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**Problems Faced by Nurses**

**Introduction**

Safety and security are a legal right of any person working for an organization and the administration is liable to provide this safety to its employees. This legal right is secured under the Occupational Safety and Health Act. In medical clinics and other social insurance settings, this turns out to be doubly significant in light of the fact that more secure attendants means safe and better care for patients. There have been countless issues that were faced by the nursing staff at John Hopkins Hospital during the mid-year and winter of 2018. Medical personnel and nurses at Johns Hopkins Clinic (JHH) overviewed the association of wellbeing with security in their divisions. This paper will discuss the issues and risks faced by nurses on a daily basis with the use of Johns Hopkins Clinic as an example.

**Discussion**

The larger part of certain problems has endured some time before medical attendants started to unionize. A portion of the issues was under survey by the executives since medical caretakers started sorting out to frame an association. Having a limited number of staff members undermines the nurse's capacity to look after the patients which in turn damages the overall working of medical caretakers (Ögenler et al. 120-125). JHH medical caretakers report noteworthy issues with staffing levels: 85 percent of medical caretakers report that their unit just once in a while, or on the other hand, regularly has adequate staff to think about patients securely and just 5 percent of John Hopkins Hospital’s medical attendants report that they generally have the staff they need. The standard should be that medical attendants make a report and have adequate staff to think about patients and attend them with ease and securely. Short staffing prompts expanded outstanding burden, stress, and burnout for medical caretakers.

A more ongoing examination found that with better staffing (lower nurture to patient proportions), medical caretakers wear out and employment disappointment rates decreased. Strain and fatigue contributed essentially to expanding nurse turnover. Attendants who revealed significant levels of pressure were unsatisfied with the hospital's administration. They were mainly unsatisfied with their chance to propel their vocations, or on the other hand were not satisfactorily redressed and were bound to leave the hospital (Ögenler et al. 120-125). Those medical attendants who described encountering high physical requests or burnout were more prone to leaving the job altogether. JHH's staffing approaches are hurting attendants' emotional well-being, business, and vocation possibilities.

Notwithstanding short staffing, John Hopkins Hospital medical attendants report deficient assets, bolster administrations, and rest and dinner breaks. A negligible 6 percent of John Hopkins Hospital medical caretakers report that their unit continuously has satisfactory supplies to give safe patient consideration and take care of the issues they might be facing including support services, for example, relating to diet, maintenance, and drug store. What is more, helpers are crucial for the arrangement of safe patient attention. Just 4 percent of John Hopkins Hospital medical attendants report that their divisions consistently have sufficient help to enable medical caretakers to devote time and look after their patients. A greater part of John Hopkins Hospital attendants does not reliably take adequate and safe supper and rest breaks. Attendants additionally depict issues with reasonable planning and pivoting day, night, and late shifts in the patient attention report. Providing complete attention to the patients is a very crucial task that must be met with flying colors but if the staff at hand is not enough then there will be a lack of professionalism (Roche et al. 13-22). Services provided to the patients will lack and the administration will completely fail to satisfy the patients. This makes the reputation of the staff and the hospital itself poor and might cause them to face legal issues.

When John Hopkins Hospital neglects adequate staffing, hardware, supplies, and backing for medical caretakers to give safe patient care, the effect on attendants incorporates expanded pace of work which makes the environment brutal. Further, they suffer higher danger of wounds and diseases to medical caretakers notwithstanding strain, weariness, and turnover. Roche, Diers inspected working conditions, for example, staffing, nurturing self-sufficiency and a few different components of the patient consideration and their condition. It was inferred that, "The investigations indicated that as ward situations become less steady (less enlisted medical attendants, expanded remaining burden and unexpected changes in persistent needs, diminished view of attendant initiative, lower independence of nurses, more unfortunate relations with medical specialists and doctors, patients anticipating position), saw viciousness increases." Additionally, Magnavita established that the relationship between business-related pain and work environment aggression is bidirectional (Ögenler et al. 120-125). At the point when medical attendants are worried and consumed, working environment viciousness is bound to happen. When such issues are ignored and not catered to by the employer, there is bound to be more risks and the work environment will perish (Act.nationalnursesunited.org).

A few distributed investigations have concluded a consistent connection between low medical caretaker nurses and expanded wounds. The California nurse to-patient proportion decree was related with 31.6 percent less professional related wounds to medical attendants than the normal rate without the law that was passed for the staff i.e. Occupational Safety and Health Act. John Hopkins Hospital medical caretakers depict issues with compulsory additional time. A few investigations have decided noteworthy connections between required additional time and expanded work-related damages and disease rates.

