



SECTION 1: COVERPAGE

ACADEMIC REPORT ON ATTITUDE TOWARDS PATIENTS IN CARE

PROBLEM SOLVING AND DECISION MAKING SKILLS

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SECTION 2: TABLE OF CONTENT

SECTION 3: Abstract

The aim of this Report is to recognise the challenges that the health-care industry is currently facing, as well as to assess the effect that these challenges have on the quality and quantity of health-care services provided to people with varying health needs and requirements. The primary goal of this Academic Report is to identify and address an issue in health-care environment, as well as to provide reasonable problem-solving tools and techniques that will help solve the problem.

SECTION 4: Introduction

Study describe 'attitudes' as the beliefs that nurses may hold, such as their thoughts and feelings about their job, their patients, or their work environment. Attitudes can be difficult to spot, but they can show up in nurses' "behaviors": what they do and speak.

The Evidence Centre conducted a Research on "Content analysis of 'Patient Opinion' website stories about nurse attitudes and behaviours" in April 2013. A negative comment regarding nurse attitudes appeared in five percent of the stories. Patients and caregivers identified nurses that they believed had a derogatory attitude toward patients, such as saying unflattering things about patients or their families or acting as if patients or their families were an annoyance. A few people reported nurses who were dissatisfied with their jobs or the setting they served in.

SECTION 5: An overview of problems in healthcare

According to Nursing Answers (11. February.2020) There are currently six-hundred million people in the world who are 60 years or older. By 2025, this number is expected to double, and by 2050, it could hit two billion people. The fact that most elderly people live in developed countries, which may lack the requisite funds, personnel, and facilities to care for their elderly citizens, is a cause for concern.

Another problem they mentioned in their Research is the high rate of hospital employee turnover. In organisational research, turnover is a significant issue in and of itself. Those that willingly leave or move to another unit inside the hospital are commonly referred to as turnover. Staffing levels should always be optimistic in the health-care environment, particularly in hospitals since there is always a need for many appropriate qualified and competent nursing staff to assist in the delivery of quality health-care services. The current trend, however, is that new hires, especially nursing graduates, do not stay in their jobs for very long.

Patients can receive medicine and services from specialist personnel and supplies at the hospital, which is the primary healthcare facilities centre. Queuing in many hospitals, on the other hand, has become a major public concern. Much is attributed to the lengthy wait for health-care benefits. Furthermore, a lengthy delay for medication may cause boredom, which can cause a patient's health to deteriorate and, as a result, affect treatment effectiveness so patients will not be attended and end up returning home without getting care. (Ariff H. et al. November 2018)

SECTION 6: One problem in the workplace

One major Problem in the Health Care Industry is the Attitude to Patients in Care. In a Health Care setting, attitudes are extremely important. Attitudes assist in determining what people consider essential, healthy, relevant, and reasonable in terms of problems and processes in treatment. If they want to have integrated, patient-centred services, they must consider attitudes; but they are little understood. (Bob Price 27. July. 2015)

Patients and clients are often mistreated by health professionals, especially nurses. Patients can be abused; some nurses are disrespectful and harsh to patients, and health professionals often provide prompt and high-quality care to patients they know. (Jonathan M. Dapaah, 28. December.2016)

This shows that some health care professionals treat patients with preference depending on if they are regular or patients they know. According to Jonathan M. Dapaah (28.

December.2016) a survey in Nigeria was conducted and some of the findings were, for example, it was discovered that many health practitioners had biased views against HIV/AIDS patients and engaged in unethical behaviour. This is undoubtedly the case, as their analysis of South African nurses revealed. Corresponding to the findings, some pregnant women were hesitant to give birth in a hospital because of past encounters with nurses who had yelled at them, beaten them, or ignored them. Although some nurses agreed with the pregnant women's concerns, they blamed the activities on a variety of reasons, according to the study's results.

