Abstract

Employment practices an employment practice is a term referring to the patterns that may be observed in a company’s hiring and workplace conditions. Some of these issues, such as sexual harassment, discrimination, and unfair wages, can become serious liabilities if they are not treated carefully. Many local, state, and federal mandates define acceptable and unacceptable employment practices. The United States Equal Employment Opportunity Commission, or EEOC, regulates businesses in accordance with these laws, offers compliance assistance and investigates instances of reported violations. If confirmed, consequences for violations can range from a citation to a fine and legal action taken against to perpetrator. In the healthcare industry, employers continually face employment practice challenges. Employers have found it challenging to protect health workers from incidents of workplace violence. Study reports suggest that workplace fatalities greatly affect health workers, with over 600,000 cases reported annually. A 2020 report by the US Government Accountability Office cites that the attacks and assaults in the health sector result in lost workdays (Epstein Becker, 2021). It's also interesting to note that although lawmakers introduced legislation that curbs workplace violence incident cases in the health setting, currently, there aren't any federal regulations or laws which explicitly address the issue. Regardless, other resources offer guidance to healthcare employers on watts to reduce issues of workplace violence. This individual SMAC is going to discuss severe consequences of violence against health care workers, staff shortage, poor management and the advantages and disadvantages of employment practice issue.

**Introduction**

To begin with, Workplace violence ranges from offensive or threatening language to homicide. The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. An estimated 2 million Americans experience some form of workplace violence each year: 60% of these incidents occur in healthcare facilities, about 50% of emergency department workers are physically assaulted between 97% and 100% of emergency department workers experience some form of verbal abuse Examples of workplace violence include the following:

1. Threats – Expressions of intent to cause harm, such as:

* Verbal threats
* Threatening body language
* Written threats

2. Bullying – Verbal abuse that:

* solates the victim from others
* Interferes with the victim’s work
* Sometimes attacks the victim’s credibility

3. Physical assaults – Attacks that include:

* Slapping or hitting
* Rape
* Homicide
* Use of weapons such as firearms, bombs, knives

4. Muggings:

* Aggravated assaults, usually conducted by surprise and with intent to rob

**RISK FACTORS FOR WORKPLACE VIOLENCE**

Although anyone working in a healthcare facility may become a victim of violence, nurses and aides who have the most direct contact with patients are at higher risk.

**Other healthcare personnel at increased risk of violence include:**

* Emergency response personnel
* Hospital safety officers
* All healthcare providers

**Violence may occur anywhere in a healthcare facility, but it is most frequent in the following areas:**

* Psychiatric units
* Emergency departments
* Waiting rooms
* Skilled nursing facilities

**Consequences of violence against health care workers**

Incidents of [workplace violence are on the rise](https://www.insurancejournal.com/news/national/2017/06/07/453727.htm) overall. Health care workers suffer the [greatest number](https://health.usnews.com/health-care/for-better/articles/2017-09-29/violence-in-the-health-care-workplace) of reported workplace injuries, with over 650,000 individuals injured each year. A recent [report](https://www.gao.gov/assets/680/675858.pdf) from the U.S. Government Accountability Office indicates that assaults and attacks in hospitals result in “at least” five times more lost workdays than in private-sector employment settings overall. In addition to the physical toll of an assault, violence may have an adverse effect on health care workers’ [job motivation](http://www.who.int/violence_injury_prevention/violence/workplace/en/), potentially compromising the quality of care that they provide to patients and clients. While lawmakers have recently introduced [legislation](https://khanna.house.gov/sites/khanna.house.gov/files/Final%20Bill%20Text.pdf) aimed at curbing incidents of workplace violence in health care settings, at present, there are no federal laws or regulations that explicitly address this problem. But other sources provide guidance to health care industry employers seeking to reduce the occupational hazard presented by workplace violence.

