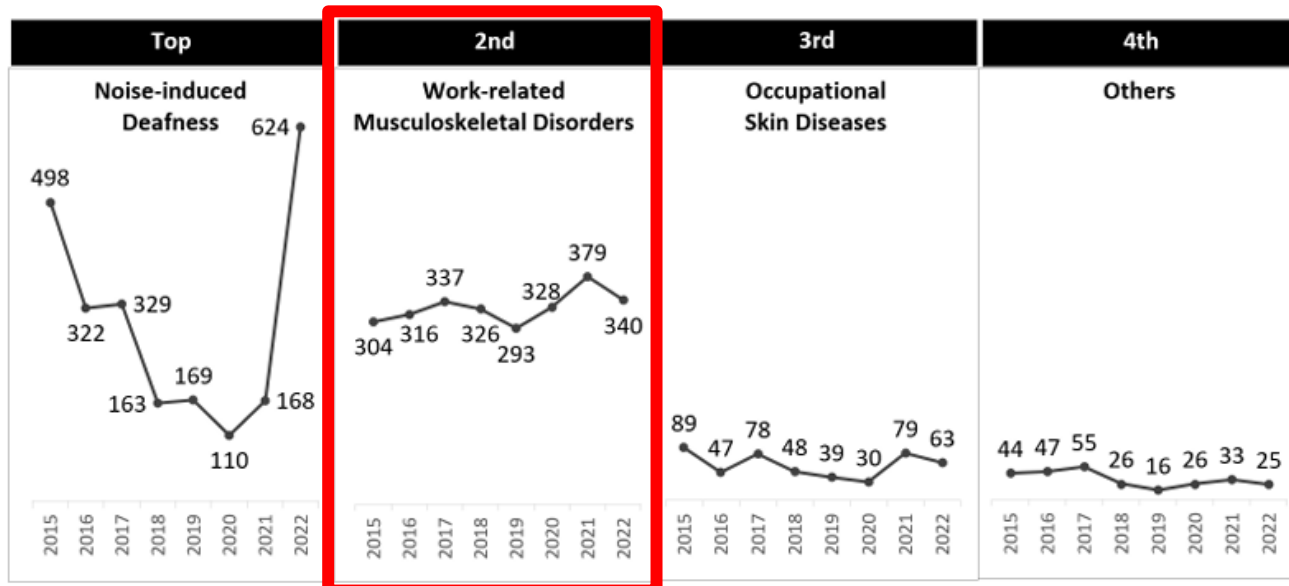


Ergonomics
Hazards
(WRMSD)

Occupational Health Challenges Faced by Nurses

Work-Related Musculoskeletal Disorders in Singapore

- Work-related musculoskeletal disorders (WRMSDs) is the 2nd most common occupational disease in Singapore.⁴
- Back injuries due to ergonomic risks **most common**.
- Health and Social Services is the main sector contributing to the WRMSDs cases.



Industry	2021	2022
All Industries	379	340
Manufacturing	66	61
<i>Metalworking</i>	23	16
<i>Manufacture of Food, Beverages & Tobacco</i>	13	11
<i>Manufacture of Computer, Electronic & Optical Products</i>	7	6
<i>Manufacture of Pharmaceutical & Biological Products</i>	4	6
Accommodation & Food Service Activities	41	46
<i>Food & Beverage Service Activities</i>	28	26
<i>Accommodation</i>	13	20
Construction	45	42
Transportation & Storage	44	38
<i>Logistics & Transport</i>	29	30
Administrative & Support Service Activities	17	22
<i>Cleaning & Landscape Maintenance Activities</i>	10	10
<i>Security & Investigation Activities</i>	2	3
Wholesale & Retail Trade	30	19
<i>Wholesale Trade</i>	9	5
<i>Retail Trade</i>	21	14
Electricity, Gas & Air-Conditioning Supply	8	9
Professional, Scientific & Technical Activities	14	6
Financial & Insurance Services	9	6
Marine	5	5
Real Estate Activities	5	5
Community, Social & Personal Services	90	80
<i>Health & Social Services</i>	64	50
<i>Other Services Activities</i>	17	17
Education	7	8
Arts, Entertainment & Recreation	5	8

Source: Ministry of Manpower 2022 Annual Report⁴

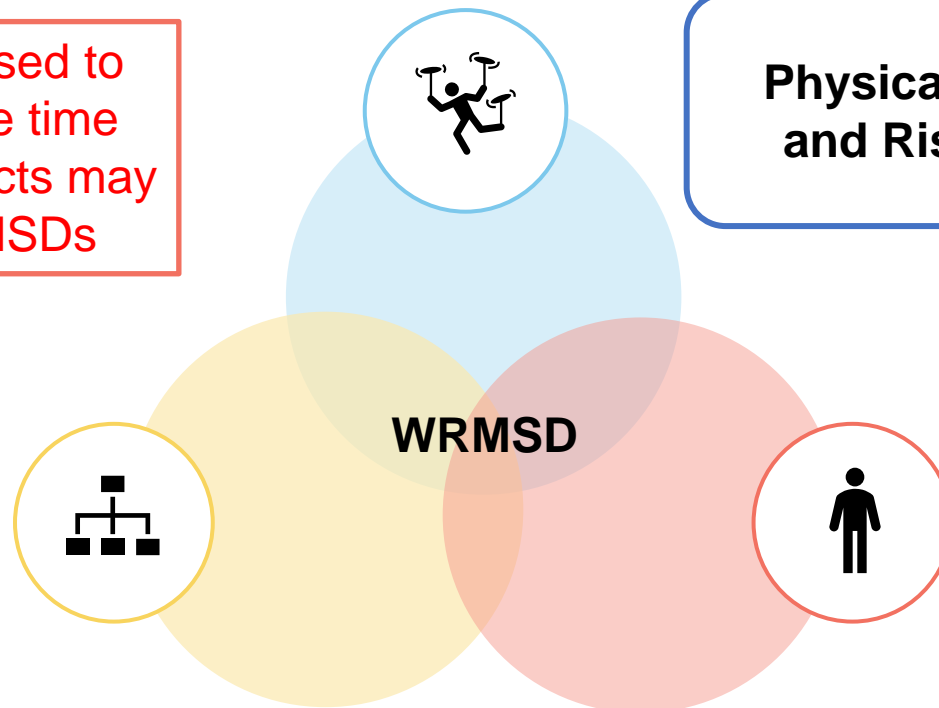
WRMSDs Amongst Nurses

- WRMSDs amongst HCWs are **common**, especially amongst nurses¹³:
 - Up to 37% of nurses experienced MSDs (any type) every week.
 - Back pain are the most common (ranging from 30% to 60%), followed by neck (40%) and shoulder injuries (47%).
- WRMSDs can develop over time and become a chronic problem.