SECTION 7: The impact of the problem on the stakeholders

Patients, doctors, employers, insurance providers, pharmaceutical companies, and the government are the major protagonists of the healthcare sector. (Institute of Clinical Bioethics, 06. September .2016). So, the attitude the Health Care Providers provide for patients in care has some background information that reviles the type of environment the Health Care Providers work in.

According to The Evidence Centre (April. 2013) some of the reasons would be that Individuals, organisational, and higher-level factors could be possible causes for alleged bad

Health Professionals behaviour. The most common concern was insufficient staffing, which was mentioned in half of all reports about possible influences (49 percent of comments about influences). Nurses with low personal attributes (such as being disrespectful and uncaring), poor communication between and inside departments, and working in an atmosphere with a difficult community or unreasonable standards were all listed. Insufficient qualifications and preparation are listed in one out of every ten comments regarding future impacts (ten percent), with a comparable proportion citing insufficient communication skills (9 percent) or clinical abilities (4 percent).

According to Matthew Grissinger (February 2017), Unethical behaviour decreases individual contributions to treatment, undermines worker productivity, raises staff resignations and absenteeism, and generates toxic or abusive work conditions. Yes, and it encourages certain people to leave their occupation, as well as harming patients. Adverse outcomes, medication mistakes, patient care compromises, and patient deaths are also linked to this procedure. Lack of respect triggers anxiety, rage, guilt, confusion, insecurity, isolation, and self-doubt in the receiver of care. Insomnia, exhaustion, nausea, and elevated blood pressure are just a few of the numerous physical illnesses staff members such as doctors, health care providers and pharmacist go through. These emotions impair a person's ability to reason logically, make sound choices, and communicate about problems or concerns. The challenge in implementing team-based approaches to transforming treatment is also due to disrespect. Disrespectful behaviour affects patients' trust, making them less likely to ask questions or provide valuable information.

As Lauge Sokol-Hessner stated in her book that patients and family members may suffer mental, psychological, socio-behavioural, or financial damage because of contact with the healthcare system, some of which may be due to perceptions of disrespect.

SECTION 8: Analysing the decision-making process including the relevant legislation.

As Andrew T. Ruplin and Bryan C. McCarthy (15. April. 2019) stated in their article. The topic of disruptive attitudes in healthcare is difficult to solve. For a variety of causes, often companies fail to handle aggressive behaviour. In some cases, it has been stated that, among other factors, abusive behaviour is not motivated by fear of punishment, it is impossible to quantify and verify abusive conduct, and administrators mask and conceal information in front of officers to achieve high results. Is made up of different people.

According to legislations.gov.uk (2014) in the "The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014" in section 2(10). 10. (1) Service users must be treated with dignity and respect. (2) Without limiting paragraph (1), the things which a registered person is required to do to comply with paragraph (1) include in particular—

(a)ensuring the privacy of the service user; (b)supporting the autonomy, independence, and involvement in the community of the service user; (c)having due regard to any relevant protected characteristics (as defined in section 149(7) of the Equality Act 2010) of the service user.

As General Social Care Counsel 2010 states in their documentation that the Code of Practice for Healthcare Providers is a series of statements that define the ethical conduct and practise that caregivers must strive to achieve in their day-to-day jobs.

According to Rotherham Doncaster and South Humber (n.d.) as a Healthcare provider it is important that the wellbeing of patients, families and service users is promoted by, always being able to take account for actions and omissions, promoting and upholding privacy, dignity, respect, rights and wellbeing of patients, service users and their carers at all times, collaborate with both the colleagues as part of a partnership to ensure that patients, service providers, and their families receive high-quality, health care, to facilitate the well-being of patients, service consumers, and carers, communicate in a free, accessible, and efficient manner, respect a person's right to privacy by respecting and maintaining their right to confidentiality, improve the understanding, qualifications, and experience through personal and professional learning to improve the quality of treatment they provide to service customers, to encourage equality to all, including service providers, co-workers, and members of the public, has the right to be served equally and without prejudice.

