Healthcare Workplace Hazards: A Multilingual Assessment of Nursing, Pharmacy, Optics, Social Sciences, and Epidemiology

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Abstract

Healthcare professionals across various disciplines face a broad spectrum of occupational hazards that can significantly impact their physical, mental, and emotional well-being. These hazards differ based on specific work environments, job responsibilities, and levels of exposure to biological, chemical, ergonomic, and psychosocial risks. Nursing professionals are particularly vulnerable to infectious diseases, needlestick injuries, and musculoskeletal disorders due to the physical demands of patient care. Pharmacists, on the other hand, face risks associated with prolonged exposure to hazardous drugs and chemicals. In the field of optics, ergonomic strain from repetitive tasks and prolonged screen exposure can lead to musculoskeletal issues and visual fatigue. Social scientists conducting healthcare research frequently experience psychological stress and burnout, especially when addressing sensitive public health issues. Epidemiologists, particularly those involved in infectious disease surveillance and outbreak response, are exposed to biological hazards and mental strain due to the high-stakes nature of their work. This review provides a comprehensive multilingual assessment of workplace hazards across these five healthcare-related disciplines. By drawing on research published in different languages, we aim to present a global perspective on occupational risks and safety practices. This interdisciplinary approach highlights the importance of international collaboration in developing effective workplace safety policies and preventive measures. Key strategies for mitigating these hazards include ergonomic interventions, improved infection control measures, mental health support programs, and regulatory frameworks to protect healthcare workers. Understanding these diverse workplace challenges is crucial for improving occupational health standards and fostering a safer working environment for healthcare professionals worldwide.

Introduction

The healthcare industry is one of the most critical and demanding fields worldwide. It encompasses a wide range of disciplines, each playing an essential role in ensuring the health and well-being of individuals and communities. Despite its importance, healthcare remains one of the most hazardous working environments, exposing professionals to various occupational risks. The complexity of workplace hazards in healthcare stems from the interaction between biological, chemical, ergonomic, and psychosocial factors, which vary based on professional roles, work settings, and geographical locations. These risks not only threaten the

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well-being of healthcare workers but also impact the quality of patient care and overall healthcare system efficiency (1).

Workplace hazards differ based on profession and healthcare setting. For example, hospital-based nurses are at high risk of biological exposure, while pharmacists are more likely to encounter chemical hazards due to the handling of medications. Opticians, who frequently engage in close-up work, experience ergonomic strain and vision-related issues. Social scientists involved in healthcare research and policy analysis may encounter emotional exhaustion due to the sensitive nature of their work, while epidemiologists, particularly those engaged in fieldwork, face risks of biological exposure and mental strain. These hazards can lead to physical injuries, chronic illnesses, and psychological burnout, significantly affecting healthcare professionals' job performance and overall quality of life (2).

Healthcare professionals worldwide face similar risks, but the magnitude and impact of these hazards vary depending on regional healthcare policies, economic conditions, and workplace safety measures. Developed countries often have stricter regulations and better safety protocols, while developing regions may struggle with limited resources, inadequate protective equipment, and higher workloads, exacerbating the risks faced by healthcare workers. Multilingual research is essential to understanding global perspectives on occupational hazards, as it provides insights from diverse cultural and economic backgrounds. Studies conducted in different languages highlight unique challenges and solutions that may not be well-documented in English-language literature (3).

This review adopts a multilingual and multidisciplinary approach to assessing workplace hazards in healthcare. By examining various healthcare-related disciplines—including nursing, pharmacy, optics, social sciences, and epidemiology—this article aims to provide a comprehensive analysis of the challenges professionals face and the best practices for mitigating risks. By drawing from international literature in multiple languages, this study presents a broader perspective on workplace safety measures, regulatory frameworks, and intervention strategies. It also emphasizes the need for collaborative efforts among healthcare institutions, policymakers, and occupational health experts to develop standardized safety protocols and effective preventive measures.