Nurses are generally exposed to several factors at the same time and interaction of these effects may influence the risk of WRMSDs

Organization and Psychosocial Factors

- Lack of support, job satisfaction, burnout
- High Job demands and demanding work schedules

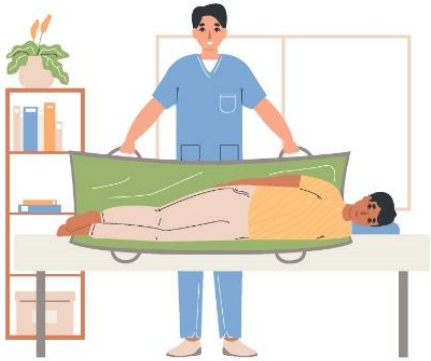


Physical Workload and Risk Factors

Individual Factors

- Age
- Poor Sleep
- Low muscle strength and endurance

Physical Workload and Risk Factors for WRMSDs



Carrying heavy load
(e.g. patient handling
involving lifting and
transferring of patients)

Awkward postures
(e.g. bending and
twisting of the waist)

Repetitive actions
throughout the day

Static postures (e.g.
standing for
prolonged periods)

2011 Compendium Of Physical Activities: Energy Cost Of Physical Activities¹⁴

- Standing (nursing patient care): **3.0 METS**
- Walking and pushing a wheelchair: **3.5 METS**
- Lifting more than 22kg: **4.5 METS**
- Walking briskly and carrying objects less than 12kg: **4.8 METS**

METS equivalent of daily activities

- Sleeping: 1.0 METS
- Pilates: 3.0 METS
- Stationary bicycle: 4.0 METS
- Badminton: 5.0 METS

Ergonomic Interventions to Tackle Physical Workload and Risk Factors for WRMSDs

- Assistive devices aim to reduce the physical workload and minimize risk factors – reduction of risk of MSDs by more than 20%.¹⁵
- Patient-handling training is an important element in adopting technical interventions correctly.

Ergonomics refers to adjusting the job and workplace, not the worker.

It is the science and art of fitting the job and the workplace to workers' needs, taking advantage of the workers' capabilities and individual tendencies, and recognizing natural individual limitations.

1. Sliding sheet



2. Lift



3. Sliding board



4. Stand-assist lift



5. Master turner



6. The bed itself



Source:

https://osha.europa.eu/sites/default/files/Discussion_paper_MSDs_in_health_care_sector.pdf

Exoskeletons in Nursing and Healthcare

[Clin Nurs Res](#), 2021 Nov; 30(8): 1123–1126.

Published online 2021 Aug 8. doi: [10.1177/10547738211038365](https://doi.org/10.1177/10547738211038365)

Exoskeletons in Nursing and Healthcare: A Bionic Future

[Siobhan O'Connor](#), Lecturer, BSc, CIMA CBA, BSc, RGN, PhD¹



Lawrence Bonk

Contributing Reporter

Tue, Aug 29, 2023, 9:00 PM GMT+8 · 2 min read



German Bionic

Source: <https://www.engadget.com/german-bionics-latest-exoskeleton-helps-healthcare-workers-lift-elderly-patients-130046538.html>

PMCID: PMC8458665



A back support exoskeleton developed by the National Robotics Programme. ST PHOTO: OSMOND CHIA

Many workers in factories and industrial sites develop back injuries from lifting heavy objects. To the rescue comes a mechanised exoskeleton that gives its wearer a boost when carrying objects, protecting his spine.

Source: <https://www.straitstimes.com/tech/robots-assemble-meet-singapore-s-robotic-workforce>

- Industrial exoskeletons augment, amplify, and reinforce the performance of a worker's existing body components.
- Support body weight, assist with lifting, help maintain loads, or stabilize the user's body.
- Ongoing studies and R&D to apply this technology in the nursing profession to better support nurses and their occupational health¹⁶.

Exoskeletons in Nursing and Healthcare

Important considerations with the design, adoption and implementation of exoskeletons for nurses¹⁷:

- Designed for lifting motions performed by nurses and allows for twisting and bending motions.
- Design with a focus on women, with pressure redistribution considering women's sensitive areas.
- Patient friendly.
- Lightweight and portable.
- Easy to wash and disinfect to abide by infection control measures.
- Compact and intuitive to use.
- Cheap.
- Co-designed with nurses' inputs regarding the aesthetics and user-friendliness.



