Workplace Health Policies

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Introduction

The report is based on some health issues and some related policies. The policies and health issues discussed here is Australian based. The health system in Australia is a complex mix of state government and the federal government responsibility and funding. It makes difficult for the patients to navigate. Anyhow, the universal health system of Australia accomplishes good results which are very efficient. The federal government retains lead responsibility for the primary health care. On the other hand, the state government is more concerned with the serious workplace safety and health issues as a result of violence in the workplace. Today, the workplace violence has increased a lot varying from rape and physical assaults.

Identification of critical health issues and policies

The health problem considered here is occupational safety and health issue in the workplace. Based on the matter, a policy called Workplace Violence Code of Practice was published by the Work Safe Western Australia Commission in November 1999 (Bourne, 2013). The system provides practical guidance for the workplaces where people may be exposed to physical threats, assaults, harassments, and verbal abuse as well as bullying. The system consists of some proposed course of action. The plans and the proposed course of the measures are taken from the journal of Bob Kucera. According to him, there is nine proposed course of actions. Each of these actions has significant roles regarding addressing each of these issues. The proposed course of action 1 consists of the improvement of the comprehensive policy statement. It also includes the development of resources for assisting health services. These resources are useful for the implementation of strategies for addressing the aggressive bullying and behavior in the workplace. The specific course of action 1 is related to the “bullying” health issue.

The aggressive behavior of the workplace is not unique to the nursing profession. It impacts the staffs working in health services (Mitchell, Ahmed, & Szabo, 2014). The health problems are not assumed; the issues are genuine and real. Evidence shows that a twenty-six-year-old female was intoxicated, her arm got lacerated. The woman was presented to the Emergency Department by ambulance and escorted by the police. The patient kicked and punched four police officers, two registered nurses, security officers, and a senior doctor. Everybody was injured (Gillespie, Farra, & Gates, 2014). It is a medical emergency case. The primary factor behind this abnormal presence of the patient is high alcohol consumption or history of family violence. After all these, the patient was restrained physically. She was sedated under the duty care by Emergency Department or ED clinical staff. The patient was discharged after a surgery. Therefore, the patient has aggressive behavior. The Minister for Health and the Department of Health Western Australia is dedicated to discourse these issues and work towards the achievement of harmless and the most pleasant working atmosphere.

The key health principles and the draft policy documents

In this section, some key health principles are related to the specific policy described above. The policy described above is Workplace Violence Code of Practice. Based on this policy, a precautionary principle is outlined (Suter, Oelke, Adair, & Armitage, 2009). According to the precautionary principle, unpretentious or permanent dangers to the health of people or the biological community or recognized scientific vulnerability should not be utilized as motivation to defer preventive measures. However, with regards to this paper, businesses and specialists should not defer executions to enhance working environment conditions and advance health principally because there is no solid scientific confirmation of the effectiveness of the intervention. Besides, the working environment parties in projects that are attempting to enhance

health professionals through health development practices should remember to conduct a change. The change is a reasonable procedure that requires a few undetectable, inside changes to happen before the real apparent behavior is altered. As a result, this implies tolerance and ingenuity in giving continuous data and instruction might be required, even despite an evident absence of effect (Griffiths, 2011). The principle is necessary to resolve all the health challenges. Taking an example, mental health was warned to a patient approaching someone in the car. As soon as the patient was approached, the patient turned his aggression to the nurse to the nurse. The nurse got injured by the patient. A complaint was made to the police. Since it is an issue of mental health, solutions should be extracted strategically. The mental health organization should maintain a good relationship with the police to protect the reputation of the organization. It is a precautionary health principle. On the other hand, the community education and awareness program must be developed to promote health services to the public. The awareness program from mental health organization helps other people to get the information about mental patients.

Strengths and deficits of the draft policy documents

In this section, the strength and deficit of Workplace Violence Code of Practice are described. The information is taken from the journal, “Code of practice on workplace violence in services sectors and measures to combat this phenomenon” by Geneva.

Strengths and deficits

According to this journal, the strength includes risk reduction and management. The policy helps to reduce the risk of workplace violence. Employers should ensure that suitable risk assessment is directed at their place of work. In most of the organization, it is recommended that employers and the representative should work together and make strategies to reduce violation risk. As a

result, the workers can feel the importance of the workplace disciplines along with rules and regulations. The policy promotes training to employees so that the workers can develop appropriate risk assessment strategies. It also provides information on the workplace violence prevention. The selected policy do not have drawbacks because the policy is made only to prevent workplace violence. The cons depend on upon the nature of employees. If the employees do not follow the policy, then the policy may be considered as useless.

Improvements to the changes

The improvements are included in the proposed course of action 7, 8 and 9 of Workplace Violence Code of Practice. The proposed course of action 7 states that a review is conducted for identifying the resources required for confirming the security and safety of staff. On the other hand, according to proposed course of action 8, the strategies are developed for reducing the adverse impact of bullying as well as the aggressive behavior of the employee. The action 8 consists of appropriate counseling services and support packages for improvement procedure. The proposed course of action 9 contains a constant evaluation and monitoring program. The particular program is established for assessing the effectiveness of the implemented interpolation strategies. In the end, after six months, the outcomes are reported to the Minister for Health. Giving attention to workplace bullying and aggressive behavior requires a bound together approach transverse over health. Most probably, it is perceived numerous health administrations have created and executed procedures which sustain the conceivable proposals made by the working party. However, it was concurred that an audit ought to be attempted to recognize assets required to guarantee the wellbeing and security of staff. Though a few issues are particular to individual situations, most are steady. An organized, shared methodology is required to execute methods reliably transverse over Department of Health worksites.

Reviews of policies

The particular section, some evidence have been collected from some journals regarding the impact of workplace violence on social service and health care workers. During 2013, an enormous number of physical assaults were involved in workplaces. From the research, in 2013 the days from work because of savagery for the private segment overall were just roughly three for every ten thousand all day specialists. Moreover, the working environment savagery rates highlighted in BLS information are verified by the NCVS, which gauges that somewhere around 1993 and 2009 human services professionals had a twenty percent general higher rate of working environment brutality than every single another laborer. Consequently, the outcomes involve organizational risks such as high worker turnover and insufficient mental health personnel and security on site. The organization needs to work during the turnover period. The leftover workers work during mealtime and visiting hours. This situation only arrives when there is a lack of policies and staff training strategies. The organization needs to build up a policy to protect their employees from workplace violence such as bullying. The procedure described here is Occupational Safety and Health Act. According to this act, the workers must conform to health and safety regulations as well as standards enforced by the OSHA-approved state plan.

Conclusion

The report started with an introduction saying about health problems based federal and the state government of Australia. After that, some key health issues and policy is described. The policy is Workplace Violence Code of Practice. The report consists of two case study based examples from which evidence can be drawn. Also, a linkage is created between the health principle and draft policy documents. In that section, precautionary principle is described. Some strategies and improvements are described. At last, a journal is considered related to the workplace violence and policy.

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