As we [reported](https://www.healthemploymentandlabor.com/2018/04/12/workplace-violence-prevention-plans-now-mandatory-for-california-hospitals-and-skilled-nursing-facilities/) previously, governments and [health care industry overseers](https://www.healthemploymentandlabor.com/2018/04/26/healing-the-healers-preventing-workplace-violence-in-health-care-settings/) have recently taken additional strides to combat violence in health care employment settings. In enacting the [Workplace Violence Prevention](https://www.dir.ca.gov/Title8/3342.html) regulation, effective April 1, 2018, California became the first state to require health care facilities to develop and implement comprehensive workplace violence prevention programs. In addition, on April 17, 2018, the Joint Commission—a nonprofit organization that provides accreditations to health care organizations—developed a list of [steps](https://www.jointcommission.org/assets/1/18/SEA_59_Workplace_violence_4_13_18_FINAL.pdf) that hospitals should take to improve safety and reduce the risk of workplace violence. Finally, the Occupational Safety and Health Administration (“OSHA”) recently overhauled its [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](https://www.osha.gov/Publications/osha3148.pdf). The California law and the guidelines promulgated by OSHA and the Joint Commission provide important takeaways for health care employers evaluating workplace violence prevention programs.

Next, another area of increased focus by the states is equal pay. As we [previously reported](https://2ec2b246x45d31849pmcrgzb-wpengine.netdna-ssl.com/wp-content/uploads/2017/12/Take-5-December-2017.pdf), there were approximately 100 bills relating to equal pay introduced in the state legislatures in 2017 in more than 40 jurisdictions. The activity has continued in 2018, with Washington State and [New Jersey](https://2ec2b246x45d31849pmcrgzb-wpengine.netdna-ssl.com/wp-content/uploads/2018/05/Act-Now-Advisory_New-Jersey-Enacts-Sweepting-Equal-Pay-Law.pdf) passing legislation to bolster pay equity requirements.

Equal pay laws prohibit employees from paying lower wages to employees of one gender (some state laws also prohibit unequal pay on the basis of race, national origin, or any protected class) than to employees of the other for performing equal work. The requirements vary among the state laws, with some requiring equal pay for “equal” work, and others requiring equal pay for “comparable” or “substantially similar” work. An employer that fails to provide equal pay under federal law may be liable for back wages for a minimum of a two- or three-year period depending on whether the violation is found to be “willful.” The back pay periods vary under state laws, with New Jersey providing the largest period—six years. Employers may also be liable for liquidated damages doubling or tripling the back pay award. To assess the potential risk of unequal pay practices during the due diligence process, a buyer should request and review the following: the employee census, which should include each employee’s job title, department, salary history, gender, and race; job descriptions; compensation policies; internal pay equity audits; and any complaints (or demand letters) alleging unequal pay practices. In light of these potential employment law liabilities, buyers should retain employment counsel when a health care transaction is contemplated in order to uncover these and other employment law risks. By doing so, a buyer will have an opportunity to assess its potential liabilities and obligations and determine whether to withdraw from the transaction, modify the purchase price, and/or negotiate language in the purchase agreement to minimize its exposure.

**Staff shortage**

The healthcare labor market is expected to face shortages over the next five to 10 years as the U.S. continues to grapple with the COVID-19 pandemic, according to Mercer’s "Analysis. “The report examined healthcare labor statistics during the next five to 10 years in every state and at county, state, regional and national levels. Four main findings: There will be a shortage of labor at the low end of the wage spectrum, limiting access to home care. About 9.7 million individuals currently work in lower-wage healthcare positions with the need in the next five years rising to 10.7 million. Trends project 6.5 million employees will permanently leave their positions by 2026 with 1.9 million people replacing them. New York and California will have the largest labor shortages, each projected to fall short by 500,000 by 2026. Primary care will increasingly be provided by non-physicians. Twenty-one percent of family medicine, pediatric, OB/GYN and other primary care physicians are expected to retire. Demand for primary care physicians is projected to grow by 4 percent during the same time period, causing a shift toward other clinicians providing the care. There will be shortages of nurses in the majority of the states, but surplus in some areas of the South and Southwest. Demand for nurses is set to grow 5 percent in the next five years. More than 900,000 nurses will leave, causing employers to need to hire 1.1 million more by 2026. The report projects 29 will be unable to fill demands. There will be a six-figure hiring rush for mental health professionals by 2026.  A 10 percent increase in demand for mental health workers by 2026 is projected. The report projects 27 will be unable to fill hiring demands.

