

Research Article

Volume 1 Issue 5 - February 2017  
DOI: 10.19080/IJESNR.2017.01.555571

Int J Environ Sci Nat Res

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# She Nurse and Her Behavior In The Presence of Hospital Waste In A Developing Country Case of the Democratic Republic of Congo (DRC)



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**Submission:** February 22, 2017; **Published:** February 28, 2017

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## Abstract

After observing the behavior of several nurses from four hospitals in Kinshasa in the DRC (CUK, HGRK, HGK, HGRN), we note that nurses do not remain the standards set by WHO for hospital waste management. We constantly surveyed a sample of 280 nurses, despite the training they had, that 90% mixed hospital waste with other waste (paper, food, etc.), which they threw into unconventional containers or either in bags without indication of the dangers, that they do not avoid the risks caused by hospital waste to human health and the environment. They do not have the protective tools required in their trade. Our study is exploratory and invites nurse awareness in their profession which is commendable.

## Introduction

According to the field data of the study, the nurse is defined as the person who administers the patient care, so she is on the front line as counsel of the patient. According to the Women's Journal shows that a nurse is a health professional who treats patients while ensuring their comfort, hygiene and well-being. The nurses are close to the patients and act on the advice of the doctors. They can work in a hospital, clinic, medical facility or as a liberal. To be, it is imperative to be graduated but also to have human qualities, to be constantly vigilant and above all to be passionate. As a result of our observations, we define hospital waste as a collection of waste from infectious care activities (DASRI) and waste treated as household waste (DAOM) [1]. These mixtures are found in the same non-standard bin as shown in the following pictures (syringes, blood relatives, X-ray films and other waste mixed with food, papers, bottles). Our finding lead us to, highlight several diseases that develop workers and nurses related to their workplace and environmental pollution. The norms and regulations are not binding by all (Doctors, nurses, paramedics, workers) so they are almost non-existent in the law or the constitution in several developing countries.

## Methods

A few survey questionnaires were asked of the nurses of the four hospitals. The responses are recorded in this observatory

study. Follow-up by physicians in public health also shows the effect of hospital waste on the workplace. The results are reported in the study.

## Results

Our surveys have shown that the behavior of nurses does not reflect the lessons learned. Indeed for a sample of 168 who responded, 60% has in their service garbage cans without lid. 75% or 180 of them, do not sort the trash, 25% or 70 nurses mix all the waste in their service, 80% either 233 carry the waste by hand, mix the needles or sometimes buried them in a hole and this has a huge impact on the environment. As for liquid waste such as blood, amniotic fluids, they are put in the sink or in the unsealed garbage in the service until the interviewers pick up the garbage in the department or services. We also see that no prior sorting or preliminary collection is done by the nurses in their service [2]. At the health impact levels, we detected more than two from 2014 to 2016, we found out of 64 nurses randomly selected in the workplace indicated 80% who had chest tightness, 70% were exposed to organic dust, 75% repetitive nose and 40% gastrointestinal disorders.

At the level of environmental impacts, we had assessed percolates or leachates in hospitals quoted at four sites for several campaigns from 2014 to 2016. By studying the physico-

chemical composition, it appears that the concentration of metals Heavy metals, chloride, sulphate, nitrate, and some alkaline as well as BD05 and DC0 concentrations are higher [3]. This shows a huge degree of pollution and further proves that hospital waste is only a mixture of DAOM and DASRI. The same concentrations are found in rivers near the site of leachate discharge from wilderness landfills [4]. It is then evident that waste mismanaged by nurses within health care facilities has a potential for environmental nuisance [5].

### Conclusion

For our part and given our observations on the ground, it is necessary to sensitize the nurses in their role as the donor of the

care and managers of the waste produced in their service. That its waste does not harm the environment but that it serves the raw material and the creation of jobs if they are revalued. It will then be necessary to reconfigure in a multifaceted way a process of rationalization of all the nursing services within each hospital structure. This forces nurses to prioritize tasks in patient care and waste management from collection to disposal. They will continue to listen and accompany patients as their main role in their profession.

The pictures in the appendix show well what happens in hospitals (hospital practices of nurses) (Figures 1-5).



Figure 1: On the left samples without glove and on the right a mixture syringe, papers and cotton wool.



Figure 2: Left and right, waste bin without lid with mixed waste paper, blood and glass, bottles under the lever.



Figure 3: Left and right basket and was where the mixed waste is stored.



Figure 4: Left and right, the syringes, the placenta close tendons in a wild dump near the health establishments.



Figure 4: Wild dump left and right children who play and pick up everything in this place near a health facility: What danger and risk to the environment and health.

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DOI: [10.19080/IJESNR.2017.01.555571](https://doi.org/10.19080/IJESNR.2017.01.555571)

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