Further study elaborated that working overtime in institutions where it was mandatory, made conditions worse for nurses with increased injuries and health-related issues by up to 20 percent. Working week by week additional time was related to a 32 percent expansion in the hazard for a needle stick wound. Turning and rotating shifts are related to a wide scope of wounds and different sicknesses. All hospitals should end this training that organizes the business' adaptability and benefits over medical caretaker’s and nurse's wellbeing. Strikingly, the International Agency for Research on Cancer (IARC) has verified that pivoting shifts are a plausible human cancer-causing agent (Fatemi, Moonaghi and Heydari 118). This dilemma needs to be addressed and a law should be endorsed all around the world under an international body to ensure that health and safety of hospital staff should be prioritized and medical attention should be given as well. Being humans first, nurses are exposed to many kinds of diseases at all times and they are more prone to get affected by them.

**Nonexistence of a Workplace Violence Prevention**

The issue of violence in the workplace also affects the jobs in many hospitals. A survey conducted at a hospital concluded that more than 64 percent of the hospital staff, more specifically, nurses have experienced or encountered violence at their workplace (Wang et al. 64-70). Violence at the workplace altogether impacts the care of patients as well as medical caretakers' instinctual, emotional, and psychological prosperity. By disregarding work environment violence, JHH jeopardizes medical attendants, other staff, and patients. Somewhere in the range of 27 percent of medical attendants report that John Hopkins Hospital disregards work environment violence when it occurs. This has caused many employees to lose or leave their jobs. On the other hand, 34 percent of medical nurses report that John Hopkins Hospital researches what occurred after a rough episode. Only 9 percent of medical caretakers report that John Hopkins Hospital changes practices to secure representatives and patients after that rough episode. A comparative investigation of National Nurses United individuals found that 63 percent of National Nurses United colleagues report that their manager explores work environment violence episodes and 30 percent report that their superiors change practices to diminish the danger of violence (Fatemi, Moonaghi and Heydari 118). Such issues should be taken care of by the hospital administration and they should make sure that such violent episodes do not occur. The following steps can be taken by the administration to counter such issues so that the safety of nurses can be marked with the full cooperation of the hospital.

* Assess and report risk factors and threats in every unit and different regions of the office
* Execute aversion measures, explicitly increasing staffing just as including building controls, security working and reaction frameworks, alert frameworks, and so forth
* Create compelling, revealing frameworks so RNs can report work environment violence without having any fear of retaliation and having an affirmation that the administration will cure any concerns.
* Connect with the dynamic contribution of RNs and other human services laborers regarding the hazard factors and risks in their divisions, what counteractive action measures would be viable, preparing substance and arrangement, also, reporting frameworks

These simple steps and other preventive plans will decrease the number and seriousness of brutal occurrences at the hospital. For instance, Arnetz, Hamblin detailed on a controlled mediation study where a worksite dry run including ecological hazard appraisals was led on every intercession division. Division chiefs were given occurrence and damage information for their unit from the previous three years and worked with direct-care staff to build up an activity intended to decrease work environment violence utilizing unit-explicit managerial, conduct, and ecological procedures. Intercession division revealed not exactly a large portion of the vicious occurrence rate contrasted with control divisions at six months after intercession. Likewise, Gillespie, Gates covered revised procedural investigation of six crisis offices. Researchers worked with direct-care representatives, supervisors, and heads to create preventive plans for tackling workplace violence which included natural changes, strategies, and methods, along with instruction and preparing (Fatemi, Moonaghi and Heydari 118). While not all mediation units completely actualized the plans, the designers of these preventive plans witnessed a 50 percent decline in attacks in the unit that most completely actualized their unit-explicit arrangement.

Staffing is likely a noteworthy factor affecting everything in the high paces of work environment violence detailed by many hospitals and medical caretakers. Working environment violence is factually altogether more probable to occur in offices with lower employment than offices with elevated employment levels. Employment levels and security were positioned as noteworthy contributing elements to physical work environment violence episodes in a single report (Wang et al. 64-70). Preventive plans to tackle workplace violence and other endeavors will adequately shield patients and medical attendants from the bunch effects of work environment violence. Furthermore, successfully averting work environment violence is probably going to improve issues with turnover at hospitals. Sofield and Salmond found that 61 percent of attendants who experience work environment violence think about finding employment elsewhere.

“While 34 percent of nurses report that John Hopkins Hospital investigates what happened after a violent incident, only 9 percent of nurses report that John Hopkins Hospital changes practices to protect employees and patients after a violent incident.”