Ergonomics Programme for Nurses at the Workplace

- Provides a systematic approach to manage ergonomic hazards and issues.
- Creates a healthy and safety culture that promotes good ergonomics at work.
- Comprises 7 key elements for a comprehensive ergonomic programme.¹⁸



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Blood-borne and Other Biological / Transmissible Hazards

Contact Transmission

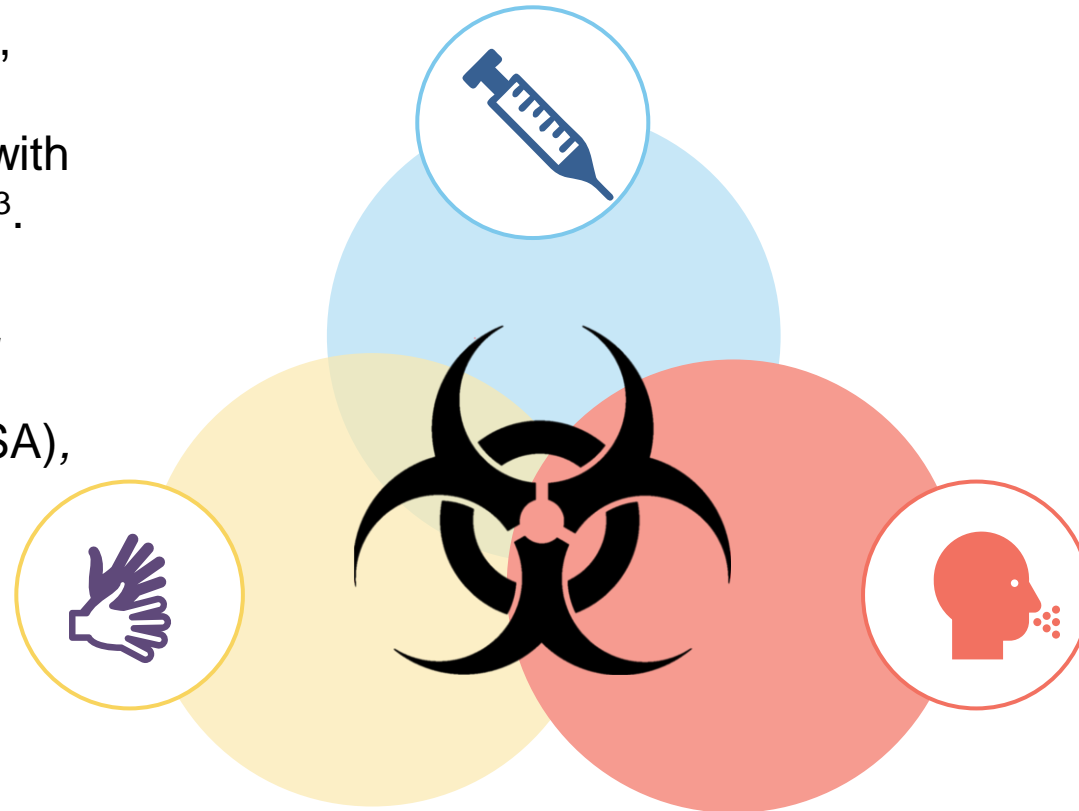
Activities such as disinfecting, cleaning, transporting contaminated equipment, or with contact with infected patients³.

Example: *Clostridium difficile*, Methicillin-resistant Staphylococcus aureus (MRSA), *Escherichia coli*.

Bloodborne Transmission

Due to percutaneous sharps injuries with contaminated needles, or splash injuries with broken skin or mucuous membrane.

Example: Hepatitis B (33%), Hepatitis C (3.3%) and HIV (0.31%)¹⁹



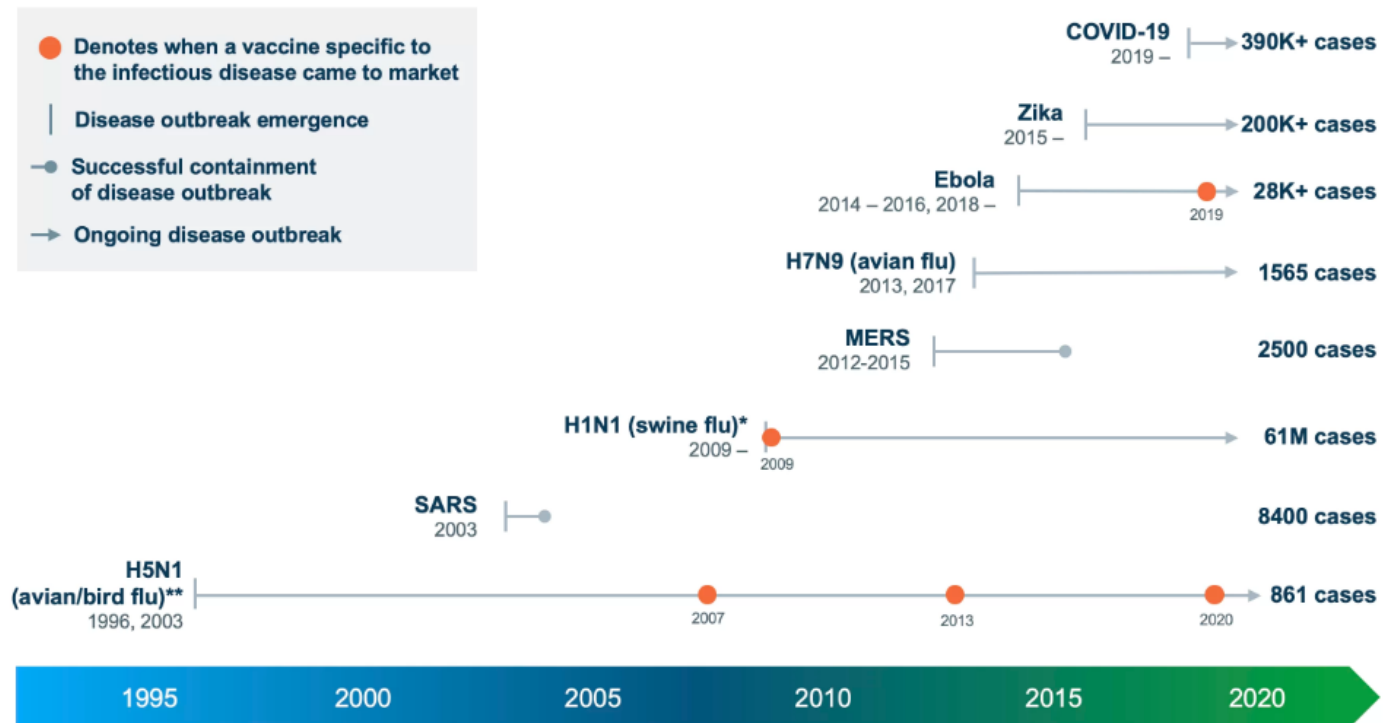
Droplet and Airborne Transmission

Coughing, sneezing, and talking from patients. Risk is higher with aerosolizing procedures (e.g. intubation, performing oral care, nebulization)

Example: Tuberculosis, measles, chickenpox.

