

Šećerna bolest je značajan faktor rizika za nastajanje povreda na radu. Najveću opasnost po bezbednost na radu predstavljaju hipo i hiperglikemična stanja, oštećenja organa vida usled katarakte i retinopatije, periferni neuritis i druge komplikacije ove bolesti od strane srca, bubrega i krvnih sudova. Rezultati ovog istraživanja ukazuju na značajnu stopu incidence povreda na radu kod radnika koji pate od opstruktivne slip apnee. Ovaj poremećaj je sekundarna bolest koja je posledica nekog primarnog poremećaja a oboleli radnici su zbog toga hronično umorni, pospani, somnolentni, imaju poremećaj kognitivnih funkcija a zbog hipoksije centralnog nervnog sistema ovakav radnik često zaspi, što može biti uzrok povrede na radu(374). Poremećaji organa vida i sluha kod radnika povezani sa nastajanjem povreda na radu, što je u skladu sa rezultatima istraživanja drugih autora koji su se bavili ovim problemom (375).

Zbog svojih kardio cerebro vaskularnih komplikacija i čestih kolebanja krvnog pritiska arterijska hipertenzija može predstavljati značajan faktor nastajanja povreda na radnom mestu. Podaci iz literature ukazuju na problem svakodnevnog uzimanja lekova za snižavanje krvnog pritiska koji mogu izazvati pospanost, pad koncentracije, produžiti vreme reagovanja, što negativno utiče na bezbednost u toku rada (376).

Šećerna bolest je značajan faktor rizika za nastajanje povreda na radu. Najveću opasnost po bezbednost na radu predstavljaju hipo i hiperglikemična stanja, oštećenja organa vida usled katarakte i retinopatije, periferni neuritis i druge komplikacije ove bolesti od strane srca, bubrega i krvnih sudova. Rezultati ovog istraživanja ukazuju na značajnu stopu incidence povreda na radu kod radnika koji pate od opstruktivne slip apnee. Ovaj poremećaj je sekundarna bolest koja je posledica nekog primarnog poremećaja a oboleli radnici su zbog toga hronično umorni, pospani, somnolentni, imaju poremećaj kognitivnih funkcija a zbog hipoksije centralnog nervnog sistema ovakav radnik često zaspi, što može biti uzrok povrede na radu (377). Poremećaji organa vida i sluha kod radnika povezani sa nastajanjem povreda na radu, što je u skladu sa rezultatima istraživanja drugih autora koji su se bavili ovim problemom (375).

Faktori vezani za radno mesto, kao što su stres, socijalna podrška, rizici na poslu (378, , 379, 380) mogu značajno uticati na pojavu povreda na radu.

Istraživanja u ovoj tezi su pokazala da na umanjene radne sposobnosti zdravstvenog osoblja značajno utiču otkrivene i registrovane profesionalne bolesti. Profesionalne bolesti (od latinske reči Proffessio što se prevodi kao posao, zanimanje) predstavljaju patološka stanja nastala u neposrednoj vezi s redovnim zanimanjem bolesnika. To su određene bolesti (oštećenja zdravlja) prouzrokovane uticajem procesa i uslova rada na radnika koji taj posao obavlja. Pojam ne obuhvata bolesti prema njihovim nozološkim, već prema etiološkim osobinama. Danas se u većini zemalja u svetu i kod nas u radnom pravu, građanskom pravu i u penzijskom, invalidskom i zdravstvenom osiguranju sprovode preporuke Međunarodne organizacije rada i Međunarodne konvencije o davanjima za slučaj povreda na radu i profesionalnih bolesti. Većina zemalja je ratifikovala sve konvencije koje se odnose na obeštećenja za slučaj ovih povreda i oboljenja. Pored prava radnika, utvrđene su i obaveze poslodavaca u ostvarivanju tih prava i u preduzimanju mera zaštite i prevencije.

Profesionalne bolesti predstavljaju značajan medicinski problem u čitavom svetu (391). Posebno je značajan problem prisustva ovih bolesti u zdravstvenom sektoru (392, 393). Od posebnog interesa su profesionalne bolesti u zdravstvenom sektoru koje se prenose preko krvi, jer je glavni put transmisije biološkog agensa kontakt sa krvlju obolelog pacijenta ubodnom ranom koja je nastala inficiranom iglom, koja se tretira kao povreda na radu pošto je nastala tokom nege pacijenta čija je krv kontaminirana virusom-izazivačem profesionalnog oboljenja (394, 395). Ubodne povrede na radu putem potencijalno inficirane igle nisu retkost u zdravstvenom sektoru i naročito su prisutne tokom invazivnih dijagnostičkih i terapijskih procedura kod lekara i medicinskih sestara (396).

