

**Unit 6: Workplace Issues**  
**Z-Chapter 25**  
**ONLINE CONTENT (1 H)**

**Unit Objectives:**

- Determine your risk for encountering a workplace issue that can affect your health or well-being. (1,7)\*
- Understand ergonomics and ways to protect yourself from workplace injuries. (5,7)\*
- Analyze workplace bullying and harassment. (3,5)\*
- Recognize the risk for violence at work and how to reduce your risk. (2,5,7)\*
- Create a personal plan to handle workplace problems such as staffing shortages and being assigned to an unfamiliar workplace. (3,7)\*

\*Course Objectives

**Case Studies**

Due March 11, 2024 @ 0800 in the Z-CH # 25 dropbox

1. As a nursing student, Angie learned the proper handling of patients in her fundamentals course. During clinical rotation, Angie is assigned a patient with left-sided weakness related to a stroke and dementia. She reviews her notes on positioning, transferring, and handling a patient with musculoskeletal weakness. When entering the patient's room, Angie finds the patient halfway out of bed. She rushes to assist the patient to sit and immediately afterwards feels a sharp pain in her back. Subsequently, Angie has a herniated lumbar disk and is unable to continue nursing school.
  - a) How should Angie have approached moving this patient?

Angie should have assessed if the patient had any assistive devices for movement such as a hoist lift or if they were mobile, can they help with a transfer back into bed. Do they use a walker or a cane. She should have assessed the patient (patient is out of bed) and called for help. It isn't safe to lift a patient back into bed alone.
  - b) What did Angie do correctly in this situation?

Angie did rush to the patient when she noticed them out of bed. She also went over patient information including their positioning, transferring, and handling with their musculoskeletal weakness.
  - c) Explain why back problems are the number-one cause of nurse injuries and describe the subsequent effects on nursing care.

Back problems are the number-one cause of nurse injuries because nurses provide direct patient care from turning, toileting, and providing activities of daily living. Nurse must navigate the patient room configurations and reach and stretch for equipment. We also see nursing lifting, repositioning, and transferring patients. As a result, back related injuries reduce the nursing staff therefore leaving fewer nurses in the units.

d) Describe how the “safe patient handling” legislation might have prevented the injury.

Safe patient handling may have prevented this situation by educating staff on how to use equipment for patient transfers, assess the patients ability to use assistive devices (and what is available to you), and education on proper body mechanics.

2. Becky graduated from nursing school a year ago and since then, has worked on a neurology unit. Normally a happy and healthy person, Becky recently noticed that she always feels run down and is losing her hair. During the past year, she was told that her assessment skills were lacking because she missed an important finding on a patient while covering for another nurse. Her supervisor seemingly assigns her high-risk admits every time she works. Her co-workers complain that Becky always gets the lightest patient assignments and should take the admissions. Last week, she overheard another nurse saying, “Becky is almost useless. She spends so much time with her patients she can never help other nurses. “Becky feels physically ill every time she goes to work. She wonders if these “tests” of her nursing skills will ever end.

a) What type of violence is Becky experiencing?

Lateral violence.

b) Which of the signs of bullying from Table 25-1 is (are) evidenced in this scenario?

Some signs include, you might be asked to do difficult or seemingly pointless tasks and be ridiculed or criticized when you can't get them done, you may be asked to do new tasks or tasks outside your typical duties without being trained or help even when you request it, you might be left out of office culture, such as chitchat, parties, or team lunches.

c) What steps can Becky take to minimize bullying in the workplace?

Becky should name it and say, “I am being bullied.” Working to validate your experience can help with self-talk such as, “I did not ask for this! Jackie targeted me to bully.”

Next, seek respite, take some time off work to bullyproof yourself including checking your mental health, check physical health, research state and federal legal options, gather data regarding the economic impact the bully has on your unit, and job search for a new position that gives you more options.

Finally, expose the bully, go to your employer, and expose who is bullying you.

d) What can Becky do if her supervisor brushes off her concerns?

If her supervisor brushes off her concerns, she could job search and look for other options, she could also gather data on the bullying and present that information. Becky could also follow the chain of command and take her concerns higher, possibly a director or nursing manager if needed.

3. Amanda is caring for an 82-year-old patient with a fractured hip and dementia. In the shift report, she learns that the patient becomes agitated and combative at night. During her evening shift assessment, Amanda notes that the patient does not know where she is or why Amanda is in her room. Amanda remembers her hospital training on dealing with agitated patients by using soothing tones when addressing the patient and ensuring a calm environment. During assessment, the patient yells that Amanda is killing her. She begins swinging at Amanda with the telephone, breaking her jaw. Amanda runs out of the room, and her co-worker calls a “Code White.”

a. What is a Code White, and how would it help in this situation?

