

Benchmarked productivity

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Insert of Introduction Nursing is one of the noblest professions which require a lot of patience to execute the noble duties that one has been called upon to carry out. Like any other profession that deals with the saving of human life, nursing requires that the practitioner gives utter devotion to his or her work since human life is considered very important above all things and should be dealt with in a very careful manner. Reid and Marlon note that most of the clinical operations are literally run by the nurses, the doctors only come in on rare occasions to give instructions based on their areas of specialization and so, nurses play a very significant role in the way a clinic anywhere operates (Reid and Marlon, 2003). For this reason therefore, it is very important for these nurses conduct themselves in a manner that is conducive and in line with their profession in order to uphold the standards of their ethics as regards their works and profession. This paper will look at a benchmarking exercise in occupational health nursing and its use in determining its application in the work setting. The research of the benchmarking exercise on the occupational nursing unit was carried out to launch the present space and standards of performance in the delivery of occupational health nursing services across the United Kingdom as well as to determine the competence of the occupational health nurses in their bid to deliver such services to the highly expectant public. This exercise also gives a broad understanding of the application of these findings in the provision of health services among the various health practitioners in the working environment. The exercise was carried out by using questionnaires which were mailed to the respondents and later on filled with the target samples and mailed back for further analysis. The respondents were chosen on a random basis from the RCN society of occupational health nursing and the <https://assignbuster.com/benchmarked-productivity/>

analysis done across the whole sample as well as within the broader employment sector including the private sector, the self employed parties and the public sector, which was of prime importance to the general public. The main analytic indicator that was of prime concern in this study was to find out whether the occupational nurses surveyed worked alone or as part of a team of specialists while carrying out their duties. The survey results were very encouraging as a total of 473 occupational nurses from all employment sectors delivered their responses to the survey unit constituting 24% of the entire questionnaire that were sent out for inquiry. The findings unveiled that occupational health nurse advisers were the majority group constituting 44% of the entire group. This was followed by the occupational health nurses at 26%, occupational health managers at 16% and just a few occupational health sisters at 1%. The findings further found out that three-quarters of the occupational health nurses worked as part of an occupational health nurse team with over 69% of the total number of occupational health managers surveyed had responsibility over more than one workplace. 85% of the surveyed sample were found to possess the correct qualifications (the most common qualifications recorded were the occupational health nursing degree and a diploma in the same area). Eighty three percent of the surveyed population said they have full time access to FOM- qualified occupational health expert right at their work places and two- thirds of the surveyed group responding that they have part time access to FOM- qualified occupational health physician. This rate was however higher in the commercial sector than in the public and the private sector. The number of FOM- qualified occupational health physicians however seemed to be lower than that of the occupational health nurses at 0. 32 FOM- qualified OH

Physicians available for 1000 OH nurses across all sectors. The number was however high in the commercial sector at 0.51 FOM-qualified OH for 1000 workers. Besides, two-thirds of the respondents say they are entitled to some kind of training on occupational health which 53% consider essential for their profession and 32% indicating that it's desirable. According to the National Audit Office, the suitability of the occupational health nurse to work alone rather than in a team of specialists is not in most cases recommended affair (National Audit Office, 2003). The findings here reveal that 71% of the OH nurses rated their competence when working in teams as either an excellent idea or as satisfactory (26%). Team work is viewed as one of the most essential ways through which an occupational health worker can be able to upgrade his or her skills as regards the provision of health services to the general public. Consultations with the senior colleague experts is actually a very effective way of learning the most fundamental requirements that one may not have known before and is therefore encouraged among nurses in their respective workplaces (World Health Organization, 2003). To this extent therefore, the leading experts should be availed to the junior nurses for consultations at all times. As Hughes notes, these lead experts should as well work hand in hand with the junior occupational health nurses as their apprentice in order to share their skills to the required standards (Hughes, Philipp and Harling, 2002). This should be done across the divide to ensure that proper training services are provided to the junior workers freshly coming into the field as the health nurses. Conclusion In conclusion, it is very important to note here that the necessity to work among colleague experts is one of the most important aspects that any organization and their employees, such as in the case of occupational nursing, should take into

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account to promote the skills possessed by these workers. Training services should also be provided across the entire session to bridge the gap left undone as far as the gaining of experience is concerned. References Hughes A, Philipp. R and Harling K. (2002). Occupational health services in England and Wales: a changing picture. *Occupational Medicine*, 53, 41- 53. National Audit Office. (2003). Report by the Comptroller and Auditor General. A safer place to work: improving the management of health and safety risks. World Health Organization. (2003). WHO Europe. WHO Europe occupational health nursing curriculum. Reid A, Marlon J. (2003). *Occupational Medicine*. A cross-sectional study of employer and employee occupational health needs and priorities within Irish civil service, 53, 41- 45.