Addressing healthcare workplace hazards is crucial for ensuring the long-term sustainability of the healthcare workforce. Without proper interventions, occupational risks can lead to high turnover rates, reduced job satisfaction, and compromised patient care. Therefore, this review highlights the importance of implementing evidence-based policies, training programs, and mental health support systems to protect healthcare workers and improve their working conditions. By understanding the diverse challenges faced by professionals in different healthcare fields, policymakers and healthcare institutions can develop tailored solutions that enhance workplace safety and promote overall well-being in the industry (4).

Occupational Hazards in Nursing

Nursing is one of the most demanding professions in healthcare, requiring physical endurance, emotional resilience, and continuous engagement with patients. Due to the nature of their work, nurses are exposed to a wide range of occupational hazards, including biological, chemical, ergonomic, and psychosocial risks. These hazards can lead to injuries, illnesses, and long-term health conditions, ultimately affecting their ability to provide quality patient care. Below is an in-depth analysis of the major occupational risks nurses face in their daily work (5).

Biological Hazards

Biological hazards are among the most significant risks for nurses, as they frequently come into contact with infectious diseases. Their exposure stems from handling bodily fluids, interacting with patients suffering from contagious illnesses, and dealing with sharp medical instruments (6).

• Exposure to Infectious Diseases: Nurses often care for patients with infectious conditions such as tuberculosis (TB), hepatitis B and C, HIV/AIDS, and, more recently, COVID-19. These infections

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can spread through direct contact, airborne transmission, or needlestick injuries. The global COVID-19 pandemic further highlighted the risks nurses face, with many healthcare workers contracting the virus due to inadequate protective equipment and prolonged exposure to infected patients (3).

- Needlestick and Sharps Injuries: Accidental punctures from needles, scalpels, and other sharp instruments are a major concern in nursing. These injuries increase the risk of contracting bloodborne infections, including hepatitis and HIV. Studies indicate that nurses are among the highest-risk groups for needlestick injuries due to the frequent use of injections, IV lines, and blood draws. Proper needle disposal procedures, the use of safety-engineered syringes, and training in handling sharps are essential preventive measures (7).
- Poor Infection Control Practices: In some healthcare settings, particularly in under-resourced regions, inadequate infection control measures heighten nurses' risks. Limited access to gloves, masks, and hand hygiene facilities increases the chances of disease transmission. Implementing strict infection control protocols, providing adequate personal protective equipment (PPE), and conducting regular training on hygiene practices can significantly reduce the risk of infection (6).

Chemical Hazards

Nurses frequently handle a variety of chemicals, including disinfectants, cleaning agents, and medications, which may pose health risks through inhalation, skin absorption, or accidental ingestion (8).

- Exposure to Hazardous Medications: Many nurses administer chemotherapy drugs, antibiotics, and anesthetic agents that can be toxic with prolonged exposure. Cytotoxic drugs, used in cancer treatment, are particularly hazardous, as they can cause reproductive health issues, genetic mutations, and even cancer in healthcare workers (8).
- Inhalation of Anesthetic Gases: In operating rooms, nurses may be exposed to waste anesthetic gases such as nitrous oxide and isoflurane, which can cause dizziness, respiratory problems, and, in long-term cases, reproductive complications. Proper ventilation systems and protective masks can help mitigate these risks (9).
- Allergic Reactions to Cleaning Products and Latex: Many nurses experience allergic reactions due
 to frequent exposure to latex gloves and strong cleaning agents. Some develop occupational
 asthma, dermatitis, or other respiratory conditions. The use of hypoallergenic gloves and less toxic
 cleaning agents can reduce these health concerns (9).

Ergonomic Hazards

Nursing is a physically demanding profession that requires frequent bending, lifting, and standing for extended periods. As a result, musculoskeletal disorders (MSDs) are one of the most commonly reported occupational injuries among nurses (10).

