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# **PROBLEM SOLVING AND DECISION MAKING**

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## Introduction

In this report I will demonstrate major issues in healthcare workplaces. The right to die could be a terribly sensitive issue except for those that square measure terminally sick, the will for death grows daily, particularly if the person is in pain or feels that their quality of life is therefore diminished that living day by day could be a painful and emotional experience. Doctors pledge an oath, a group of ethics established during which they swear "to treat the sick to the most effective of one's ability, to preserve a patient's privacy, to fulfil, to the most effective of their ability and judgment, this covenant: I will be able to respect the hard-won scientific gains of these physicians in whose steps I walk, and I will share such information as is mine with those that square measure to follow." There's no demand to contemplate a patient's desires or do to what's within the best interests of the patient's life.

2. It's the liability of doctors and caregivers (teachers, etc) to actively report those they believe perhaps hurtful to themselves or another person particularly if an individual exhibits or expresses a need/desire to harm another person. Usually doctors, psychologists, shrink (observer) will hear somebody specific associate degree mentation and every now and then, might report it. The matter is each moral and legal (privacy rights) however if there's the potential to become fatal, then United Nations agency can we fault? And what can we do once the observer was correct in their assessment however nobody takes action till when somebody commits an atrocious act. This went on in police cases wherever the officer has expressed outrage and the observer reports it, however the weapon is coming back to the officer.

3. Physicians square measure beholden by their code of ethics to try and do no hurt, however several impose opioids associate degree don't establish a current communication or register to ascertain however the patient is progressing. Further, some doctors can provide out samples they get from their pharmacy reps. This may produce a drug dependency therefore patients have to be compelled to be closely monitored.

4. There's associate degree Yankee law known as the Stark Law. The Stark Law could be a health care fraud and abuse law that prohibits physicians from referring patients sure enough selected health services obtained by Medicare to any entity during which they need a "financial relationship." This usually happens once a medical practitioner incorporates a money interest or possession during a clinic that they refer a patient to. {this is this is often this will be} a standard applies in order that physicians can earn more cash. Therefore, if one goes to a medical practitioner associate degree is remarked a physiotherapy cluster, they need a possession interest, they don't ought to tell you! You must have the correct to travel to any specialist however this can be however the system works without delay.

5. Whereas this can be not a standard apply, doctors are acknowledged to own sexual relationships with their patients. Once more it's unethical however it will happen.

## Examples

All these issues occurring in healthcare has led to multiple problems such as \*in a table\* faux news associate degraded information - two decades have passed since an ill-famed paper revealed within the Lancet claimed a link between childhood vaccines and syndrome. It took years for scientists to work out the study results were fallacious, and over ten years for The Lancet to retract the article. By that point, the harm was done. This faux news helped inspire public doubt in one in every of the foremost powerful weapons humanity has against human unwellness, and it persists to the current day. within the past few years alone, myths and information have resulted in outbreaks of morbilli and epidemic parotitis within the USA and within the stubborn persistence of infectious disease in West Pakistan, Asian country, and Nigeria. In geographic area, they contributed to the deaths of over eleven,300 people thanks to Ebola. False facts can injure youngsters, kill health specialists, and tend public health disasters.

\* The HIV pandemic at a crossroads - people who area unit beneath thirty these days don't keep in mind a world while not HIV. many North American nation conjointly don't keep in mind a time once the unwellness wasn't manageable with medication, or once AIDS was a spreading, terrific mystery complaint that no-one knew the way to stop. We've return to date since that point. AIDS-related deaths have fallen by forty-eight p.c since 2005, per UNAIDS. We've even gotten quite snug with the concept that we're heading towards associate degree HIV-free generation. However, humanity can't take its momentum without any consideration. the very fact remains that in 2016, there have been thirty-six.7 million individuals living with HIV, as well as one.8 million that were recently infected in 2016. Even within the USA, the virus remains ravaging segments of the individuals. medical examiners worldwide area unit still learning the way to best reach the key teams that area unit most plagued by HIV. Widespread and insidious bias against them makes this difficult.

\* A dynamic planet - formally, the price from cyclone Maria in Puerto Racketeer Influenced and Corrupt Organizations Act in 2017 was sixty-four. However, that doesn't embrace people who died as a result of they required chemical analysis when the ability went out. Or people who had heart attacks or strokes or prostration that they couldn't receive care owing to the chaos and destruction, and that they may not have intimate with in the least if Maria had ne'er hit. "Most individuals in Puerto Racketeer Influenced and Corrupt Organizations Act simply don't believe [the official death count]—they believe it's abundant, abundant higher," says NPR's Marlon Bishop. "The workplace that records demographic information in Puerto Racketeer Influenced and Corrupt Organizations Act, they've according to that within the 1st forty days when the storm, about 1,000 a lot of individuals died than within the same amount the year before." it'll take abundant time for the people and health system in Puerto Racketeer Influenced and Corrupt Organizations Act to recover. Extreme weather events have gotten progressively common. Higher highs, lower lows, droughts, the increasing variety of powerful storms, and lots of a lot of ends in flooding, damage, and death.