Nurses Are At Higher Risk for Emerging Novel Infectious Diseases

- Over the past few decades, outbreaks of novel infectious diseases have been **increasing in frequency and intensity**.^{20,21}
- Nurses are at the frontline as the first line of defence, to respond to these outbreaks, despite the uncertainties of a novel disease.



Source: <https://avalere.com/insights/therapeutic-vaccines-raise-regulatory-policy-pathway-questions>

Protective Measures for Nurses Against Biological and Transmissible Hazards

- ✓ Strict infection prevention and control measures (e.g. hand hygiene)
- ✓ Prioritising Immunization (if available)
- ✓ Provision of Personal Protective Equipment
- ✓ Contact tracing
- ✓ Post exposure monitoring, tests, and prophylaxis once available, made easily accessible to affected staff 24/7

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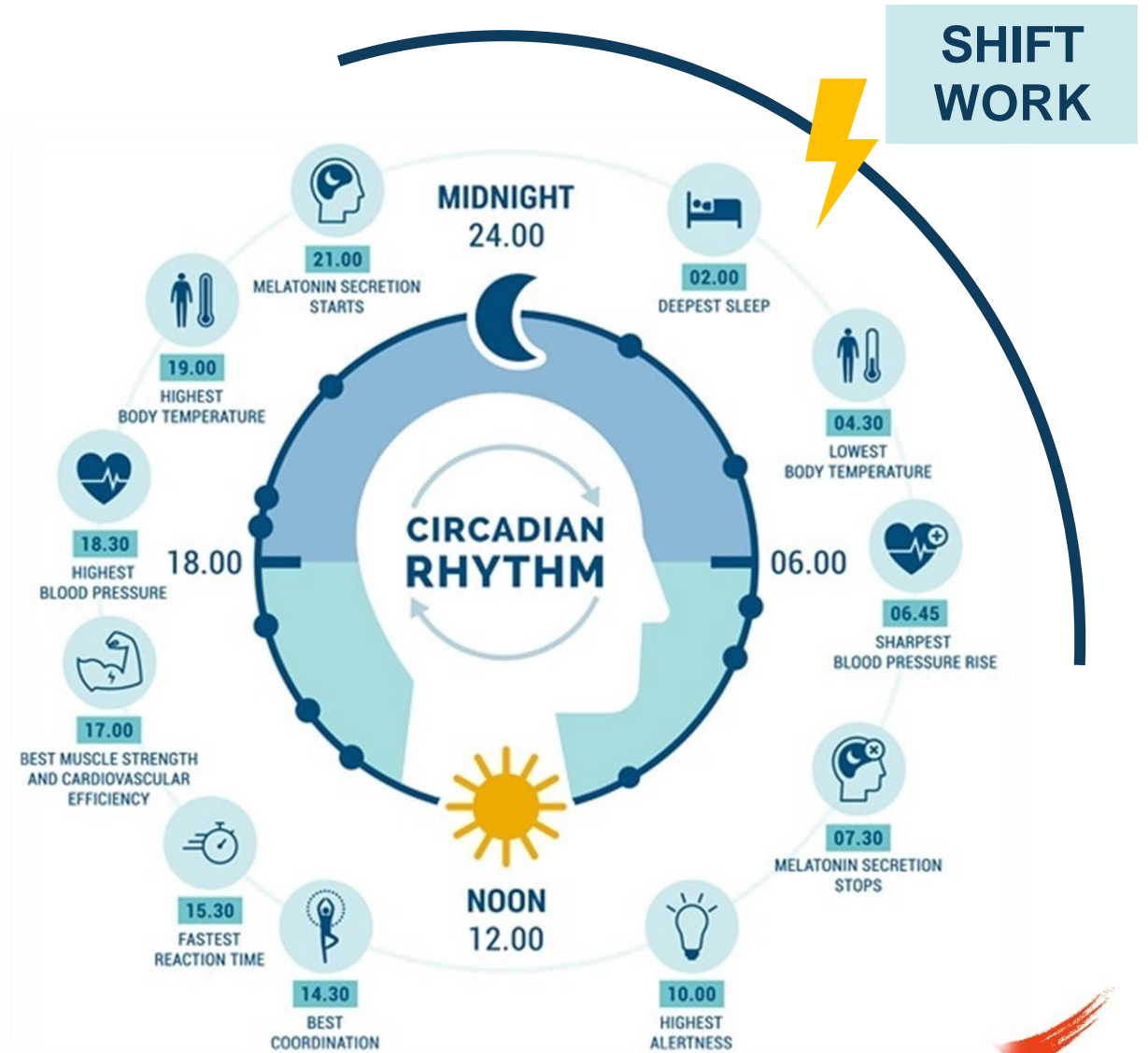


