Commentary

This study explores the influence of the workplace environment on nurses’ levels of physical activity and occupational health outcomes in Egypt. In terms of the latter, the study specifically delineates low back pain, burnout and sharps or needlestick injuries; all of which the authors suggest have a predictive and synergistic relationship with low levels of physical activity and the workplace environment and conditions.

In drawing together these links, the authors offer a thoughtful exposé on the role of the employing organizations in taking responsibility for the health and wellbeing of its staff. This of course, is not a new argument. For example, in common with other research, this study purported that factors such as shift work, long working hours, ineffective leadership and management, poor communication and heavy workloads all contribute to the occurrences of poor occupational health and safety outcomes.

However, these findings illustrate an interesting interdependence between all of these factors and levels of physical activity, and this synergy is worthy of note. Another interesting finding is that nurses achieved only low levels of physical activity when doing their daily job or getting to and from work. This is significant because it highlights the responsibilities of the workplace in providing the opportunities and conditions that facilitate this. When considered in the light of the synergic nature of low physical activity with occupational health outcomes, then it is essential for organizations to recognise that they could be contributing to this and address it.

Results also showed that 79.1% of nurses in the study were undertaking less than 600 minutes of low physical activity a week, and that 90.6% of nurses were not achieving the levels of exercise suggested by the WHO to maintain physical health and wellbeing. It was not clear in the study if this was about lifestyle choices, and in this sense, something that could be addressed by individuals outside of the workplace; but limited knowledge of the benefits of physical activity was highlighted in the participants. This suggest that individuals could take some responsibility for their levels of physical activity. However, the problem here, as my work shows (Clouston 2015) is that having the opportunity to do exercise outside of work is predicated on having the time and energy to do so; and this can be problematic. Thus, the cyclical nature of work demands on personal time and energy to do physical exercise both inside and outside of work continues.

In terms of contribution to literature, policy and practice, the study throws light on the synergy of work conditions and environments, low levels of physical activity and occupational health outcomes. It offers some practical examples of how causal factors could be addressed; although these could be contextualised more with some practical examples. At times the arguments seem assumptive, and some points could have been clarified more. The methods are robust but insight into participant voices would have been beneficial.