## Problem definition/problem statement

The issue I'm going to address in this support is the lack of resources in healthcare

workplaces. Medical instrumentation is a vital part of a health system and may be a tool employed by nurses to forestall, diagnose, monitor and treat maladies also as throughout rehabilitation when disease or injury. It may be within the sort of a machine, instrument, appliance, code or material supposed by the manufacturer to be used alone or together with different devices [1]. Medical instrumentation features a lifecycle requiring activity, maintenance, repairs, user coaching and at last retirement [2]. A responsive health system guarantees communities even-handed access to essential medical instrumentation of assured quality, safety and price effectiveness.

Shortage of medical instrumentation, either because of inconvenience or non-functioning, may be a barrier to the power of the health system to deliver quality health services. the planet Health Organization estimates that between fifty to eighty % of medical instrumentation in developing countries isn't functioning and people countries lack technology assessment systems and regulative controls to forestall importation of inferior medical instrumentation. These build the countries exposed to dishonest market practices that place patient's lives in danger [3].

One of the authors of this study worked in an exceedingly rural district hospital for over twenty years as skilled nurse and nursing manager. She tough shortages of medical instrumentation and conjointly received complaints from different nurses through workers conferences, reports and workers exit interviews. several the medical instrumentation were recent and obsolete whereas others were broken. The allow maintenance and repairs was centralised at an even bigger hospital within the province creating procurance a protracted method. A visit to the current district hospital by a parliamentary committee on health in 2012 declared the shortage of medical instrumentation as vital [4]. vital shortage refers to a scenario wherever resources needed to sustain human life, stop permanent incapacity, or stabilise someone experiencing a medical emergency square measure depleted and different strategies of getting them are exhausted specified the remaining resources won't build it attainable for the hospital to treat patients per the national core standards [5].

## Experiences

**Low quality medical instrumentality** Some nurses complained concerning failure of medical instrumentality to fulfil its performance specifications or to perform as meant thanks to its inferiority. knowledgeable nurse operating as Quality Assurance arranger said: "What we discover is that the medical instrumentality that we tend to receive happen to be of poor quality most of the time.....you get them... they quickly fail, and you don't get to replace them. I will provide associate example of element gauges, we tend to do procure enough, however most of them can fail in no time. Another example of the monitors.....we do get them however a number of them can provide false readings once more inside a brief house of time". Another skilled nurse operating as a trauma nurse added: "One patient nearly bled to death as a result of lack of a compression bandage, we tend to have one that wasn't functioning well. you would like to produce service however the items that you simply square measure speculated to use to produce service.... they're not there.... or they're there however

not functional”.

## Discussion

### Impact on nurses

One skilled nurse operating in an exceedingly surgical ward remarked: “It affects American state badly as a result of as a trained orthopaedical nurse i do know a way to do the proper things, thus if I’m doing things the opposite manner spherical, I feel pessimistic and that i feel thus useless to my patients”. Another skilled nurse from associate orthopaedical ward stated: “In a number of the instrumentation failures.... the results, the outcome... it’s eh... deformities, when after you meet the patient with deformity perhaps short leg discrepancy the patient can’t walk well, you blame yourself and say i might have done one thing to the current patient however as a result of you didn’t have correct equipment.....there are that sense of guilt every now and then to mention I may have done higher if I had this which or even I couldn’t have given this one however the opposite one, clearly it comes with associate components of frustration and a few styles of guilt to mention perhaps I created the incorrect decision”. A nursing assistant operating in an exceedingly medical ward indicated: “It affects US and that we additionally feel the pain of our patients”. A workers nurse operating in an exceedingly surgical ward complained: “We keep blaming ourselves and this is often haunting Uk. we tend to find yourself developing stress connected conditions because of failure of the hospital to provide US with the specified medical equipment”.

Some nurses were seriously involved concerning loss of skills and data they nonheritable from nursing colleges and universities. the case might contribute to poor workers retention and data deficits. an expert nurse from gynaecology ward said: “I notice that my profession could be a bit shaken....or bit lacking as so much as I actually have been kempt or I actually have been taught.....where I got my data, thus somehow my profession.....professionally I feel I’m not developing or well maturing as a result of I ought to be utilising the skills.....given the acceptable instrumentation to execute those skills”.