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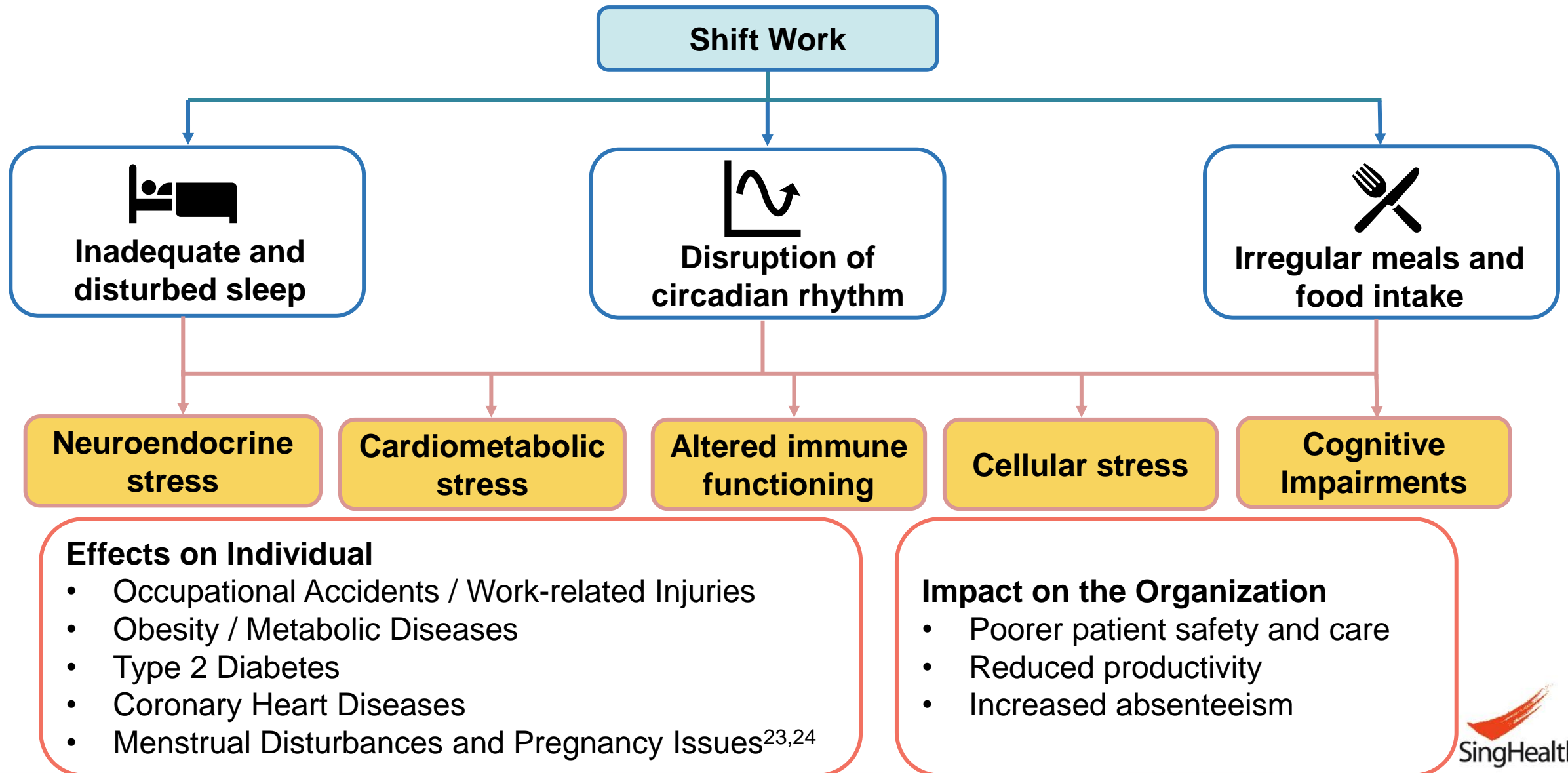
Shift Work and Health

- Biological processes are coordinated by an in-built circadian rhythm within a 24-hour cycle to occur at the correct time to maximize human performance.
- External cues (e.g. light, social interactions, food, exercise) can affect the circadian rhythm, and are known as Zeitgebers (*“time-givers” in German*).
- Shift work introduces zeitgeber inputs at night that conflict with the in-built circadian rhythm, causing circadian desynchrony.



Source: <https://www.news-medical.net/health/Circadian-Rhythm.aspx>

Health Effects of Shift Work²²



Shift Work and Cancer

PLOS ONE

RESEARCH ARTICLE

Shift work and long work hours and their association with chronic health conditions: A systematic review of systematic reviews with meta-analyses

Adovich S. Rivera^{1*}, Maxwell Akanbi¹, Linda C. O'Dwyer^{1,2}, Megan McHugh^{1,3}

“Moderate grade evidence suggest that shift work **increase the risk** of breast cancer”
(*Rivera et al, 2020*).²⁵

frontiers
in Oncology

SYSTEMATIC REVIEW
published: 23 June 2020
doi: 10.3389/fonc.2020.01006

Association Between Night-Shift Work and Cancer Risk: Updated Systematic Review and Meta-Analysis

Aishe Dun^{1†}, Xuan Zhao^{2†}, Xu Jin^{1†}, Tao Wei¹, Xiang Gao³, Youxin Wang^{4*} and Haifeng Hou^{5*}

¹ School of Basic Medical Science, Shandong First Medical University & Shandong Academy of Medical Sciences, Tai'an, China, ² School of Public Health, Shandong First Medical University & Shandong Academy of Medical Sciences, Tai'an, China, ³ Department of Otolaryngology, Head and Neck Surgery, Beijing Tongren Hospital, Capital Medical University, Beijing, China, ⁴ Beijing Key Laboratory of Clinical Epidemiology, School of Public Health, Capital Medical University, Beijing, China

“Systematic review of 57 studies **did not** find an overall association between ever-exposure to night shift work and risk of cancers” (*Dun et al, 2020*).²⁶

Manouchehri et al. *BMC Women's Health* (2021) 21:89
<https://doi.org/10.1186/s12905-021-01233-4>

BMC Women's Health

RESEARCH ARTICLE

Open Access

Night-shift work duration and breast cancer risk: an updated systematic review and meta-analysis

E. Manouchehri¹, A. Taghipour², V. Ghavami³, A. Ebadi^{4,5}, F. Homaei⁶ and R. Latifnejad Roudsari^{1,7*}

“Systematic review of 26 studies found a **positive statistical relationship** between night work and breast cancer risk only in short-term night-shift workers” (*Manouchehri et al, 2021*).²⁷

NIGHT SHIFT WORK

VOLUME 124

IARC MONOGRAPHS
ON THE IDENTIFICATION
OF CARCINOGENIC HAZARDS
TO HUMANS

International Agency for Research on Cancer



Night Shift Work and Cancer

*Published by the International Agency for
Research on Cancer in June 2020²⁸*

“Positive associations have been observed between night shift work and cancers of the breast, prostate, colon and rectum”.

