

# [Discussion](https://assignbuster.com/discussion-essay-samples-3/)

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Discussion affiliation (L1) Quality assurance involves a range of activities that include review, evaluation, and monitoring. All these parameters lead to performance of things that are necessary to meet and exceed the organization needs at all times. In addition, quality management encompasses a holistic approach that targets improving quality output considering people, process involved and the product. The process of enhancing quality assurance involves customer participation, leadership that help in steering the quality, information based on the quality as well as feedback and recommendations. The organization management come up with guidelines that shall enhance quality, which are then followed by the employees. After a certain period feedback as well as the recommendation from the stakeholders are taken and the quality support team make necessary adjustments to foster the quality (Shi, 2007).   
(L2)   
In contemporary practice, there is always a consensus regarding the right of an individual to refuse some of the life-sustaining treatments like mechanical ventilation, blood transfusion and provision of artificial nutrition. The ethical, legal argument that supports this right was framed on the principle of autonomy and the right of a patient to self-determination of care. Resistance to health care describes an individual unwillingness to be helped by a healthcare provider and is manifested by defensive behaviours that may range from minor to aggression. In the facility that I practice, it is noted that risk management of resistance to care has shown to increase safety in the workplace. Some of the strategies that are used in the healthcare organization include increasing the number of staffs, appropriate follow-up of and enhancing security at the high-risk clinical areas. Staff with different field of specialization helps in handling patients who refuse care, this can be achieved through counselling or explaining the legal repercussion of the act. In addition, enhancing security in the organization helps in averting several risks in the hospital (Kable and McLeod 2012).   
(F1)   
Some of the interventions that were employed included: campaign media and promotion whereby mass media campaigns materials, pamphlets, posters and press releases were utilised. Healthcare professionals who enhanced adoption of systematic prevention programs provided health education. The speakers provided group education through showing videos that are related to prevention of cardiovascular diseases. In addition, individuals were taught on the merits of weight loss as a correspondence of preventing heart diseases. Campaign messages advocated for healthy living options such as installing bike racks, which encourage physical activity.   
The individual intervention was more productive and provided the intended effects among the participants. In essence, changing the perception of a large group of people is not easy since the participants view the information passed as a target to someone else. In addition, provider education program made several physicians provide adequate counselling to the participants who were at risk of developing cardiovascular diseases. The successful interventions were cost effective since the participants received a holistic intervention method that individually screened them and offered them with the necessary information on cardiovascular disease prevention. The interventions utilised were reliable and could be reproduced since they are descriptive in nature as well as addressing the key areas of screening and prevention of cardiovascular diseases. The theory employed provided a theoretical framework that anchored all the interventions used thus making the interventions to be easily reproduced with another sample group. I would recommend that the physicians who provide counselling and screening should be provided by the necessary skills to enhance proper health education to improve the outcome (Luepker et al., 1994).   
Reference   
Kable, A., Guest, M. and McLeod, M. (2012), Organizational risk management of resistance to care episodes in health facilities. Journal of Advanced Nursing, 68: 1933–1943.   
Luepker, R. V., Murray, D. M., Jacobs, D. R., Mittelmark, M. B., Bracht, N., Carlaw, R., Folsom, A. R. (1994). Community education for cardiovascular disease prevention: risk factor changes in the Minnesota Heart Health Program. American Journal of Public Health, 84(9), 1383–1393.   
Shi, L. (2007). Managing human resources in health care organizations. Sudbury, Mass: Jones and Bartlett Publishers.