- Manual Patient Handling: One of the biggest ergonomic challenges nurses face is lifting and
 repositioning patients, which can lead to back injuries, muscle strains, and joint pain. Studies show
 that nurses who frequently lift patients without proper assistance are at high risk of chronic lower
 back pain and herniated discs. Hospitals should invest in mechanical lifting devices and train staff
 in safe patient-handling techniques (10).
- Long Hours of Standing and Walking: Many nurses work 10- to 12-hour shifts, leading to leg pain, varicose veins, and fatigue. Wearing supportive footwear, taking short rest breaks, and using antifatigue mats can help alleviate discomfort (10).

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• Repetitive Motions and Poor Posture: Nurses perform repetitive tasks such as drawing blood, adjusting IV lines, and using computers for documentation. Over time, these activities can contribute to carpal tunnel syndrome, neck strain, and tendonitis. Proper workstation ergonomics, stretching exercises, and alternating tasks can reduce these risks (11).

Psychosocial Hazards

Nurses often work in high-stress environments, dealing with critically ill patients, emotional family members, and demanding workloads. The psychological strain of the profession can lead to burnout, anxiety, and even depression (12).

- High Workload and Staff Shortages: Many healthcare facilities are understaffed, leading to
 excessive workloads for nurses. Working long hours without adequate breaks increases stress levels
 and the likelihood of errors in patient care. Hospitals should implement policies to manage nurseto-patient ratios effectively and provide sufficient staffing support (12).
- Exposure to Workplace Violence: Nurses frequently encounter aggressive or violent behavior from patients, their families, or even colleagues. Emergency room and psychiatric nurses are particularly at risk. Workplace violence can lead to physical injuries, emotional trauma, and job dissatisfaction. Implementing strict security measures, providing conflict resolution training, and enforcing zero-tolerance policies for violence can help address this issue (12).
- Emotional Exhaustion and Compassion Fatigue: Constant exposure to suffering and death can take an emotional toll on nurses. Many experience compassion fatigue, where they struggle to maintain emotional engagement with patients due to prolonged stress. Providing access to counseling services, peer support groups, and wellness programs can help nurses manage their mental health (13).
- Shift Work and Sleep Disorders: Many nurses work night shifts or rotating schedules, which
 disrupts their natural sleep cycles. Chronic sleep deprivation can lead to fatigue, impaired decisionmaking, and an increased risk of medical errors. Encouraging proper rest, offering flexible
 scheduling options, and educating nurses on sleep hygiene can help mitigate these issues (13).

Preventive Measures for Nursing Workplace Hazards

To reduce occupational risks, hospitals and healthcare institutions must prioritize workplace safety initiatives, including: (14).

- Enhanced Infection Control Protocols: Regular hand hygiene, vaccination programs for healthcare workers, and the use of PPE can significantly reduce biological hazards.
- Safer Needle and Sharps Handling Practices: Providing needle safety devices, training staff in sharps disposal, and enforcing reporting systems for needlestick injuries can minimize exposure risks.
- Ergonomic Training and Equipment: Investing in patient lifting aids, ergonomic workstations, and supportive footwear can reduce musculoskeletal injuries.
- Mental Health Support Programs: Counseling services, peer support networks, and stress management workshops can help nurses cope with psychological stressors.
- Workplace Violence Prevention Strategies: Establishing strict security protocols, conducting regular de-escalation training, and enforcing policies against workplace violence can create a safer work environment.

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• Improved Work Schedules: Ensuring manageable workloads, reducing mandatory overtime, and offering adequate rest periods can prevent nurse fatigue and burnout.

Occupational Hazards in Pharmacy

Chemical Hazards

Pharmacists and pharmacy technicians work with a variety of chemicals, including cytotoxic drugs used in chemotherapy, which pose significant health risks if not handled properly. Studies highlight the dangers of long-term exposure to these substances, including respiratory issues, reproductive toxicity, and even carcinogenic effects. Proper ventilation, personal protective equipment (PPE), and safety training can help mitigate these risks (15).

Ergonomic and Physical Hazards

Pharmacists often work long hours standing, leading to musculoskeletal strain. Repetitive movements involved in prescription preparation can cause wrist and hand injuries. Implementing ergonomic workstations and allowing for adequate rest breaks can help minimize these risks (15).