Pojam profesionalne bolesti, u smislu Zakona o penzijskom i invalidskom osiguranju, obuhvata određene bolesti nastale u toku osiguranja, prouzrokovane dužim neposrednim uticajem procesa i uslova rada na radnim mestima odnosno poslovima koje je osiguranik obavljao. Profesionalne bolesti, radna mesta odnosno poslovi na kojima se te bolesti pojavljuju i uslove pod kojima se smatraju profesionalnim bolestima utvrđuje ministar nadležan za poslove zdravlja, na predlog fonda. Iz date definicije pojma profesionalnih bolesti proizilazi da se radi o određenim bolestima, da su te bolesti prouzrokovane dužim neposrednim uticajem procesa i uslova rada, da se taj rad i uslovi rada odnose na radno mesto odnosno poslove koje je osiguranik

obavljao i da je to ono radno mesto odnosno oni poslovi po osnovu kojih je osiguranik osiguran. Za postojanje profesionalne bolesti potrebno je da su svi uslovi ispunjeni. Osnovni uslov da se jedna bolest u zakonskom smislu smatra profesionalnom jeste postojanje uzročno-posledičnog odnosa između obavljanja poslova i nastanka bolesti. Posebnim Pravilnikom je utvrđena lista profesionalnih bolesti. Za profesionalne bolesti se mogu priznati samo bolesti navedene u Pravilniku o utvrđivanju profesionalnih bolesti. Profesionalne bolesti imaju društveni i pravni značaj zbog posledica po radnika, njegovu porodicu i proizvodnju. Te posledice su uvek štetne. Od intenziteta oboljenja zavisi i veličina štetnih posledica, koje mogu biti: bolesno stanje, privremena nesposobnost za rad, smanjenje radne sposobnosti (obično trajno), gubitak radne sposobnosti, telesno oštećenje (narušavanje fizičkog integriteta) ili smrt.

Utvrđivanje uzročno-posledičnog odnosa između obavljanja poslova i nastanka patološkog stanja, kao i procena oštećenja ili gubitka pojedinih funkcija organa ili organskih sistema, odnosno sijagnostikovanje bolesti, osnovni su zadaci lekara medicine rada. Oštećenje zdravlja nastaje delovanjem specifičnih noksi iz radne sredine a poznavanje tih noksi (profesionalnih štetnosti) prvi je korak u rešavanju postavljenih zadataka.

Pod profesionalnim štetnostima podrazumevaju se svi štetni činioци kojima je radnik izložen u toku rada, a koji mogu uticati na zdravlje. Delovanje štetnih činilaca na radnika omogućuje loša odnosno nepotpuna organizacija rada, kao i način izvođenja rada. Opšti higijenski uslovi na radnim mestima i specijalni uslovi na radu (vrsta tehnološkog procesa, opšta tehnička i lična zaštita, specijalna zdravstvena zaštita i dr.), kao i individualne razlike u otpornosti i osetljivosti radnika, bitno utiču na pojavu, učestalost i vrstu oštećenja zdravlja. Profesionalna oštećenja nastaju kada se nokse pojavljuju u takvom obliku, količini odnosno intenzitetu i deluju na takav način i tako dugo da mogu uspostaviti potreban dodir s organizmom i tako izazvati prolazno ili trajno oštećenje organizma. Nokse koje se pojavljuju pri radu mogu biti fizičke prirode (temperatura, vlaga, strujanje vazduha, povišen ili smanjen atmosferski pritisak, jonizujuće i nejonizujuće zračenje, buka, vibracije, mehanička energija i dr.), hemijske prirode – neogranske i organske (metali, organski rastvarači, gasovi, pesticidi, plastične mase i dr.), prašina i biološki faktori (virusi, bakterije,

paraziti, gljivice i dr.). Delovanje ovih profesionalnih štetnosti potpomažu nefiziološki uslovi rada (prekovremeni rad, prekomerni intenzitet rada, neracionalni sistem rada, statička opterećenja i preopterećenja pojedinih organa, prisilni položaj pri radu i dr.) i nepovoljni higijensko-tehnički uslovi u radnoj prostoriji (nedovoljna kubatura, loša ventilacija, neadekvatno osvetljenje dr.).

Za utvrđivanje profesionalnih bolesti neophodno je od samog radnika uzeti anamnestičke podatke o radu. Cilj radne anamneze je upoznavanje lekara medicine rada s kompleksom faktora iz radne sredine koji mogu da oštete organizam i da budu u kauzalnoj vezi s bolešću. Iscrpno i opširno od radnika uzeti podaci o tehnološkom procesu rada, radnim operacijama, prisutnim profesionalnim štetnostima, uslovima na radu, ritmu i režimu rada, korišćenju zaštitnih sredstava, higijenskim uslovima i dr. neophodni su pri postavljanju dijagnoze bolesti, određivanju terapije i, posebno, pri izboru profilaktičkih mera. Cilj je što ranije utvrditi morfološki supstrat oštećenja organa ili sistema (na makroskopskom, celularnom ili supcelularnom nivou), kao i početni ispad neke funkcije, pre kliničkih manifestacija. Pri postavljanju konačne dijagnoze neophodno je isključiti sve druge etiološke faktore koji mogu dovesti do sličnih patoloških stanja. Specifičnosti u terapiji profesionalnih oštećenja svode se na prekid daljeg delovanja profesionalnog uzročnika i, eventualno, ubrzano eliminisanje uzročnika iz organizma (specifična terapija helatima).