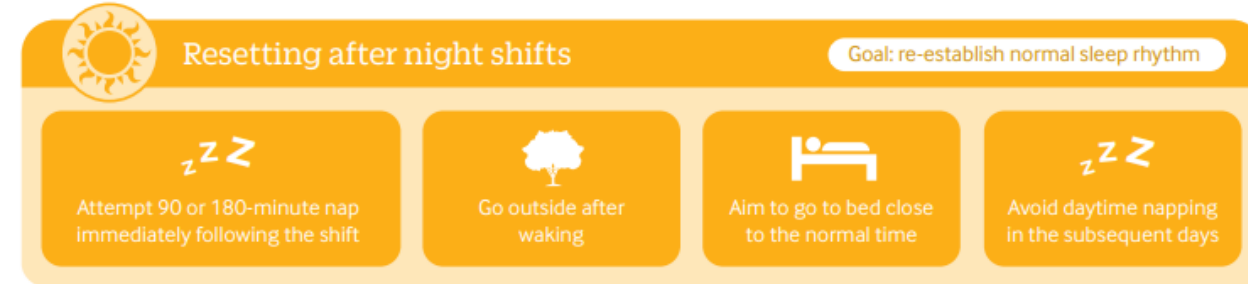
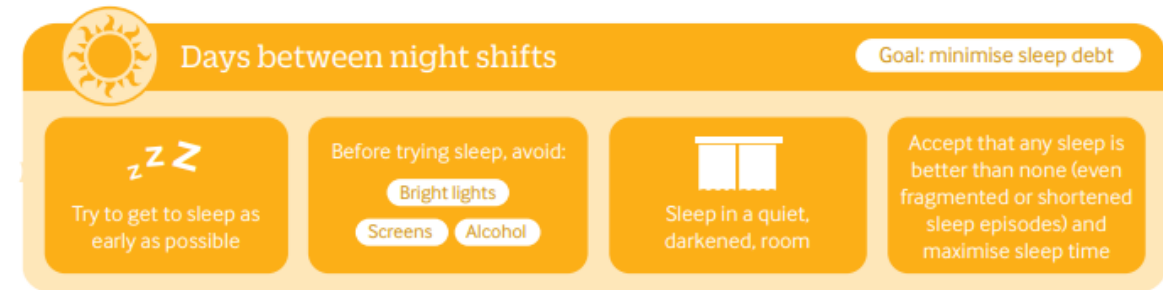
“Night shift work is probably carcinogenic to humans (Group 2A).”

“There is limited evidence in humans for the carcinogenicity of night shift work.

**Moderate but not conclusive
support exists for a link between
shift work and cancers**



Navigating Shift Work to Optimise Sleep and Rest²⁹



Organizational Changes³⁰

- Limit shift work to not more than 12 hours including overtime.
- Adopt forward-rotation shift (i.e. morning to afternoon, afternoon to night).
- Avoid quick shift changeovers, such as finishing at 11pm and starting again at 7 am.
- Plan shift schedules ahead of time and communicate the shift schedules early.

Shift Work - Adjustments for Pregnant Nurses

EMPLOYMENT ACT
(CHAPTER 91, SECTION 139)

EMPLOYMENT (FEMALE WORKMEN) REGULATIONS

Rg 7

G.N. No. S 101/1988

REVISED EDITION 2000
(30th April 2000)

[29th April 1988]

Citation

1. These Regulations may be cited as the Employment (Female Workmen) Regulations.

Definition

2. In these Regulations, unless the context otherwise requires, "night" means the period between 11 o'clock in the evening and 6 o'clock the following morning.

Employment of pregnant female workmen

3.—(1) No female workman who is pregnant shall be employed to work during the night or part thereof unless she has for this purpose consented in writing and is not certified unfit by a medical officer or a registered medical practitioner.

- (2) A female workman who is pregnant shall give written notice of that fact to her employer.

- (3) The notice under paragraph (2) shall be accompanied by a certificate from a medical officer or a registered medical practitioner certifying that the female workman is pregnant.

Source: <https://sso.agc.gov.sg/SL/EmA1968-RG7>

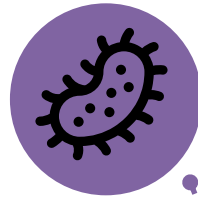
Singapore's Legislation

Shift work is **strictly contraindicated** in pregnancy unless consent is explicitly obtained and cleared to be medically safe by a medical practitioners

Special Considerations for Pregnant Nurses^{31,32}

Biological: Infectious Diseases

MMR, varicella, hepatitis B, influenza, cytomegalovirus, Parvovirus B19.



Psychosocial: Stress and Emotional Changes

Managing side effects (e.g. nausea, vomiting, decreased effort tolerance), and mental challenges with pregnancy.



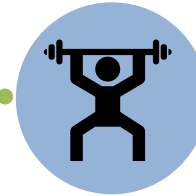
Chemical: Chemotherapeutic Agents and Aerosolized Drugs

Antineoplastic and teratogenicity properties results in miscarriage and birth defects



Ergonomics: Physical Labor

Existing WRMSD risks are exacerbated, due to the altered body's center of gravity.



Physical: Ionizing Radiation and Radioactive Materials

Exposure in radiology and nuclear medicine departments, procedures such as X-rays, fluoroscopy, cardiac catheterization.



Others: Shift Work

Risk of spontaneous abortion, preterm labour, low birthweight, pre-eclampsia.



Adjustments for Pregnant Nurses – Others³¹

*Also applicable to breastfeeding

1. Biological Hazards: Infectious Diseases

- Give vaccination (Hepatitis B, Influenza, Tdap) during pregnancy
- Universal Precautions to reduce occupational infections with no available or suitable vaccinations

2. Chemical Hazards: Aerosolized Drugs and Chemotherapeutic Agents³³

- **Advised to avoid work activities with increased risk of exposure to chemotherapy agents*.**
- Avoid working in high-risk areas during the first 84 days of their pregnancy. After 84 days, adhere to Standard Operating Procedures and Personal Protective Equipment requirements (minimally double gloves and nonabsorbent gown)
- Wear particulate filter respiratory masks (N95) for aerosolized drugs.