### \*FISHBONE ANALYSIS\*

### Analysis

Some nurses expressed a priority that the shortage of medical instrumentality might result in negligence, malpractice and even patient deaths which is able to end in legal actions taken against the hospital. an expert nurse operating as Quality Assurance arranger said: “Patient safety is at risk..... that’s the core.... that’s the most important implication as a result of after you inspect patient safety you actually would like medical instrumentality for you to truly guarantee patient safety”. A employees nurse operating during a surgical ward said: “Failure to watch patients adequately ends up in litigations and disciplinary hearing by the South African Nursing Council that contributes to low morale and dealing in worry. Shortage of

essential medical instrumentality compromise patients' life and ends up in poor diagnosing of patients. typically, patients lose their lives as a result of this drawback. typically, referral of patients for additional management is delayed".

## Solution

Improvements in health-care quality will contribute to healthier populations. However, several international and national health ways aren't sufficiently considering the problems of activity and rising health-care quality in low-resource settings.<sup>1</sup> The barriers to delivering high-quality care area unit typically similar across completely different health systems. However, the extent and mechanisms through that these barriers influence quality improvement interventions could also be completely different in resource-poor settings.<sup>2</sup> Investments in health systems strengthening while not continuous quality improvement is assumed to be a useless effort.<sup>3</sup> Conversely, solely specializing in quality improvement during a resource-poor context while not participating the broader health system for support is of restricted price. Hence, each area should be improved at the same time.

## Possible solutions

### Systems thinking

Health systems are dynamic complicated accommodative systems, wherever all components got to be thought about. These components are the inter-relationships between the patient, clinical and nonclinical employees within the health system; the various levels of the health system starting from the community to tertiary referral system; and the desired human and material resources and coaching, superintendence and management structures.

### Participatory approach

Participatory, grounded and bottom-up approaches involving health-care professionals, patients and communities additionally as researchers-in-residence are necessary to grasp health systems. Participation conjointly will increase buy-in to quality improvement efforts and allows style and implementation of interventions that are effective in specific contexts, think about content beliefs and build responsibility.

### Accountability

The folks concerned in creating health systems work should be responsible to the people and native communities the health system is serving. information for decision-making is very important because it will be accustomed encourage and track quality enhancements and, once helpful metrics are chosen, may be a mechanism by that the health system will be command responsible.

### Evidence-based

Evidence on what works to enhance quality of care in low-resource settings is scarce. we tend to propose associate degree evidence-based approach that supports information harmonization whereas at constant time maintaining the very best standards of scientific and tutorial rigor.

### Innovative analysis

Both believability and likelihood analysis styles ought to be used as a part of an enquiry strategy to carefully confirm whether quality improvement interventions will work and the way, why and in what circumstances they work. employing a vary of analysis ways from theoretical analysis to cluster randomised controlled trials is very important.

The first component, systems thinking, views health-care systems during a holistic manner and is commonly represented as in operation at micro- (clinical team), meso- (health facilities) and macro-level (health-care system). Systems thinking offers a helpful framework for addressing the reciprocity of those completely different levels that influence health-care delivery and health outcomes.<sup>4</sup> Interventions targeted to enhance quality of care area unit unlikely to succeed or be sustained if designed while not associate degree adequate understanding of relevant discourse factors at these completely different levels.<sup>5</sup> Researchers and implementers area unit currently recognizing the importance of those factors and their dynamic interaction in delivering safer, more practical care.<sup>6</sup> Failure to handle these interdependencies could also be significantly damaging in resource-poor settings, wherever strained resources, lack of infrastructure associate degree weak governance will exacerbate the difficulties of implementing an intervention. Examples vary from unused high-priced instrumentality thanks to lack of trained employees or electricity to control it, to scarce medical examiners migrating to national and international organizations resulting in undermanned primary, maternal and kid care. Cultural and activity factors conjointly influence these interdependencies and may contribute to issues throughout implementation. Interventions in resource-poor settings need to think about improvement across the various levels of the health system once attempting to enhance care at the clinical microsystems level.<sup>7</sup>

Second, native employees and communities ought to be engaged throughout the planning part of a systems improvement intervention. Key stakeholders, like health-care suppliers and patients, bring expertise and information of native and national health-care systems. moreover, they perceive the political, social, economic and cultural factors that influence health outcomes, use of health care and therefore the implementation of interventions. In several high-income countries, stakeholders oftentimes participate in improvement of health-care practices.<sup>8</sup> In resource-poor settings, democratic approaches could also be helpful to handle potential conflicts between intervention philosophy and a large vary of cultural, social and economic factors, that might contribute to the success of the interventions.<sup>5,8</sup> for instance, participation approach might embrace trade quality improvement to specifically incorporate women- and family-friendly activities in contexts wherever a women's role inside the health-care system is comparatively weak.