Kada su u pitanju zdravstveni radnici, kod njih se kao profesionalna oboljenja mogu priznati virusni hepatitis, parenteralna infekcija izazvana virusom humane imunodeficijencije (AIDS) i tuberkuloza.

Akutni virusni hepatitis, predstavlja akutnu nekrozu jetre izazvano tzv. primarno hepatotropnim virusima: hepatitis A virusom, hepatitis B virusom, hepatitis C virusom, hepatitis E virusom i hepatitis G virusom. Akutni virusni hepatitis najčešće potiče kao blaga infektivna bolest, ili se klinički može prezentovati kao subakutna hepatična nekroza ili fulminalni hepatitis sa viskim letalitetom. Akutni virusni hepatitis može se ispoljiti u različitim kliničkim oblicima najkarakterističniji je klinički oblik sa vidljivim ikterusom sluzokože i kože, tzv. Tipični oblik, koji protiče kroz tri stadijuma: preikterični, ikterični i stadijum rekoalescencije. Preikterični stadijum karakterišu gastrointestinalni poremećaji i malaksalost a ponekad i povišena temperatura. Ikterični stadijum se karakteriše žutom prebojenošću vidljivih sluznica i

iz kojih se stiče uvid u aktuelnu epidemiološku situaciju, ličnu, u porodici i u okolini kao i van radne sredine.

Privremena sprečenost za rad u egzacerbacijama infekcije postoji do potpunog saniranja i stabilizovanja opšteg stanja bolesnika.

Ocena trajne radne sposobnosti zavisi od stadijuma bolesti, od stanja imunološkog sistema kao i od vrste posla osobe koje su samoinficirane i one kod kojih postoje minor oportunističke infekcije, a nisu u akutnoj fazi bolesti, nisu sposobne za poslove gde bi dolazile u kontakt sa derivatima krvi, za poslove zdravstvenih radnika, rad u kuhinjama i na mestima gde se priprema i dostavlja hrana, za poslove u vrtićima i ne gde postoji povećana mogućnost infekcije. U uznapredovalom stadijumu bolesti oboleli nisu sposobni ni za kakav posao.

Tuberkuloza je zarazna bolest koju izaziva *Mykobacterium tuberculosis*. Pripada grupi granulomatoznih bolesti poznate etiologije. Granulomi se slivaju u infiltrate koji kazeozno nekroziraju, a pražnjenjem destruktivnog tkiva stvaraju se kaverne. Razvoj bolesti dovodi do propadanja pluća. Limfohematogenim rasejavanjem bacila tuberkuloze nastaje milijarna tuberkuloza. Osnovne morfološke strukture hematogenih oblika tuberkuloze pluća čine tuberkulozni čvorići (397).

Tuberkuloza može imati akutni ili hronični tok. Nelečena tuberkuloza je često smrtonosna. Prema nekim statistikama oko 8% laboratorijskih radnika i tehničara zarazi se tuberkulozom pri radu. Da bi se tuberkuloza priznala kao profesionalno oboljenje, potrebno je da su ispunjeni sledeći uslovi: da je radnik radio na poslovima i radnim mestima na kojima je ostvaren parenteralni kontakt sa bacilom tuberkuloze, da je potvrđena dijagnoza tuberkuloze pluća, da je tok bolesti produžen zbog rezistencije na antituberkuloznu terapiju.

U ovoj studiji najveći broj registrovanih profesionalnih oboljenja su iz grupe virusnih hepatitis, što je u skladu sa podacima iz literature (398).

7. ZAKLJUČAK

Na osnovu rezultata istraživanja mogu se izvesti pojedinačni i generalni zaključci.

7.1. Pojedinačni zaključci na osnovu rezultata istraživanja između ispitivanih grupa i podgrupa zdravstvenih radnika

7.1.1. Zaključci koji se odnose na rezultate istraživanja i poređenja između eksponovane i kontrolne grupe uopšte

Utvrđeno je statistički značajno češće prisustvo hroničnih psihoza, profesionalnih oboljenja i arterijske hipertenzije u ispitivanoj u odnosu na kontrolnu grupu. Broj izgubljenih radnih dana zbog profesionalnih i ostalih bolesti je statistički značajno veći u ispitivanoj u odnosu na kontrolnu grupu. Povrede na radu su nešto češće u ispitivanoj grupi ali razlika nije statistički značajna.

