

Unit 6: Workplace Issues

Z-Chapter 25

ONLINE CONTENT (1 H)

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 could have stocked the room with a gait belt due to her report of the patient having weakness. The gait belt could have been used in an emergency situation to help Angie with moving the patient. Angie also could have stayed with the patient to ensure their safety, while pulling the call light for an extra set of hands to help reposition the patient.

b) What did Angie do correctly in this situation?

- Angie didn't leave the patient, and reviewed her notes applicable to the patient she had during clinical.

c) Explain why back problems are the number-one cause of nurse injuries and describe the subsequent effects on nursing care.

- Lifting, turning and repositioning patients can be very taxing to the body, patients' rooms and equipment require nurses to reach and stretch in unhealthy ways, causing injury. Back injuries cause a staffing shortage, which can increase further injury when people aren't available to help.

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

- Safe patient handling and mobility programs have been shown to reduce workplace injury by more than 70%. Each nurse is trained in assessing a patients mobility and necessary equipment for safe handling. Mobility status is discussed with change of shift report, and SPHM "champions" are nurses that work on the unit that can be used as a source of information regarding safe mobility. Facilities

that prioritize SPHM programs have equipment for their patient population to reduce the risk of workplace injury.

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, or bullying

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

- Her supervisor assigning her high risk admissions (testing her)
- Her co-workers complaining that she gets easy assignments and should take admissions (monitoring her)
- Her co-workers leaving her out of chitchat and gossiping about her.

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

- Name it: self talk to validate your experience
- Seek respite: taking time off work to “bully proof” yourself
 - Check your mental health
 - Check your physical health
 - Research state and federal legal options
 - Gather data regarding the economic impact the bully has had on your unit
 - Job search
- Expose the bully: give your employer the opportunity to address the bullying

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

- Find a new job, consider going up the chain of command

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?

- A code white is a request to respond due to a security concern or violent patient. It would help in this situation by subduing the patient before they can harm someone else or themselves, and showing a presence of strength.

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

- The previous report stating the patient can get agitated and combative at night
- The patient becoming confused, not knowing who Amanda is and where she is at.
- The patient accusing Amanda of killing her during the assessment.

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

- “Code white” and hand off report

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

- If Amanda felt uncomfortable with her assignment as a float she could have spoken with the charge to change her assignment, or asked someone (another nurse or aid) to accompany her into the room for safety.

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.

- a) each unit has their own safe handling equipment, but there is only one aid for the entire unit, nurse to patient ratios are lower

· 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.

- a) Each nurse has their own personal aid, but equipment is shared between two units, nurse to patient ratios are higher

· 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) There is some crossover between aides and nurse assignments, the hospital is attempting to gain Magnet certification, so open lines of communication and low turnover rates are priorities. Shared governance (decision making between bedside and nursing leaders)

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

- I believe position 3 has the safest working environment. They have a shared governance model, meaning bedside nurses have open lines of communication with management regarding equipment purchasing. Position three is also moving towards magnet status, meaning they value quality of care for patients, low turnover rates for nurses, autonomy, and nurse job satisfaction.

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

- What are nurse to patient ratios, is there mandatory overtime or mandated shifts, is floating required and what are the expectations when floated. Holiday/weekend rotation, staffing of other units (lab, pharmacy, radiology) do nurse responsibilities change with different shifts (total care on nights but help on days)

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?

- Since the hospital already participates in a shared governance model, they have already shown their commitment towards positive nurse and management relationships. Their decision to pursue Magnet status shows they value nurses by seeking high nurse satisfaction, opportunities for education and professional growth, and low turnover rates. I personally would tend to accept a position at a facility that has magnet status or is working towards magnet status over a position that does not.