[Hospital staffing shortages](https://nypost.com/2021/09/03/us-hospitals-hit-with-nurse-staffing-crisis-amid-covid/) due to COVID-19 vaccination disputes have continued across the U.S. this month, leaving patients untreated amid surges of the virus’ delta variant. Health care workers against vaccine mandates have stood their ground, despite the fact that millions of Americans have been safely vaccinated against coronavirus with a Pfizer/BioNTech, Moderna or Johnson & Johnson shot at the hands of colleagues in their field. In upstate New York, several maternity staff members resigned from Lewis County General Hospital, worsening an existing shortage and [forcing the hospital to stop delivering babies](https://nypost.com/2021/09/11/vax-mandate-quits-force-ny-upstate-hospital-to-pause-deliveries/) and potentially curtail services in five other departments. In Michigan, approximately 400 workers walked off the job at Henry Ford Health System at the beginning of the month rather than take a required COVID-19 vaccine, [according to the Detroit Free Press](https://www.freep.com/story/news/health/2021/10/05/henry-ford-health-vaccine-mandate-quit/5998795001/) and an additional 1,900 workers received exemptions from the health system’s vaccine requirement. The publication reported that the workers who left made up about 1% of the workforce of 33,000 people, and [Reuters reported](https://www.reuters.com/legal/government/detroit-hospital-system-sued-over-covid-19-vaccine-mandate-2021-09-07/) that dozens of employees had filed a lawsuit against Henry Ford Health System in September. Other hospital systems around the country have also gotten pushback on COVID-19 vaccine mandates, leading to employee firings. In July, [a study by The COVID States Project](https://news.northeastern.edu/uploads/COVID19%20CONSORTIUM%20REPORT%2062%20HCW%20August%202021.pdf) said that 27% of health care workers were unvaccinated and [NPR reported in September](https://www.npr.org/2021/09/18/1037975289/unvaccinated-covid-19-vaccine-refuse-nurses-heath-care-workers) that other research showed the rate of vaccination has been lower among nurses and nursing home aides. There was a widespread shortage of nurses even before the pandemic, according to NPR. In a [Sept. 1 news release](https://www.nursingworld.org/news/news-releases/2021/ana-urges-us-department-of-health-and-human-services-to-declare-nurse-staffing-shortage-a-national-crisis/), the American Nurses Association (ANA) – which represents the interests of the nation’s more than 4 million nurses – penned a letter to U.S. Department of Health and Human Services (HHS) Secretary Xavier Becerra, calling on the administration to declare the [nurse staffing shortage](https://nypost.com/2021/10/01/nursing-programs-struggle-to-keep-up-amid-a-nationwide-shortage-of-nurses/) a national crisis and take action. “The nation’s health care delivery systems are overwhelmed, and nurses are tired and frustrated as these persistent pandemic rages on with no end in sight. Nurses alone cannot solve this long-standing issue and it is not our burden to carry,” ANA President Ernest Grant said in a statement. “If we truly value the immeasurable contributions of the nursing workforce, then it is imperative that HHS utilize all available authorities to address this issue.”