Skor strogost i njegove komponente na nivou prijema informacija, delovanja i opštem nivou su statistički značajno veće kod ispitanika eksponovane grupe u odnosu na kontrolnu grupu. Skor konfliktnost i njegove komponente na nivou prijema informacija, odlučivanja i opšteg nivoa su statistički značajno veći kod ispitanika eksponovane grupe u odnosu na kontrolnu grupu. Skor izloženost opasnostima i njegove komponente na nivou prijema informacija, delovanja i opštem nivou su statistički značajno veći kod ispitanika eksponovane grupe u odnosu na kontrolnu grupu. Najveće vrednosti imaju komponente stresogenog faktora izloženost opasnostima na nivou prijema informacija i na opštem nivou. Skor stresogenog faktora vremenski limit i njegove komponente su statistički značajno veće kod ispitanika eksponovane grupe u odnosu na kontrolnu grupu i to na opštem nivou, na nivou odlučivanja i prijema informacija.

Skor stresogenog faktora ekspozicija noksama i njegove komponente na nivou prijema informacija, nivou delovanja i opštem nivou su statistički značajno veće kod ispitanika eksponovane grupe u odnosu na kontrolnu grupu.

Ukupan OSI je statistički značajni veći kod ispitanika eksponovane grupe ($69,24 \pm 10,10$) u odnosu na ispitanike kontrolne grupe ($39,38 \pm 7,44$) ($t=39,19$, $p<0,001$).

Utvrđena je statistički značajna korelacija između broja izgubljenih radnih dana zbog opštih bolesti, profesionalnih bolesti i ukupnog OSI skora.

7.1.2. Zaključci koji se odnose na rezultate istraživanja i poređenja u odnosu na nivo zdravstvene zaštite

Utvrđeno je da su arterijska hipertenzija, respiratorne bolesti, poremećaj štitaste žlezde, angina pectoris i infarkt miokarda statistički značajno češći kod zdravstvenih radnika zaposlenih na sekundarnom i tercijarnom nivou zdravstvene zaštite u odnosu na zdravstveno osoblje koje radi na primarnom nivou. Ne postoji statistički značajna razlika u učestalosti povreda na radu između zaposlenih na različitim nivoima zdravstvene zaštite ali je primećeno da je učestalost lezija tetiva statistički značajno veća kod zaposlenih na primarnom nivou. Ne postoji statistički značajna razlika u učestalosti profesionalnih bolesti u odnosu na nivo zdravstvene zaštite.

Broj izgubljenih dana zbog bolesti je statistički značajno veći kod zaposlenih na sekundarnom i tercijarnom nivou u odnosu na zaposlene na primarnom nivou zdravstvene zaštite. Zaposleni na sekundarnom i tercijarnom nivou su statistički značajno duže odsustvovali sa posla zbog povreda na radu i zbog profesionalnih bolesti. Pravo na invalidsku penziju, odnosno potpuni gubitak radne sposobnosti je bio statistički značajno češći kod medicinskog osoblja koje je bilo zaposleno u ustanovama sekundarnog i tercijarnog nivou u odnosu na zaposlene na primarnom nivou.

Skor visoki zahtevi na poslu i njegove komponente na opštem nivou je statistički značajno veći kod zaposlenih na sekundarnom i tercijarnom nivou u odnosu na zaposlene na primarnom nivou. Skor strogost i njegove komponente na opštem nivou i na nivou delovanja su statistički značajno veće kod zaposlenih na sekundarnom/tercijarnom nivou u odnosu na zaposlene na primarnom nivou. Skor konfliktnost i njegove komponente na nivou prijema informacija, na nivou delovanja i na opštem nivou su statistički značajno veći kod zaposlenih na sekundarnom/tercijarnom nivou u odnosu na zaposlene na primarnom nivou.

Skor faktora stresa podopterećenje na nivou delovanja je statistički značajno veći kod zaposlenih na primarnom nivou. Skor izloženost opasnostima i njegove komponente na nivou prijema informacija, na nivou delovanja i na opštem nivou su statistički značajno veći kod zaposlenih na sekundarnom/tercijarnom nivou u odnosu na zaposlene na primarnom nivou. Skor faktora stresa ekspozicija noksama i njegove komponente na nivou prijema informacija, na nivou delovanja i na opštem nivou su statistički značajno veći kod zaposlenih na primarnom nivou.

Ukupan OSI je statistički značajno veći kod zaposlenih na sekundarnom i tercijarnom nivou ($74,94 \pm 7,43$) u odnosu na zaposlene na primarnom nivou zdravstvene zaštite ($58,87 \pm 4,47$).