The structure culture and readiness of a health system will influence neutral participation and engagement. a stronger understanding of the culture and apply for improvement is needed for neutral engagement and participation, and sequent accomplishment of results. moreover, understanding the structure readiness before introducing a top-quality improvement intervention during a health-care setting is vital. Readiness will doubtless influence the degree to that the intervention could become embedded inside the health system. From associate degree analysis perspective, readiness influences the time-to-effect, generally rendering the intervention suboptimal for analysis.

Capacity of the health personnel is one in all the key factors influencing health systems readiness in several resource-poor settings. However, capability building shouldn't be restricted to routine clinical and knowledge coaching, however, ought to conjointly embrace coaching in improvement strategies. employee's superintendence and continuous skilled development will increase confidence in clinical skills, however area unit usually lacking in resource-poor settings. Capability building will empower health-care suppliers, patients and communities to confirm that supervisors and decision-makers area unit responsible and alert to employees and population wants. for instance, increasing capability to analyse and gift knowledge that track health outcomes will be accustomed hold decision-makers responsible.

Third, strong responsibility mechanisms promote each potency and possession of services delivery by professionals and communities. the aim of responsibility mechanisms is to confirm that health-care suppliers get necessary support from alternative levels of the health system to produce smart quality care. one in all the mechanisms to attain responsibility is to use proof inside the health system, through the bottom-up generation of quality knowledge and visual presentation of knowledge to decision-makers. This mechanism conjointly includes strong unvaried feedback across completely different levels within the health system. for instance, involving patient communities and health-care staff in maternal death police investigation and response systems will improve responsibility for maternal deaths and stillbirths.<sup>10</sup>

Fourth, quality enhancements ought to be guided by proof. However, generating quality knowledge in resource-poor settings has been problematic. thorough knowledge collections, as well as knowledge from routine health info systems, project watching knowledge, improvement knowledge and analysis knowledge, area unit seldom translated into purposeful proof. though relevant stakeholders inside and out of doors health ministry's build efforts to enhance knowledge quality from routine watching systems, efforts are required to harmonize knowledge from the varied knowledge sources and optimize the interpretation of knowledge for building the proof base. These efforts need vital investments in knowledge quality and knowledge management by stakeholders, as well as health ministries and implementing agencies.

Sustained enhancements within the quality of care delivered by health systems in low-resources settings can solely be attainable with associate degree swollen proof base of

improvement analysis in these settings. method thinking and analysis to support quality improvement work have evolved at the same time. Early work targeted on implementation of improvement strategies and their comparative effectiveness. The restricted or variable effectiveness of some interventions in apply has shifted attention towards understanding the mechanisms by that interventions work, the way to optimize their effectiveness and therefore the importance of context.<sup>6</sup>

Fifth, innovative evaluations area unit vital for understanding and advancing the science of quality improvement whereas conjointly assessing specific intervention efforts. Recent work has incontestable the worth of innovative analysis models for quality improvement interventions. In these analysis models ancient scientific definitions of rigour unbiased estimates of impact and adequate applied math analysis – area unit swollen to incorporate use and impact of the enhancement's interventions. One example is that the researcher-in-residence model, that aims to harness the information of all project partners via a man of science embedded inside the health-care delivery team United Nations agency is specifically tasked with understanding the approach things operate and the way they may be improved.<sup>11</sup> Another example is cluster randomized-controlled trials with synchronous method and economic evaluations, which permit investigation of specific quality improvement efforts inside a bigger controlled analysis of the impact of a top quality improvement programme.<sup>5</sup> These models area unit significantly suited to understanding resource constraints and discourse factors in resource-poor settings and for locating innovative solutions to implementation or analysis challenges.

While accessible health-care services play a key role in up health outcomes, bigger attention should currently be paid to the standard of health care provided, particularly in resource-poor settings. The impact and property of quality enhancements will be increased by adopting a holistic, democratic, accountability-based approach, supported by high-quality innovative proof generation. associate degree approach deverbative well with the democratic, systems thinking that has been advocated for meeting property development goals.<sup>12</sup> to attain impact and property, investments area unit required to enhance knowledge quality, to form associate degree improvement culture and to expand capability of current and future human resources.

## Conclusion

Medical instrumentation may be a necessary tool for nurses to supply quality medical aid. Shortage of medical instrumentation incorporates a negative impact on patients, the hospital and nursing profession, as such, it's a barrier for the health system to perform. important shortages of medical instrumentation within the hospital resulted from bad instrumentation, poor maintenance and inaccessibility of kit caused by fund constraints. correct management, leadership and governance is needed to develop and implement procurance, maintenance and internal control plans. These can facilitate to prolong instrumentation life and cut back potential risks because of frequent breakdowns.

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