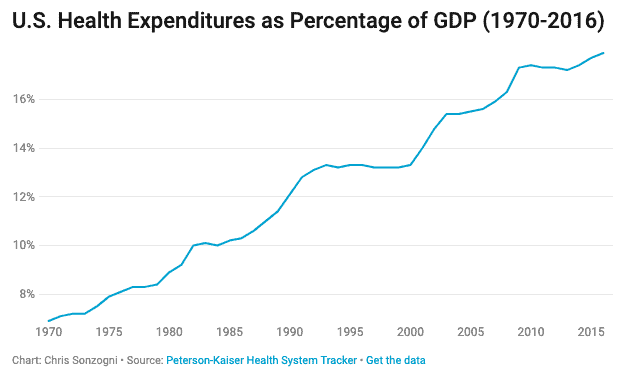
**Poor Management**

Rising Costs in Healthcare, [A 2017 survey of healthcare CEOs](https://www.hcrnetwork.com/healthcare-ceos-reveal-biggest-administration-challenges-2017/) revealed that 57% believe one of their top 6 concerns were spiraling costs and ways of bringing them under control. Staff inefficiency and unwillingness to prevent wastage was a major contributing factor to cost overruns, with the end result being that providers often have to charge more for basic health services while lowering their operating margins. The lack of transparency and inefficiency in the healthcare vertical means providers themselves don’t know what to charge patients. A [recent report in the Wall Street Journal](https://www.investopedia.com/insurance/why-do-healthcare-costs-keep-rising/) uncovered that a hospital was charging $50,000 for knee replacement surgery that only cost it about $10,000. According to the New England Journal of Medicine, only 17% of care professionals believed their employers had ‘mature’ or ‘very mature’ levels of transparency. Hence, it comes as no surprise that [patients are skipping visits to the doctor altogether](https://www.cnbc.com/2018/04/22/why-health-care-costs-are-making-consumers-more-afraid-of-medical-bills-than-an-actual-illness.html)— a recent poll [revealed](https://www.westhealth.org/press-release/survey2018/) 44 percent of Americans declined to consult their doctors when they were sick. Another 40 percent added they didn’t follow up on recommended treatment or medical test due to fear of higher bills. There are a few ways to tackle this challenge. One is to eliminate paper records for patient files and shift to digital mediums. This cuts out costs related to physical file storage, paper procurement, printing, and the like. Another cost-saving solution is to shift marketing budgets away from traditional mediums like print and television, and instead, channel it towards cheaper, digital mediums. The third solution involves individual patients more than the healthcare provider. Due to the rising costs of healthcare, it’s a good idea to reevaluate retirement funding strategies, as well as purchasing long-term care insurance. Some folks might also want to evaluate the option of withdrawing money from life insurance policies in order to cover costs.

### Mounting Privacy Issues and Electronic Health Records, Healthcare providers and family physicians in both the United States and Canada were federally mandated to start storing patient records on digital mediums. As a result, [59% of hospitals](https://archive-it.org/collections/3926?fc=meta_Date:2014) use some form of electronic records, with the number still increasing. But these systems aren’t without their unique challenges. “EHRs are great for gathering information into one tool, but the workflows to manage this are sometimes confusing and overwhelming for the staff, causing burnout,” [said Matthew Ernst](https://www.healthcareitnews.com/news/biggest-ehr-challenges-2018-security-interoperability-clinician-burnout), director of training at Thomas Jefferson University. “When staff get overwhelmed and start to feel burnout, their productivity goes down and possible patient safety issues can creep in.” First and foremost is the cost of simply acquiring this software. EHR software doesn’t come cheap and adds on to the escalating cost of healthcare delivery in the first place. Second, software acquisition is followed by training challenges as both physicians and office staff must learn how to use it. Some people think of EHR implementation as simply technical in nature, but that’s downplaying the cultural element of it. Healthcare administration has traditionally been a very paper and process-heavy approach, so training nurses and doctors to record information differently requires a change management approach, too. The third challenge is the time and resources needed to replace your homegrown IT system.**There are a couple of solutions to these problems.**One is to hire [EHR consultants](https://www.truenorthitg.com/emr-consulting/) that have dealt with EHR or similar large-scale software implementation projects before — that will assist in getting all stakeholders aligned on the budget, timelines, and project deliverables. However, consultants entail an additional cost but it’ll make overall implementation much smoother. Another solution is to look towards the expertise of your board members. It’s possible that some of them have experience in IT systems implementations in finance, manufacturing, or other verticals. Such individuals can steer the ship, so to speak, by giving strategic advice and overseeing the implementation process. Despite these problems, it’s important to note that****s**toring health records digitally is a long-term play**.**** While there will be challenges in the short-term, the long-term benefits — such as improved patient care and patient satisfaction — far outweigh them.