7.1.3. Zaključci koji se odnose na rezultate istraživanja i poređenja u odnosu na zanimanje

Zapaženo je da su arterijska hipertenzija i povrede na radu statistički značajno češće prisutni kod zaposlenih lekara u odnosu na medicinske sestre.

Broj izgubljenih radnih dana zbog bolesti je statistički značajno veći kod lekara u odnosu na medicinske sestre.

Invalidsku penziju je dobilo nešto više lekara (8,30%) nego medicinskih sestara ali ne postoji statistički značajna razlika u učestalosti ostvarenog prava na invalidsku penziju između lekara i medicinskih sestara.

Skor visoki zahtevi na poslu je statistički značajno veći kod lekara u odnosu na medicinske sestre. Skor faktora stresa strogost i njegova komponenta na nivou prijema informacija i na nivou odlučivanje su statistički značajno veći kod lekara u odnosu na medicinske sestre. Skor faktora stresa konfliktnost i njegove komponenta na nivou prijema informacija i na nivou delovanje je stistički značajno veće kod lekara u odnosu na medicinske sestre. Skor faktora stresa izloženost opasnostima i sve njegove komponente su statistički značajno veće kod lekara u odnosu na medicinske sestre. Skor faktora stresa vremenski limit i sve njegove komponente su statistički značajno veće kod lekara u odnosu na medicinske sestre.

Ukupan OSI je statistički značajno veći kod zaposlenih lekara ($73,21 \pm 10,13$) u odnosu na zaposlene medicinske sestre ($65,47 \pm 8,52$).

U ukupnom OSI skoru kod lekara najveći deo dolazi od visokih zateva na poslu i od izloženost opasnostima, a kod medicinski sestara najveći udeo u ukupnom OSI skoru dolazi od visokih zahteva na poslu i od strogosti.

Komponenta faktora stresa strogost na opštem nivou je statistički značajno veća kod medicinskih sestara u odnosu na lekare. Skor faktora stresa podopterećenje i njegove komponente na nivou prijema informacija, na nivou odlučivanja i na nivou delovanja su statistički značajno veći kod medicinskih sestara u odnosu na lekare.

7.1.4. Zaključci koji se odnose na rezultate istraživanja i poređenja u odnosu na na pol i prisustvo arterijske hipertenzije

Ukupan OSI skor je statistički značajno veći kod muških ispitanika u odnosu na ženske ispitanike u ispitivanoj grupi ($71,42 \pm 10,34$ vs $66,91 \pm 9,31$).

Broj izgubljenih radnih dana zbog bolesti je veći kod ostalih ispitanika u odnosu na ispitanike sa arterijskom hipertenzijom. Utvrđeno je da postoji statistički značajna razlika u broju radnika koji su ostvarili pravo na invalidsku penziju u odnosu na prisustvo arterijske hipertenzije.

Skor faktora stresa visoki zahtevi na poslu i njegove komponente na nivou odlučivanja, delovanja i na opštem nivou je statistički značajno veći kod ispitanika sa arterijskom hipertenzijom u odnosu na ostale ispitanike.

Skor faktora stresa strogost i njegova komponenta na opštem nivou su statistički značajno veći kod ispitanika sa arterijskom hipertenzijom u odnosu na ostale ispitanike. Skor faktora stresa konfliktnost i njegova komponenta na opštem nivou su statistički značajno veći kod ispitanika sa arterijskom hipertenzijom u odnosu na ostale ispitanike. Skor faktora stresa vremenski limit i njegove komponente na nivou delovanja i na opštem nivou su statistički značajno veće kod ispitanika sa arterijskom hipertenzijom u odnosu na ostale ispitanike. Skor faktora stresa ekspozicija noksama i njegova komponenta na opštem nivou su statistički značajno veći kod ispitanika sa arterijskom hipertenzijom u odnosu na ostale ispitanike.

Ukupan OSI je statistički značajno veći kod ispitanika sa arterijskom hipertenzijom ($71,86 \pm 9,57$) u odnosu na ostale ispitanike ($66,18 \pm 9,90$). U obe ispitivane grupe najveći deo OSI skora potiče od visokih zahteva na poslu i strogosti.

7.1.5. Zaključci koji se odnose na rezultate istraživanja i poređenja u odnosu na nivo zdravstvene zaštite, zanimanje i grane medicinske delatnosti kojom se ispitanici bave

Nije utvrđena statistički značajna razlika u učestalosti povreda na radu među lekarima u odnosu na različiti nivo zdravstvene zaštite.

U ispitivanoj grupi kod medicinskih sestara ne postoji statistički značajna razlika u učestalosti povreda na radu.

Pravo na invalidsku penziju su najčešće ostvarivali lekari koji su zaposleni u hirurškim granama medicine koji rade u ustanovama sekundarnog i tercijernog zdravstva.