SECTION 9: Alternative solutions to the problem.

Set a stage.

According to Matthew Grissinger (February 2017), form a steering committee made up of shareholders, executives, middle managers, doctors, pharmacists, nurses, and other employees. Teach the committee about disrespectful behaviour, characterize it, list examples of the different forms it can take, and create an action plan on how to identify, respond to, and evaluate the effectiveness of organizational initiatives. The challenge is the responsibility of the leaders who must raise awareness on the issue, encourage others to improve, express appreciation as a fundamental principle, demonstrate their contribution to achieve it and generate a sense of urgency.

Establish a Code of Conduct

According to Matthew Grissinger (February 2017), create codes of conduct or integrity that serve as a model for separate but equal interdisciplinary collective relationships and teamwork based on mutual trust and consideration, resulting in ready cooperation. Clearly define the best level of inappropriate behaviour and actions. Staff may not be aware of this, so be clear. All employees who believe that they do not need to be treated with contempt should

act disrespectfully. Furthermore, there are no exceptions to the Code of Conduct. The Code of Conduct does not influence the behaviour of others if most employees are free from liability.

Manage Conflicts

According to Matthew Grissinger (February 2017), when general communication methods fail to resolve an order protection dispute, it is important to develop a growing protocol. Staff need to know who to turn to for a satisfactory outcome. If there is a disagreement between the subordinate and its owner, make sure that the process allows for an agreement outside the traditional chain of command.

Train Staff

According to Matthew Grissinger (February 2017), provide necessary hospital-wide training to all employees on the consequences of insensitive acts and the importance of compliance with the Code of Conduct. Provide skills-based instruction on how to report disrespectful actions, including negotiation methods, trust-building, company etiquette, related strategies for dealing with and resolving disrespect, dispute mediation, verification training, team training, and others matters. Use role plays, vignettes, or situations of violence to improve visual listening, conflict resolution, and behavioural relationships. The healthcare system provides a toolkit for executives on disruptive practices, codes of conduct, concepts, surveys, communication / teamwork manuals, key articles, and Internet content, "no retaliation" policy, and letters. Includes interaction effects. The Chief Executive Officer offers full leadership support.

Encourage Reporting/Surveillance

According to Matthew Grissinger (February 2017), implement a confidential reporting / surveillance platform to monitor subversion and assess compliance with the code of conduct. Anyone who observes or sees destructive behaviour should be expected to report it. There should be a structured follow-up program, as well as an informal method with blank notes. Staff must be aware of and comply with the news non-retaliation policy. Many of those who report rude behaviour should receive periodic reminders, but personal information should be kept confidential.

No company should assume that just because there have been no incidents of disrespectful activity does not mean that it will not happen. Patient and family feedback, employee, and patient reviews, focus groups, informal conversations, peer and team reviews,

and targeted inquiries at regular intervals can be used to identify disrespectful habits (e.g., during safety rounds).

Create a Positive Environment

According to Matthew Grissinger (February 2017), a fair and just society, respectful management of serious cases and openness so that employees feel comfortable talking about sensitive behaviour without fear of retaliation and fighting disrespect are important aspects of the work environment. The other aspect is the solid commitment of the leadership to a respectful community, which makes it necessary to lead by example. Managers should be able to evaluate the efforts of all employees, to be inquisitive and open to fresh ideas, and to recognize and benefit from exceptional examples of creative leadership, kind commitment and positive interpersonal skills.

Leaders should have an open conversation about respectful attitudes with the entire company using basic engagement methods such as email, reassuring employees that adhering to a respectful culture is not temporary leadership.