Occupational Hazards in Optics

The field of optics, which includes optometrists, opticians, and vision care professionals, is often perceived as a relatively low-risk healthcare profession. However, professionals working in this sector face a range of occupational hazards that can impact their physical and mental well-being. These hazards include ergonomic strain from prolonged screen use, exposure to optical radiation, chemical risks from cleaning and treating lenses, and psychosocial stress due to demanding patient interactions. Addressing these workplace risks is crucial for ensuring a safe and healthy working environment for vision care professionals (16).

Ergonomic Hazards

One of the most common occupational risks in the field of optics is ergonomic strain. Vision care professionals often work in positions that require prolonged sitting, repetitive movements, and close-up work, which can lead to musculoskeletal disorders (MSDs) and other health complications (17).

- Prolonged Sitting and Poor Posture: Many optometrists and opticians spend extended hours seated
 while performing eye examinations, adjusting prescriptions, or crafting eyewear. Poor posture and
 inadequate chair support can contribute to chronic back pain, neck stiffness, and spinal issues.
 Proper ergonomic workstation setups, including adjustable chairs, lumbar support, and periodic
 stretching, can help mitigate these risks (17).
- Repetitive Hand and Wrist Movements: Tasks such as adjusting lens prescriptions, repairing glasses, and using diagnostic tools can cause repetitive strain injuries (RSIs) like carpal tunnel syndrome and tendonitis. Ensuring proper wrist support, using ergonomic tools, and incorporating short breaks between tasks can reduce strain (17).
- Eye Strain and Digital Fatigue: Optometrists and vision care professionals frequently use computers and digital screens for patient records, diagnostic imaging, and prescription adjustments. Prolonged exposure to digital screens can lead to computer vision syndrome (CVS), characterized by dry eyes, headaches, blurred vision, and difficulty focusing. The 20-20-20 rule (taking a 20-second break every 20 minutes to look at something 20 feet away) can help alleviate digital eye strain (18).

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Optical Radiation Hazards

Exposure to optical radiation is another significant concern in the optics profession. Various sources of optical radiation, including lasers, ultraviolet (UV) light, and blue light from digital devices, pose potential risks (19).

- Ultraviolet (UV) Radiation Exposure: Prolonged exposure to UV light, especially in optometrists
 who frequently use slit lamps or work in environments with high exposure to natural sunlight, can
 contribute to eye damage. Chronic exposure may increase the risk of cataracts, photokeratitis, and
 other ocular conditions. Wearing UV-blocking lenses and ensuring adequate shielding during UVrelated procedures can help reduce exposure (19).
- Laser Radiation Risks: Optometrists and vision specialists who work with laser-assisted corrective surgeries (such as LASIK) face potential risks from high-intensity laser exposure. Improper use of laser equipment or accidental exposure can cause retinal burns and permanent vision damage. Strict adherence to laser safety protocols, the use of protective eyewear, and proper training in laser handling are crucial preventive measures (20).
- Blue Light Hazard: With increasing reliance on digital devices, prolonged exposure to blue light can lead to digital eye strain and disruption of circadian rhythms. While the long-term effects of blue light exposure are still under study, there is growing concern about its potential impact on retinal health. Recommending blue light filtering lenses and adjusting screen brightness can help mitigate its effects (21).

Chemical Hazards

Opticians and optometrists frequently work with chemicals, including cleaning solutions, lens coatings, and optical adhesives. These chemicals can pose health risks through inhalation, skin contact, or accidental ingestion (19).