Broj izgubljenih radnih dana zbog bolesti, povreda na radu i zbog profesionalnih bolesti je najveći kod lekara koji su zaposleni u ustanovama na sekundarnom i tercijernom nivou u to u hirurškim granama medicine. Skor visoki zahtevi na poslu je bio najveći kod lekara na sekundarnom i tercijernom nivou zaposlenih u hirurškim granama medicine. Ukupan OSI je najveći kod lekara na sekundarnom i tercijernom nivou u hirurškim granama medicine.

7.2. Generalni zaključak

- Nivo stresa na radnom mestu je statistički značajno veći kod zdravstvenih radnika u odnosu na administrativno osoblje. Dominantni stresori kod zdravstvenog osoblja su faktori iz grupe strogost, konfliktnost, izloženost opasnostima, vremenski limit i ekspozicija noksama.
- Medicinsko osoblje koje je zaposleno u zdravstvenim ustanovama sekundarnog i tercijernog nivoa zdravstvene zaštite je izloženo statistički

značajno višim nivoima stresa na radnom mestu u odnosu na zdravstveno osoblje koje radi u ustanovama primarnog nivoa zdravstvene zaštite. Dominantni stresori kod zdravstvenog osoblja koje je zaposleno u ustanovama sekundarnog I tercijernog nivoa zdravstvene zaštite su faktori iz grupe visoki zahtevi posla, strogost, konfliktnost, izloženost opasnostima I ekpozicija noksama.

- Medicinsko osoblje koje je zaposleno u zdravstvenim ustanovama sekundarnog i tercijernog nivoa zdravstvene zaštite koje se bavi hirurškim granama medicine je izloženo statistički značajno višim nivoima stresa na radnom mestu u odnosu na zdravstveno osoblje koje je zaposleno u zdravstvenim ustanovama sekundarnog i tercijernog nivoa zdravstvene zaštite koje se bavi bolestima u oblasti internističkih grana medicine.
- Lekari su izloženi satistički značajno višem nivou stresa na radnom mestu u odnosu na medicinske sestre. Dominantni stresori kod lekara su faktori iz grupe visoki zahtevi posla, strogost, konfliktnost i vremenski limit. Dominantni stresori kod medicinskih sestara su faktori iz grupe podopterećenje.
- Postoji visok nivo povezanosti između nivoa stresa na radnom mestu i pojave povreda na radu.
- Utvrđen je visok stepen povezanosti broja izgubljenih radnih dana zbog psihosomatskih i mentalnih bolesti, povreda na radu i profesionalnih bolesti sa nivoom stresa na radnom mestu.
- Registrovana je značajna povezanost između nivoa stresa na radnom mestu i potpunog gubitka radne sposobnosti ekspanovanog osoblja.

8. PREDLOG MERA PREVENCIJE

Na osnovu rezultata ove studije moguće je predložiti i mere prevencije. Ovo istraživanje je pokazalo da poseban akcenat treba staviti na **organizzazione mere**. Zahtevaju dodatna finansijska sredstva i moguće ih je odmah primeniti. One obuhvataju smanjenje dužine radnog vremena, odnosno smanjenje izloženosti stresorima radnog mesta, adekvatno tretiranje smenskog i noćnog rada koje podrazumeva i adekvatnu nadoknadu za ovakav rad, uvođenje češćih, kraćih pauza u toku rada pored redovne pauze od pola časa, obezbeđivanje adekvatnog prostora za sprovođenje lične higijene, obezbeđenje adekvatne ishrane i napitaka za vreme rada, obezbeđenje adekvatnog prevoza do i sa radnog mesta, omogućavanje sprovođenja rekreativnih fizičkih aktivnosti u toku radnog vremena, adekvatnu dužinu godišnjeg odmora, koji treba provesti aktivno, van mesta boravka zbog potrebe potpunog isključenja od poslovnih događanja, zapošljavanje novog kadra, radi rasterećenja zatečenih i smanjenja vremenske stiske pod kojim se obavlja posao i pružanje pomoći u rešavanju stambenog pitanja.

Unapređenje međuljudskih odnosa omogućuje veću humanizaciju rada i života uopšte sa poboljšanjem socijalnih odnosa na radnom mestu, razvijanjem maksimalne podrške od strane kolega, saradnika i pretpostavljenih. Unapređenje međuljudskih odnosa podrazumeva poboljšanje komunikacije, uvažavanje tuđe ličnosti i tuđih stavova.

Omogućavanje stručnog usavršavanja, edukaciju, napredovanje u karijeri, ovladavanje tehnikama rada sa novom i savremenom opremom.