Establish Interventions

According to Matthew Grissinger (February 2017), develop a prevention policy with full leadership resources to manage unfair treatment on a regular basis. Zero tolerance for abusive treatment, the position of the offender within the organization, justice for both parties, flexibility in compliance, a diverse approach to violations, rehabilitation methods and monitoring procedures that allow individuals to improve their behaviour. These are all signs of a successful program. Interventions can begin with coaching and, if necessary, promote progressive discipline. One initiative aims to build trust in employees and hold them accountable for making better behavioural decisions. It is impossible to exceed the value of a timely, predictable, and effective response to a suspected alcohol. Those who co-operate in litigation or prosecution should avoid retaliation at all costs.

Framing issues that amplify and perpetuate rude behaviour need to be addressed as part of a behavioural strategy. Workloads, staffing, budgeting, scheduling, coordination, transfers, physical risks, and environmental stressors are all common system concerns. Individual habits can also be affected by system changes.

SECTION 10: Evaluating a range of solutions to identify the most appropriate option.

Plus, Minus Interesting

Plus, side of the solutions

All the solutions mentioned above are a great way of reducing the problem of attitudes to patients in care. Establishing a prevention policy with full leadership resources to manage onset treatment on regular basis is a great way offered easing negative attitudes to patients and care because it implements a zero tolerance for abusive treatment or disrespectful behaviour towards patients and care. Creating a positive work environment is also a wonderful way to reduce the amount of negative attitude because staff members work in a peaceful environment that means they are not being bullied or mistreated, they are respected, and they work in a team so there would be no reason for any of the staff members to be rude or disrespectful to a patient.

Minus side of the solutions

Some of the solutions may not influence everyone because of the hierarchy and ranks given in the Health Care Sector. For example, establishing a code of conduct as stated above the code of conduct does not influence the behaviour of others if most employees are free from liability. Some of the solutions may also fail as communication methods are not implemented in the day-to-day basis of healthcare workers as stated above on managing conflicts. Training staff may be a good way of reducing the attitude from healthcare providers towards patients but some of the healthcare providers may not attend two meetings unnecessarily hospital training. Encouraging staff members or patients in care to report destructive behaviour from the colleagues or from the healthcare provider is a good way of reducing the number of negative attitudes towards patients but some employees may assume that because there have not been any incidents of disrespectful activities that it does not happen due to some patients not knowing that they have a confidential platform to report such incidents.

Interesting points of the solutions

Interesting points of the given solutions above would be setting a stage. Which is creating an action plan on how to identify, respond to and evaluate the effectiveness of organisational initiatives. And how the leaders raise the Awareness of the issue by generating a sense of urgency. It is also important how establishing a positive work environment for the caregivers can affect the attitudes towards others the saying of "treat others as you treat thyself is very important".

Decision made.

The best solution to solve most of the problem in staff members who give attitude to patients in care is by creating a positive work environment for health care providers as it encourages them, motivates them, and helps them to work as a team and allows them to enjoy their job as health care provider.

SECTION 11: How can the solution be implemented and communicated to stakeholders.

Discussing the solution of employees creating or promoting a positive work environment for their health care providers. This can be done by inviting a specialist to come to the workplace to present to the staff members and leaders of the organisation. Creating a questionnaire every two weeks to see the opinion of the staff members and the care home on how the environment is changing for Good. Employers should change the way they hire staff they should set higher standards for example higher qualifications and should set the experience level higher as well in saying in job opportunities a minimum of 5 years of experience had in care setting.

SECTION 12: Assess appropriate monitoring and review techniques to ensure successful implementation of the solution.

Implementing Questionnaires in weekly basis for care providers to confidently speaking their mind about how they feel in the workplace.

Gathering reviews from staff members and especially patients in care in a monthly basis can help as well in terms of keeping track of the changes in the workplace.

SECTION 13: Conclusion

Incidence research has not been developed for current protocols to understand patient attitudes to care experienced by patients and their families through experiences with healthcare providers. Various documents and research were used, as well as the history of health organizations and protection programs. Using the definition of mental state, this academic article describes a five-part system intended to help healthcare organizations recognize, describe, and appreciate instances of non-physical harm.

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SECTION 15: Appendix

PLUS	MINUS	INTERESTING
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