**Harmful Exposures and Insufficient Personal Caring Apparatus**

Many hospitals are not giving adequate or successful defensive kits for attendants. A noteworthy extent of medical attendants (33 percent) announced that they have encountered skin or respiratory disturbance at work. This is a sign of an unsafe introduction that many hospitals have not tended to. The Occupational Safety and Health Administration (OSHA) necessitates that hospitals and institutions should give Personal Protective Equipment (PPE) and different measures to forestall exposures to dangerous elements. Medical attendants report noteworthy issues with gloves that are provided to them by the hospitals. Gloves are important to avoid exposures to blood, natural liquids, contagious sicknesses, and perilous synthetics, for example, antineoplastic medications or cleaning synthetic substances (Brandford and Reed 488-511). 6 percent of medical caretakers report that they generally have quality gloves to shield themselves from unsafe materials. Medical attendants report that gloves tear off within no time and that numerous medical caretakers must wear gloves that are too huge for them to avoid tearing.

Occupational Safety and Health Administration has set rules and regulations for all hospitals to provide nurses and staff with all the safety measures to ensure their health and wellbeing. Numerous medical attendants and nurses dispense chemotherapy or antineoplastic drugs for a wide scope of therapies. Presentation to antineoplastic medications represents a critical danger to attendants and is related to expanded chromosomal abnormalities in unprotected nurses, expanded hazard for unconstrained fetus removal, and expansion in intense side effects of introduction where safety was not utilized. OSHA necessitates that hospitals and health institutions give Personal Protective Equipment or PPE to forestall dangerous exposures present in the working environment, comprising antineoplastic medications (PASNAP). One investigation revealed a noteworthy decline in contact after usage of safety equipment, including the expansion of chemotherapy-explicit gloves. Attendants additionally report that hospitals do not catch up on exposure occurrences when medical attendants have had huge exposures to perilous medications.

The National Institute for Occupational Safety and Health (NIOSH) has discharged national rules for administrators to ensure that the staff is secured from risky medication exposures by counteracting exposures and executing therapeutic observation programs midst of different measures (Act.nationalnursesunited.org). All medical caretakers, nurses and other medicinal services laborers who manage antineoplastic, chemotherapy, or different risky medications ought to be taken a crack at a restorative observation program (Brandford and Reed 488-511). This implies there ought to be progressing assessments for side effects of introduction too as examination and follow-up after an exposure occurrence, for example, a leak or a needle stick. Records all things considered also, follow-up assessments ought to be kept up by the administration. Workers reserve the privilege to gain access to such files as expected by OSHA.

Education is the number one asset where we can tackle these issues at all levels. Nurses and hospital staff along with the patients should be given information about the hazardous issues they will face if the correct procedures are not followed during any process related to treatment. Hospitals are busy all the times and many patients are admitted with some serious ailments. Through education and weekly meetings, hospital staff can be educated on the issue of safety. As the nursing staff grows older, resigning attendants are being supplanted by fledgling level nursing moving on from colleges (PASNAP). These two are making a hole between the experience level of the nursing staff and the unpredictability of care these medical caretakers can give to the patients. This prompts challenges between medical caretakers because of the shifted degree of experience, and the developing measure of tenderfoot level attendants without guides.

Many hospitals do not have a successful safe patient dealing with a proper plan set up. A successful safe patient taking care of the plan incorporates gear, preparing, and extra staff to supplant the requirement for manual taking care of and to decrease the danger of damage to representatives (Brandford and Reed, 488-511). At John Hopkins Hospital, 63 percent of medical caretakers report that they should physically move patients all the time with an extra 31 percent of medical caretakers revealing that they should physically move patients at one point during the working hours. Just 39 percent of medical caretakers and nurses report they have lift gear when they need it furthermore, a negligible 9 percent report they generally have extra staff to help with lifts when required (Roche et al. 13-22). This puts medical caretakers at incredibly high hazard for wounds, for example, pain in neck and back, sprains and strains, and musculoskeletal issue.

**Conclusion**

According to the United States Bureau of Labor Statistics, nurses and medical staff are more likely to suffer from skeletal disorders and diseases that might be infectious. Hospitals should provide basic facilities to facilitate nurses and medical staff for handling and taking care of patients as there are cases where patients might require extra attention and a single nurse with limited resources cannot provide required facilities at once. In any case, gear without any extra facility is inadequate. Extra staffing is vital. A safe patient taking care of gear does not improve lifts or trade the requirement for more than one individual. Handling a patient with care should be taught to the nurses with programs that must have lift groups or other staff who are accessible and prepared to help registered nurses with persistent taking care of errands. A domain where all social insurance laborers have an obligation as a major aspect of the persistent focused group to perform with a feeling of self-sufficiency, polished methodology, responsibility, straightforwardness, contribution, productivity, and viability. All must be aware of the wellbeing also, security for both the patient and the human services laborer in any setting giving human services, giving a feeling of wellbeing, regard, and strengthening too and for all people. Compelling relational correspondence in work settings serves as an inspiration to the medical caretakers, nurses, and hospital staff. It is the need of great importance to hold the medical caretakers by making a solid and supporting condition where they have copious chances to learn and develop so that they can perform their duty well and accordingly.

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