Code White alerts all staff of a potentially violent situation, this is helpful in this situation because the patient is becoming violent and ensures that all the necessary equipment is ready and trained staff can respond.

b. Identify elements of this case that signal a potentially threatening situation.

Elements which signal a potentially dangerous situation include the patient being older (82 years old), having a fractured hip which places her in bed and in a different environment, she has dementia, the patient is also agitated and combative.

c. What preventive measures does the facility have in place to deal with hostile situations?

The hospital implements a crisis intervention program and teaches other nurses how to recognize signs of elevating anger which could result in an attack, we also look to get strategies to deescalate the situation. Nurses are also taught how to protect themselves and how to know when a situation is escalating.

d. If Amanda were floated to another floor where this situation occurred, would this change how she should approach the situation? Explain your answer.

To me, I think Amanda would have handled the situation the same way she did on any floor. However, I do think in the future she would respond more hesitantly or with more care. If this was the same day, and the situation was on another unit, depending on the unit, there may be more precautions in place for escalating behavior, for example in the intensive care units, keeping glass doors and walls in patient rooms allows for easy viewing, patients also have windows to see outside and orienting objects in the room such as clocks or calendars. I think had Amanda been on a unit with more of this equipment in place, she may not have been so aggressive. As the patient would be better oriented. Again, with the patient having dementia, there is only so much a nurse can do with orienting them to their environment and the situation may be inevitable.

4. In reviewing available hospital employment, you identify three potential positions as a staff nurse in orthopedics. Because orthopedics is where you would like to work, you evaluate each of the positions:
- Position 1: A regional medical center, with a nurse to patient ratio of 5:1. Total patient care is expected of all nurses, and there is only one nursing assistant assigned to each unit. The hospital recently purchased safe handling equipment for every unit.
  - Position 2: An urban hospital with a nurse to patient ratio of 9:1. There is one nursing assistant assigned to every nurse. The hospital has new patient handling equipment, although it is shared between two units.
  - Position 3: a local hospital with a nurse to patient ratio 7:1. There is one nursing assistant for every nine patients. The hospital is moving toward Magnet status and uses a shared governance model.

- a) Explore each position in relation to your safety as a nurse. What are the benefits and detriments of each position?

In position one, there is only one nursing assistant which would make it harder with turning and repositioning patients which is a safety concern related to injuries, there is also a concern for hygiene, accessibility to a patient when their call light is on, and quick responses. However, the nurse does have less patients which does free up their time more than if they had nine or ten.

Position two has the most patient to nurse ratio which isn't ideal for patient safety as assessment may not be thorough and timely, however, having an aid assigned to the nurse does help with position changes, bathing, ADLs, and patient status checks. Also, having patient handling equipment is also nice, however, it is shared between two units which could impact patient safety if it is not available.

Position three is in the middle with ratios, seven patients to one nurse, and an aid is assigned to nine patients which means every patient should have timely response. However, there is no patient safety equipment which impacts patient safety, and the nurse does have a lot of patients to manage and that can impact patient care.

- b) Which position provides the safest working environment? Explain your response?

The position which provides the safest working environment would be position one which has the lowest patient to nurse ratio and include handling equipment on each unit. Although there is only one nursing assistant, there is still less patients to each nurse making the situation safer. With equipment available to use as well, this enhances patient safety. Having more time to spend with patients also means the nurse would have more time for assessments and thorough ones.

- c) What additional questions should be asked in relation to staffing?

What nursing tasks would I need to accomplish? What are your resources? Is there a lot of team collaboration? What are your hospital's policies for high-census or high-patient-load situations? Can we decrease the frequency of interventions such as assessments every 4 hours to every 6 hours when we are at a higher census?

- d) The hospital in position 3 is described as working towards Magnet status. What impact might this have on your decision to accept or turn down an employment offer?

The hospital being Magnet status means that they are a hospital with better patient outcomes and a good place for a nurse to work. Like a magnet, a Magnet hospital attracts nurses. I think this would impact my decision tremendously as I would probably accept this offer knowing they are a hospital with a great reputation.

*In order to receive full credit (1 H class time) for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignments not completed in its entirety by the assigned due date and time will result in missed class time.*