

The Toxicity, Penosity and Peligrosity Bonus in Nursing

Juan Carlos Quintian Freire*

Department of Nursing, Gallego Health Service (SERGAS), Spain

***Corresponding Author:** Juan Carlos Quintian Freire, Department of Nursing, Gallego Health Service (SERGAS), Spain.

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How can it be understood that a peligrosity bonus of is maintained to certain officials for the hours they spend in front of a computer, and to nurses exposed to toxic substances, infections, aggressions, stress, etc., we have been deprived of it?

The contempt politicians on duty and the disinterest of our representatives in defending our profession are very much to blame for the situation in which we find ourselves. And if not, then: What is happening with our rights? And what is worse: How have we consented that we have lost most of them, and that no one have returned to fight to recover them?

Collective bargaining defines the conditions of access and remuneration of the bonus for toxicity, penosity or peligrosity depending on each job or professional activity of the worker.

Although collective bargaining defines these supplements according to each job or professional activity of the worker, in general we can extract a series of general premises that are taken into account when recognizing the types of plus studied:

Toxicity bonus: Toxicity is related to the use or handling of substances that may pose an exceptional risk to the worker's health.

A recent example is the case of a nurse processing for refusing to manipulate, without the appropriate safety measures, a drug that would have put her pregnancy at risk. News like these are coming to light, many nurses may be doing their job without the necessary guarantees and could be accumulating hazardous waste in their bodies".

Penosity bonus: Gratifies the performance of work in exceptional circumstances, because it involves activities that involve constant effort and are undoubtedly difficult.

Currently, the cuts in personnel are leading group of nurses to situations of hardship in their daily work. Psychosocial studies show an increase in the stress of the nurses due to the pressure suffered by these health professionals. Likewise, the lack of Nursing personnel is associated with a higher risk of mortality. It is estimated that for each more patient that one nurse should attend in any shift and in any country in the world, mortality increases by 7%. Addressing this growing demand for critically ill or terminally ill patients, as well as caring for the dying patient, is a section that encompasses the penosity bonus too.

Peligrosity bonus: The peligrosity of the work place derives from the existence of an additional risk due to the insecurity of its performance in the event of an attack or damage.

To the risk to our health that involves the development of our profession by being exposed to infections by being in contact with blood, fluids or secretions by respiratory route for example, now also joins that of physical aggressions.

An example is that attacks on health personnel increased almost 40% in 2016. Threats, physical and verbal aggressions, robberies, etc. The consequences of the cuts are suffered by all, causing stress and tension in the professionals, in the patients, and in their families, that it is increasingly common for them to pay their frustration with anger and verbal or even physical aggressions.

And after all of the above, how do you understand that an official is paid pelogrosity extra bonus to the hours spent in front of a computer and at us, nurses, we continue to be denied recognition of the risks we face from exercising our profession?

Some officials, especially from City Councils and Provincial Councils, have been charging for years over the computer bonus those who work in front of the screen, bonus for work assistance to the employee who comes to their position, peligrosity bonus to drivers of official vehicles or cleaning staff, etc. The most continuously bonus repeated is of the "monitor". More than 50 municipalities have offered some kind of compensation, either economically or in free time, for sitting in front of a computer.

The social reality is that many workers in many professions of risk or danger, not just Nursing, request remuneration by exposed at chemical agents, infectious agents, etc. However, unions in general do not support this measure, one, perhaps due to hidden interests, and two, because it would mean recognizing that work is being done above the risk levels allowed by law. It is very sad to see the politician contempt an our collective and the disinterest of our representatives in defending our rights and our profession. Or not?

It would be desirable that in next collectives bargaining the real problems of our profession, these and many others, be put on the table once. In the last 30 years the problem of Nursing has changed in a radical way, we have worsened both in loss of rights and in working conditions, and our representatives have so far failed to live up to the circumstances and in accordance with the new times, quite the opposite.

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