Sigurnost predstavlja jednu od osnovnih čovekovih potreba što je i razlog da zdravstveni radnici treba da imaju taj osećaj za svoje radno mesto, koje im omogućuje realizaciju sopstvenih profesionalnih aktivnosti, ali i izvor materijalnih sredstava za sebe i svoju porodicu.

Korigovanje stila života i loših navika kao što su pušenje, uzimanje alkohola i drugih supstanci, neadekvatne ishrane i fizičke neaktivnosti. Neophodno bi bilo

formirati posebne zdravstvene službe za odvikavanje od pušenja, zavisnosti od alkohola i drugih za lekare.

Medicinske mere zaštite se sprovode u cilju unapređenja i očuvanja zdravlja. Podrazumevaju analizu faktora radne sredine i analizu psihofizičkih osobina svakog zdravstvenog radnika uz strog individualan pristup. Mere podrazumevaju pre svega obavljanje profesionalne orijentacije, odnosno usmeravanje ljudi određenih psihofizičkih i fizioloških karakteristika i odgovarajućih znanja, njihovih sposobnosti, ineresovanja i spretnosti za određena zanimanja, u ovom slučaju za profesiju zdravstvenog radnika. To je aktivnost koja treba da prethodi stručnom osposobljavanju, odnosno pre upisa u stručne škole, a kasnije i kod zapošljavanja. Ovim merama treba usmeriti ljude na odgovarajuća zanimanja u cilju sprečavanja pojave oboljenja ili povređivanja, jer obavljanje posla čijim se zahtevima ne može udovoljiti, ima za posledicu česta povređivanja i oboljevanje. U medicinske mere se ubraja i profesionalna selekcija, kod koje se vrši odabir osoba određenih osobina, znanja i veština za karakteristike i zahteve određenog radnog mesta. Profesionalna selekcija u medicini rada podrazumeva obavljanje prethodnih pregleda pre zasnivanja radnog odnosa na određenom radnom mestu, kao i kod svake promene radnog mesta, kada se vrši ocena radne sposobnosti pojedinca za obavljanje poslova na određenom radnom mestu, periodičnih, ciljanih, kontrolnih i vanrednih medicinskih pregleda.

Zakonodavno-administrativne mere, pored do sada navedenih zakonskih odredbi koje regulišu prava i obaveze zaštite na radu, sa aspekta prevencije nastanka oboljenja i povreda neophodno je povećanje plate, da plata bude dostojna zvanju, odgovornosti i značaju profesije. Takođe je u nadležnosti zakonodavnih tela i već pomenuto smanjenje dužine radnog vremena, odnosno smanjenje izloženosti stresorima radnog mesta koji dovode do nezgoda, povreda i umanjenja radne sposobnosti.

Program prevencije treba da sadrži i seriju ključnih koraka. Oni obuhvataju prepoznavanje stresa, procenu stresa, antistresnu intervenciju, nadzor i evaluaciju.

Značaj ranog prepoznavanja znakova i simptoma stresa veoma se naglašava u literaturi o prevenciji stresa. Uputstva za prevenciju, sa manje ili više detalja, diskutuju znake i simptome kod individue na radnom mestu koji ukazuju na

prisustvo stresa i da je intervenisanje neophodno. Iako svaki od znakova i simptoma stresa može biti posledica drugih faktora, iznenadna pojava nekoliko od ovih znakova i simptoma može zahtevati preduzimanje antistresnih intervencija. Na nivou pojedinca mogu se manifestovati fizički, bihevioralni, mentalni i emocionalni znaci kao što su određeni simptomi (glavobolja, ubrzan srčani rad, noćno preznojavanje, smanjenje seksualnog nagona, hroničan bol u leđima, mišićna napetost, gubitak apetita, gojaznost, tikovi), emocionalni i mentalni simptomi (gnev, bezvoljnost, anksioznost, osećaj krivice, usamljenost, problemi sa pamćenjem, zamor, gubitak samopoštovanja i osećaj manje vrednosti, povećana upotreba cigareta, alkohola, lekova), bihevioralni simptomi (česta kašnjenja, porast odsustvovanja sa posla, bolovanja, izuzimanje iz društvenih događaja na poslu, žalbe i nezadovoljstvo saradnicima, poteškoće sa ispunjenjem krajnjih rokova i svakodnevnim radnim obavezama, teškoće u sprovođenju datih instrukcija i razumevanju upravnih procedura).

Antistresne intervencije podrazumevaju mere socijalne podrške, skraćivanje radnog vremena i prilagođavanje radnih timova i pauza za odmor od radnog opterećenja, prilagođavanje šihiti psihološkim, fiziološkim i socijalnim kriterijumima, participaciju u donošenju odluka, poboljšanje uslova radne sredine i aranžiranje radnih mesta prema ergonomskim kriterijumima.