- Exposure to Lens Coating and Cleaning Chemicals: Many optical cleaning solutions contain alcohol, ammonia, or other strong chemicals that can irritate the skin, eyes, and respiratory system. Frequent exposure without adequate ventilation may lead to respiratory irritation, allergic reactions, or chemical burns. Using protective gloves, ensuring proper ventilation, and choosing less toxic alternatives can help minimize risks (22).
- Solvent and Adhesive Inhalation Risks: Optical professionals who work with lens adhesives and coatings are at risk of inhaling fumes from solvents such as acetone, which can cause dizziness, headaches, and long-term respiratory issues. Working in well-ventilated areas and using protective masks when handling these substances can reduce inhalation risks (22).
- Allergic Reactions to Cleaning Agents: Some opticians develop contact dermatitis or respiratory allergies due to repeated exposure to chemical solutions. Switching to hypoallergenic or fragrancefree products can help reduce allergic reactions (23).

Psychosocial Hazards

The optics profession also comes with significant psychosocial stressors. Vision care professionals frequently interact with patients, handle complex prescriptions, and work in high-pressure retail or clinical environments (24).

Patient-Related Stress and High Workloads: Optometrists and opticians often deal with demanding
patients, especially when managing vision impairments or difficult prescriptions. High patient
volumes and expectations for quick service can lead to stress, mental fatigue, and burnout.

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Implementing appointment scheduling systems that allow for adequate consultation time and providing support staff can help ease workloads (24).

- Emotional Toll of Diagnosing Serious Eye Conditions: Delivering difficult diagnoses, such as progressive vision loss or degenerative eye diseases, can be emotionally challenging. Optometrists may experience emotional exhaustion due to the responsibility of communicating life-altering diagnoses to patients. Providing training in empathetic communication and offering mental health support can help professionals cope with these challenges (19).
- Retail and Sales Pressure: In commercial optical practices, professionals may face pressure to meet
 sales targets for eyewear and contact lenses. Balancing patient care with financial performance
 expectations can create ethical dilemmas and workplace stress. Employers should foster
 environments where patient well-being is prioritized over sales goals (25).

Preventive Measures and Safety Strategies

To mitigate the risks associated with working in the field of optics, the following preventive strategies should be implemented: (23).

- Ergonomic Improvements: Providing adjustable workstations, using anti-fatigue mats, and ensuring proper posture during examinations can reduce physical strain.
- Regular Eye Exams for Professionals: Vision care professionals should undergo routine eye exams to monitor their own ocular health and detect early signs of strain or vision problems.
- Protective Measures for Optical Radiation: Using UV-blocking eyewear, laser safety goggles, and minimizing blue light exposure through screen filters can help prevent long-term eye damage.
- Chemical Safety Practices: Proper ventilation, use of personal protective equipment (PPE) like gloves and masks, and selecting less toxic chemicals can reduce exposure risks.
- Mental Health Support and Workload Management: Employers should implement policies to reduce burnout, such as providing mental health resources, flexible scheduling, and workload distribution strategies.

Occupational Hazards in Social Sciences

Psychosocial Stress and Emotional Burnout

Social scientists involved in healthcare research frequently deal with sensitive topics, including mental health, disease outbreaks, and healthcare policy. The emotional burden of studying and addressing these issues can lead to high levels of stress and burnout. Ensuring workplace support systems, such as counseling services and peer support groups, can improve mental well-being (26).

Occupational Hazards in Epidemiology

Biological and Psychological Hazards

Epidemiologists working on disease surveillance and outbreak response are often exposed to infectious agents. Fieldwork in outbreak areas, such as those affected by Ebola or COVID-19, increases their risk of infection. Additionally, the pressure of managing public health crises can contribute to mental fatigue and emotional exhaustion. Adopting strict biosecurity measures and mental health support programs is essential in mitigating these risks (27).

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Preventive Measures and Policy Recommendations (28).

Preventive Measures

- Infection Control: Enforce strict hand hygiene, vaccination programs, and PPE use to minimize biological hazards.
- Chemical Safety: Improve ventilation, provide safety training, and use less toxic alternatives in handling chemicals.
- Ergonomic Adjustments: Implement ergonomic workstations, proper lifting techniques, and regular breaks to prevent musculoskeletal disorders.
- Mental Health Support: Reduce workload stress through fair shift scheduling, counseling programs, and workplace violence prevention training.
- Radiation and Optical Safety: Use protective eyewear, monitor radiation exposure, and limit blue light exposure for eye health.