### Advantages and Disadvantages of employment practice issue

Increasing Cybersecurity Threats, with patient records and information moving to digital platforms, there’s a higher risk of this data attracting malicious actors. After all, there’s a ton of personally identifiable information available on hospital servers – a potential goldmine for cyber criminals. [According to IBM](https://www.independent.co.uk/news/business/news/healthcare-is-now-top-industry-for-cyberattacks-says-ibm-a6994526.html), over 100 million patient records were compromised in 2015, making it the top sector targeted by hackers – surpassing even the banking and financial industry. [Another report outlined](https://resources.infosecinstitute.com/category/healthcare-information-security/healthcare-cyber-threat-landscape/top-cyber-security-risks-in-healthcare/#gref) that data breaches have cost healthcare providers over $6.2 billion. [The FBI believes](https://www.illuminweb.com/wp-content/uploads/ill-mo-uploads/103/2418/health-systems-cyber-intrusions.pdf) electronic health records sell for up to $50 each on the black market compared to social security numbers, which only fetch $1. Healthcare providers are a comparatively easier target than banks and insurance companies because they don’t spend comparable amounts on cybersecurity or invest in employee training programs in the same vein. Some ways to tackle the cybersecurity threat in healthcare include Building a cohesive culture around security: Employees are often the weakest link in the chain. Cybersecurity training and education can go a long way to show caregivers such as doctors and nurses how they can guard against intrusion attempts and what best practices to deploy for ironclad security. Ensuring devices are up to date: Physicians, nurses, and healthcare administrators routinely use personal devices and laptops to access patient data. That in of itself entails a security risk as said devices come under malware or phishing attempts. All devices used to access the hospital’s network must have antivirus systems and other protective measures. Data backups: Even the best plans are liable to failure. If an attack infiltrates your hospital’s system, it’s essential that data backups are available and stored away from the main system to avoid corruption. In the same vein, access to protected information should only be on a need-to-know basis and shouldn’t be available to all individuals on the hospital’s system. It’s critical for the healthcare industry to make use of [cyber security consultants](https://powerconsulting.com/cyber-security/) to ensure that all information is protected and that the necessary measures are in place.



**Advantages and disadvantages of employment in practice issue**

The pros and cons of working in a hospital can be impacted by the size of the hospital and the particular services provided. Individual hospitals have their own culture and work environment, so one hospital may suit a particular type of personality over another. Private hospitals tend to have a different culture to public hospitals and are often smaller in size with a lower nurse to patient ratio. Some nurses and doctors may prefer the bustling dynamic of a public hospital and the ability to interact with a more diverse range of people. Hospitals are a major provider of health care, especially for the most unwell of patients, and offer a variety of roles. Around the globe, the demand for quality healthcare is increasing and one of the biggest advantages of working in a hospital is job stability with plenty of career options. Hospital professionals enjoy working in a clean environment and as part of a team. Depending on the country you are working in, another advantage may mean a higher salary than in another facility such as a nursing home or correctional center. There may also be a greater opportunity to increase take home pay through working overtime which is less likely in clinics that are only open during business hours.

A less often cited advantage of working in a hospital is that there may be less administrative paperwork because most hospitals have administrative staff to assist whereas in a smaller clinical setting nurses may be required to handle all the paperwork. This is an advantage too for hospital physicians who can focus on treating patients because the administration of the hospital is generally left to staff hired for that specific purpose, whereas in a private medical practice physicians may also be responsible for things like managing employees and general maintenance. Because most hospitals are open 24 hours a day, 364 days a year one of the biggest disadvantages of working in a hospital is having to sometimes work unsociable shifts and long shifts, up to 12 hours, and sometimes working public holidays thus missing out on spending special occasions with families and friends. Other disadvantages include hectic workloads, exposure to germs, having to at times deal with aggressive and abusive patients, and difficulties finding parking. Those seeking hospital employment should consider the pros and cons and determine how this impact their individual work ethic and area of interest. If you’re currently looking for your next career opportunity, please browse our selection of [medical jobs](https://www.healthstaffrecruitment.com.au/job-vacancies/).

**Ethics & Social Responsibility**

The development and adoption of employment in healthcare organizations has not only helped to create more efficient healthcare organizations, but also improve the quality of care for patients. Healthcare organizations have the responsibility to provide their patients with the best care possible. This includes adopting technologies that will benefit their patients. As organizations begin to adopt technologies, such as electronic health records and online patient portals, they have the obligation to ensure that patient information is kept confidential and secure. Organizations also need to ensure that any organizational changes are not only made for the benefit of the organization itself, but also for the benefit of  their main priority-the patients.

**Management Abilities**

*Developing Others:* One significant capacity a director has more likely than not been the capacity to foster others. Through this SMAC project, I plan to foster this administrative capacity. Since this is an individual SMAC, creating others includes giving input and supporting each other so I can effectively finish this undertaking.

Gaining additional expertise: In compassion, creating others, frameworks thinking and social objectivity due to our examination. Self-assurance: Researching and forming this paper will give me additional confidence in understanding the guidelines of various pieces of Healthcare Technology and applying them to the regular HR activities of my association.

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