Važno je da programi prevencije iznesu predlog efikasnog monitoringa i evaluacije sistema. Potrebno je uložiti određene napore da se sistemi nadzora oblikuju tako da omogućavaju evaluaciju. Nadzor se može promovisati pomoću određenih procedura koje uključuju obuku i organizacioni razvoj. Obuka može poslužiti da pojasni prirodu i zahteve sistema nadzora. Organizaciona kultura orijentisana na promociju zdravlja i bezbednost može poslužiti da naglasi značaj pristupa zdravlju upošljenih i značaj sistema kontrole i nadzora pre nego do ikakve štete dođe. Ovakva kultura ponašanja takođe podstiče otvorenu i iskrenu komunikaciju uposlenih (399).

Zdravstveno osoblje koje je obolelo od stečenog kardiovaskularnog oboljenja a koje obavlja visoko zahtevan posao sa stalnim izbjegavanjem opasnosti, ubrzavanjem rada, tokom dugog radnog vremena, uz pretnju o mogućem otpuštanju uputiti na sistematski zdravstveni pregled. Ovo se delom može sprovesti putem redovnih sistematskih lekarskih pregleda sa merenjem krvnog pritiska na radnom mestu,

najefikasnije ambulantnim praćenjem, uz neophodnu procenu postojanja stresora na radnom mestu Occupational Stress Index upitnikom.

Neophodna je urgentna specifična interventna strategija usmerena ka smanjenju učestalosti dežurstava i poboljšanja uslova noćnog rada hirurga/anesteziologa, a kod lekara ostalih specijalnosti neophodno je sniženje ukupne opterećenosti radom.

Javlja se potreba za dodatnom obukom medicinskih sestara vesticama komunikacije, jer diskutovanje o bolnim ili na drugi nacin emocionalno obojenim događajima koji su bolesnici doživeli je specifičan profesionalni stresor štetan za kardiovaskularni i nervni sistem, jer dovodi do ubrzanja srčane aktivnosti i znakova kardiološke električne nestabilnosti. Predlaže se da medicinske sestre, posebno one iz kliničko-bolnicke prakse treba edukovati kroz stres-menadžment program. Predpostavka je da bi to unapredilo njihovo samopouzdanje i razvoj sestrinske sposobnosti u komunikaciji sa lekarima, glavnim sestrama, ali i drugim sestrama, odnosno unaprijedilo bi timski rad. Predpostavljamo da bi tako naučene sposobnosti mogle redukovati stres uzrokovan organizacionim zadacima na odjeljenju. Kao, rezultat moglo bi se očekivati da bi bio poboljšan i kvalitet pružene zdravstvene nege i zdravlje medicinskih sestara.

Među najšešćim stresorima kod zdravstvenih radnika prepoznati su stresori iz grupe finansijskih i organizacijskih faktora. Lekari u odnosu na medicinske sestre i tehničare doživljavaju neke od tih stresora s većim intenzitetom. S druge strane medicinske sestre-tehničari česce od lekara doživljavaju kao izvor stresa izloženost specifičnim opasnostima i štetnostima u zdravstvu sto ukazuje na potrebu poboljšanja edukacije i mera zastite i sigurnosti na radu. S druge strane, lekari uz neprimerenu javnu kritiku svog rada kao izraziti stres doživljavaju i psihološki pritisak pacijenata povezan s pogrešnom informiranošću i nerealnim očekivanjima, što ukazuje na potrebu unapređenja komunikacije na relaciji lekar-pacijent i na relaciji mediji-zdravstvo.

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10. BIOGRAFIJA AUTORA

Konstantinos Lazaridis je rođen 19.01.1978 u Nemačkoj a sada živi i radi u Grčkoj u Solunu. Tokom 1996.godine je završio srednju školu u Solunu i iste godine je upisao studije medicine u Nišu. Diplomirao je na Medicinskom fakultetu u Nišu 2003.godine sa prosečnom ocenom 7,32. Poslediplomaske studije iz medicine rada je upisao 2004. godine kada je počeo i rad na Klinici za ginekologiju u Nišu. Od marta 2005.godine radi kao istraživač na odeljenju za reumatologiju u HEPA Hospital (1 Stilp. Kyriakidi Thessaloniki, 54636 Greece). Govori Srpski Engleski i Nemački. Savladao je rad u svim programima na računaru. Na Medicinskom fakultetu u Nišu je 2006. godine odbranio magistarsku tezu pod naslovom «UTICAJ STRESA NA RADNOM MESTU PROFESIONALNIH VOZAČA U NASTAJANJU SAOBRAĆAJNIH NEZGODA». Zaposlen je u Aegean Medical Service-Thessaloniki u Solunu.

Objavio je veći broj radova koji uglavnom obrađuju problematiku vezanu za stress na poslu, povrede na radu i povrede u saobraćaju.