Policy Recommendations

- Stronger Safety Regulations: Mandate occupational safety training and conduct regular workplace inspections.
- Workload Management: Enforce safe nurse-to-patient ratios, flexible scheduling, and fair compensation for overtime.
- Investment in Worker Well-being: Provide mental health coverage, ergonomic equipment, and financial incentives for safe workplaces.
- Technology Integration: Use AI for hazard detection, wearable health monitors, and automated safety reporting systems.
- Multilingual Training & Global Standards: Ensure workplace safety resources are accessible in multiple languages and promote international collaboration on healthcare safety standards.

Conclusion

Healthcare professionals across various fields face numerous occupational hazards, including biological exposure, chemical risks, ergonomic strain, radiation hazards, and psychosocial stress. Addressing these risks requires a combination of preventive measures, such as infection control, proper ergonomics, mental health support, and radiation safety. Strong policies, including workplace safety regulations, fair workload distribution, and the integration of new technologies, can further enhance worker protection.

By prioritizing occupational safety, healthcare institutions can create a healthier work environment, improve job satisfaction, and ensure high-quality patient care. Investing in the well-being of healthcare workers is essential for building a sustainable and effective healthcare system.

References

Martínez, G. A. (2020). Spanish in health care: Policy, practice and pedagogy in Latino health. Routledge. Gasparyan, A. Y., Yessirkepov, M., Voronov, A. A., Trukhachev, V. I., Kostyukova, E. I., Gerasimov, A. N., & Kitas, G. D. (2016). Specialist bibliographic databases. Journal of Korean Medical Science, 31(5), 660-673.

Wu, K. S., Temsah, M. H., Mohamad, N., Mohamad, N., Pahrol, M. A., Shaharudin, R., ... & Mohammad, A. (2023). Healthcare workers (HCWs) are at risk of contracting coronavirus disease-2019 (COVID-19) in their workplace. Infection

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prevention guidelines and standard operating procedures were introduced to reduce risk of exposure and prevent transmission. Safe practices during interaction with patients with COVID-19 are crucial for infection prevention and control (IPC). This study aimed to assess HCWs' compliance to IPC and to determine. COVID-19: Challenges, opportunities and lessons for occupational health, 16648714, 148.