3. Physical: Ionizing Radiation and Radioactive Materials

- Redeployment to other job duties to avoid exposure to ionizing radiation and **radioactive materials*** as much as possible. If needed, provide dosimetry to measure occupational radiation and monitor worker exposure

4. Ergonomics and Physical Labor and Psychosocial stress and Emotional Changes

- Provisions of workload readjustments, and assignment of additional team members to assist with manual handling

Mental Health Challenges

Blood-borne and Biological Hazards

Safety and Physical Hazards

Human Factors (Shift Work) and Pregnancy

Ergonomics Hazards (WRMSD)



Occupational Health Challenges Faced by Nurses

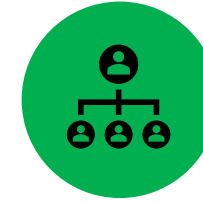
Interpersonal Relationships

Social or physical isolation, poor relationships with superiors, lack of social support, conflicts with colleagues or superiors.

Organizational Culture and Functions

Poor communication, low levels of support for problem solving and personal development, exposure to unreasonable behaviours.

Mental Health Challenges³⁴



Control

Lack of control over workload, nature of medical healthcare, low participation in decision making.



Workload and Work Pace

Work overload, high levels of time pressure, continually subject to deadlines.



Job Content

Handling concurrent demands, higher uncertainty, lack of variety or short work cycles, fragmented work, underuse of skills.



Work Schedule

Inflexible work schedules, unpredictable hours, long working hours, shift work.



Mental Health Challenges Can Lead to Burnout and Poor Overall Wellbeing

Table 2. Maslach Burnout Inventory emotional exhaustion, depersonalisation and personal accomplishment by professional groups

Profession	— Emotional Exhaustion			— Depersonalisation			— Personal Accomplishment		
	Burnout level Mean (SD)	P value compared with Allied Health	High burnout No. (%)	Burnout level Mean (SD)	P value compared with Medical	High burnout No. (%)	Burnout level Mean (SD)	P value compared with Non-clinical	Low PA No. (%)
Medical n=608	23.7 (12.8)	0.028	227 (37.3)	8.7 (7.1)	-	230 (37.8)	33.9 (8.6)	<0.001	259 (42.6)
Nursing n=3,032	23.7 (13.1)	0.004	1,194 (39.4)	7.4 (6.6)	<0.001	928 (30.6)	31.6 (9.5)	<0.001	1,641 (54.1)
Allied Health n=764	25.3 (12.9)	-	350 (45.8)	7.9 (6.7)	0.031	257 (33.6)	32.7 (8.6)	<0.001	385 (50.4)
Non-clinical n=1,644	21.1 (12.7)	<0.001	513 (31.2)	6.2 (5.7)	<0.001	381 (23.2)	29.0 (9.8)	-	1,057 (64.3)
Total N=6,048	23.2 (13.0)	-	2,284 (37.8)	7.2 (6.5)	-	1,796 (29.7)	31.3 (9.5)	-	3,342 (55.3)

DP: depersonalisation; EE: emotional exhaustion; MBI: Maslach Burnout Inventory; PA: personal accomplishment; SD: standard deviation

Survey on Prevalence of Burnout amongst HCWs (n = 6048)³⁵

- 38% had high Emotional Exhaustion.
- 30% high Depersonalization.
- 55% had low Personal Accomplishment.

Abuse and Harassment Of HCWs

- Harassment cases in the healthcare sector are **on the rise**, up from 1080 in 2018, to approximately 1300 in 2020.³⁶

*More than two-third of HCWs had witnessed, or personally experienced, abuse or harassment **in the past year.***

*One in three HCWs had witnessed, or personally experienced, abuse or harassment **at least once a week.***



- Over the same period, cases reported to the police under the Protection of Harassment Act increased from 40 to 58.³⁷

Hurting the hands that heal: Cases of abuse, harassment of public healthcare workers on the rise



Jalelah Abu Baker
@jalelahCNA
23 Feb 2021 06:00AM
(Updated: 23 Feb 2021 10:34AM)

Source: <https://www.channelnewsasia.com/singapore/healthcare-workers-abuse-harassment-cases-increase-singapore-369826>

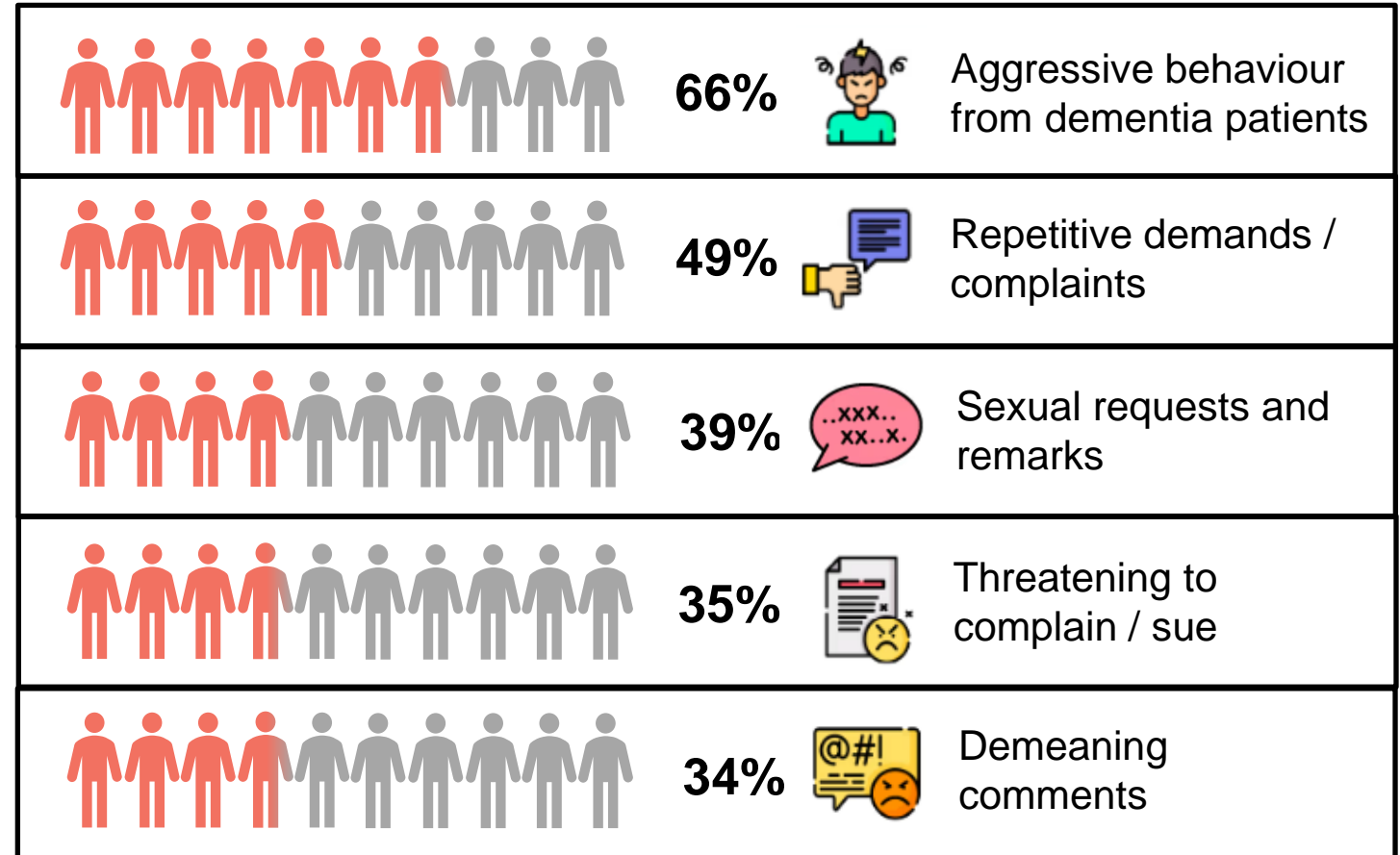
More healthcare workers in public institutions getting abused or harassed



Source: <https://www.todayonline.com/singapore/study-molest-sexual-requests-abuse-healthcare-workers-2131151>

Abuse and Harassment Of HCWs

- Survey findings showed that significant **proportion of HCWs did not perceive actions as abusive.**³⁶
- HCWs may choose to exercise empathy and not take a legalistic approach to escalate after every altercation.
- HCWs may have normalized the abuse and harassment and rationalized as being part of the job.



Survey conducted by MOH's Tripartite Workgroup for the Prevention of Abuse and Harassment of HCWs

Source: <https://www.todayonline.com/singapore/study-molest-sexual-requests-abuse-healthcare-workers-2131151>



Ong Ye Kung

13 Oct · 🌐

Like many of you, I have seen the video of the recent incident at the [Singapore General Hospital](#) Emergency Department. It shows a patient getting into an altercation with the police officers who were called in by SGH after the patient allegedly abused our healthcare workers (HCWs).

The video was recorded by the patient herself. I have also read SGH's statement and newspaper reports on the matter.

And I was disturbed.

Earlier this year, we announced a zero-tolerance policy against the abuse and harassment, verbal or physical, of HCWs.

The alleged behaviour and actions of the patient, are exactly what we need to protect HCWs against.

I thank the police officers at the scene for being firm and calm, and being there when our HCWs needed them. I am very glad that SGH has put out a clear statement very quickly.

As reported in the media, the individual has been charged in court today with multiple offences under the Protection from Harassment Act and

Supporting Nurses Against Abuse And Harassment³⁶

1

Protect

Establish a clear and common definition of abuse and harassment, with an effective reporting and escalation protocol. Develop a supportive culture of reporting and clear consequences that are implemented and enforced.

2

Prevent

Train and equip nurses with skills and knowledge to manage and de-escalate challenging situations. Deter potential offenders through the enforcement of consequences.

3

Promote

Develop a positive relationships of trust and respect between nurses, patients and their caregivers through correcting mismatched expectations that patients might have and providing appropriate channels to raise concerns about care delivery.



The Code White Initiative @ SGH

- Code White is an emergency signal to alert the hospital's team of four male nurses and two security officers that a colleague needs support in a potentially dangerous situation.
- Code White training sessions for nurses to assess, prevent and manage violent and aggressive situations.
- Being able to manage such situations empower the nurses and ensures the safety and respectful treatment of staff and patients alike.



Managing Mental Health Challenges For Nurses: Joy @ Work

Promoting **physical and mental health** as a tenet of well-being.

Health @ Work

Transformations @ Work

Promoting a **transformations** in our work practices & environment that promote well-being and joy.

Composition of Staff Wellness Council Members

- Institution Wellness Officers
- Expert panels (psychologists, social services)
- Professional Group Leaders
- Domain Leaders

Promoting a strong "**family**" culture defined by a strong sense of kinship and commitment to one another.



Promoting a culture of **kindness** and respect at the workplace, to build a supportive and joyful work environment.

Source: Prof Phua Ghee Chee, Group Director, Staff Wellness, Singhealth

Managing Mental Health Challenges For Nurses: Importance of Resilience and Self-Care

- **Know your purpose** – it will give you perspective and help you bounce back from challenging times.
- **Practise positive psychology** – even small accomplishments, such as making someone smile, can make you feel good about yourself.
- **Know when to take time off** – go for a walk, pick up a hobby, or spend time with family and friends.
- **Don't be so hard on yourself** – allow yourself time to grieve, then pick yourself up and see how to make things better.



“

Resilience can be trained just like a muscle. With practice, one can develop positive thinking, which ultimately can increase resilience.

Hartini Binte Osman
Senior Nurse Manager, Singapore General Hospital

Source:
<https://www.singhealth.com.sg/SCH/news/singapore-health/Self-care-heroes#>

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