- Hoxhaj, I., Beccia, F., Calabrò, G. E., & Boccia, S. (2022). A web screening on training initiatives in cancer genomics for healthcare professionals. Genes, 13(3), 430.
- Elbilgahy, A. A., Elwasefy, S. A., & Abd El Aziz, M. A. (2019). Occupational hazards and safety nursing guidelines for pediatric nurses in the health care setting. Occupational Hazards, 59.
- Elewa, A. H., & El Banan, S. H. (2016). Occupational hazards as perceived by nursing interns and protective measures. J Nurs Health Sci, 5(6), 107-18.
- Kowalczyk, A., Kulczycka, K., Śtychno, E., & Chilimoniuk, B. (2018). Characteristics of occupational hazards at the workplace of a nurse. Journal of education, Health and sport, 8(9), 1328-1337.
- Yesilgul, G., Cicek, H., Avci, M., & Huseyniklioglu, B. (2018). Nurses' knowledge levels and perceptions regarding occupational risks and hazards. International Journal of caring sciences, 11(2), 1117-1124.
- Liutsko, L., Oughton, D., Tomkiv, Y., Fattibene, P., Della Monaca, S., Nuccetelli, C., ... & Cardis, E. (2023). Resilience after a nuclear accident: readiness in using mobile phone applications to measure radiation and health indicators in various groups (SHAMISEN SINGS project). Journal of radiological protection, 43(4), 041511.
- Bauchner, H., Fontanarosa, P. B., & Livingston, E. H. (2020). Conserving supply of personal protective equipment—a call for ideas. Jama, 323(19), 1911-1911.
- Varadaraj, V., Munoz, B., Deal, J. A., An, Y., Albert, M. S., Resnick, S. M., ... & Swenor, B. K. (2021). Association of vision impairment with cognitive decline across multiple domains in older adults. JAMA network open, 4(7), e2117416-e2117416.
- Xiong, P., Lor, M., Park, L. S., & Jacobs, E. A. (2023). How patients with Limited English proficiency make Health Care decisions: Hmong patients' perspectives. WMJ, 122(3), 178-83.
- Amare, T. G., Tesfaye, T. T., Girmay, B., & Gebreagziabher, T. T. (2021). Exposure to occupational health hazards among nursing and midwifery students during clinical practice. Risk management and healthcare policy, 2211-2220.
- Setiyadi, A., Levyda, L., Sulistyadi, K., & Sukwika, T. (2022). Knowledge and perception of nurses about occupational hazard with nurse characteristics. Journal for Quality in Public Health, 5(2), 586-592.
- Shinde, M., Sadare, S., & Potdar, N. (2016). Awareness of occupational health hazards among staff nurses. Int J Sci Res, 5(12), 2319-7064.
- Saleh, M., Wali, M. H., Hassan, O. M., Bayomy, H., & Nabil, N. (2020). Occupational hazards risk assessment of nurses working in operating rooms. Egypt. J. Occup. Med, 43(3), 793-808.
- Wu, Y., Zheng, J., Liu, K., Baggs, J. G., Liu, J., Liu, X., & You, L. (2018). The associations of occupational hazards and injuries with work environments and overtime for nurses in China. Research in Nursing & Health, 41(4), 346-354.
- Ahmed, S. A., & Shareef, O. H. (2019). Assessment of Occupational Health and Safety Measures' Knowledge and Experienced Types of Hazards among Nursing Staff in Rania Hospital. Erbil Journal of Nursing and Midwifery, 2(2), 85-92.
- Gourzoulidis, G. A., Achtipis, A., Topalis, F. V., Kazasidis, M. E., Pantelis, D., Markoulis, A., ... & Bourousis, C. A. (2016). Artificial Optical Radiation photobiological hazards in arc welding. Physica Medica, 32(8), 981-986.
- Kyei, S., Owusu-Ansah, A., Boadi-Kusi, S. B., Abbey, D. N., & Abu, E. K. (2016). Occupational hazards correlates of ocular disorders in Ghanaian fisheries. Healthcare in Low-resource Settings, 4(2).
- Shavit, S. S., Golub, J. S., & Lustig, L. R. (2020). The risks of being otologist, an ergonomic and occupational hazard review. Otology & Neurotology, 41(9), 1182-1189.
- Jang, J. K. (2016). Amines as occupational hazards for visual disturbance. Industrial health, 54(2), 101-115.
- Ofori, E., Ramai, D., John, F., Reddy, M., & Ghevariya, V. (2018). Occupation-associated health hazards for the gastroenterologist/endoscopist. Annals of gastroenterology, 31(4), 448.
- Abikenova, S., Issamadiyeva, G., Kulmagambetova, E., Daumova, G., & Abdrakhmanova, N. (2023). Assessing Occupational Risk: A Classification of Harmful Factors in the Production Environment and Labor Process. International Journal of Safety & Security Engineering, 13(5).
- Deniel, J. M., & Thommet, S. (2022). Occupational eye protection using augmented reality: A proof of concept. Radioprotection, 57(2), 165-173.
- Montano, D. (2020). Social distribution of occupational hazards. Handbook of socioeconomic determinants of occupational health: From macro-level to micro-level evidence, 169-189.
- Goonewardene, S. S., Ventii, K., Bahl, A., Persad, R., Motiwala, H., Albala, D., ... & Albala, D. (2021). Epidemiology, Risk Factors and Occupational Hazards. Management of Muscle Invasive Bladder Cancer, 13-21.
- Themann, C. L., & Masterson, E. A. (2019). Occupational noise exposure: A review of its effects, epidemiology, and impact with recommendations for reducing its burden. The Journal of the acoustical society of America, 146(5), 3879-3905.