

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

Review chapter 25 and place your answers to the following questions in the Z-Chapter 25 dropbox by 0800 on 3/10/2025.

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?

I'm not sure how Angie moved the patient. Personally, I would have asked the patient what they are doing and do they need to go to the bathroom. If they were just confused, I would put them back into bed. First telling them to lean back and I will swing their legs into the bed. I would bend down, with my knees and swing their legs that way. If the patient needed to go to the bathroom. I would get the patients walker or cane and then have them move to the side of the bed and I would help them stand up. I would stand on the patient's bad side. So they have support on their weaker side.
 - b) What did Angie do correctly in this situation?

Angie did review her notes before the clinical on how to hand patients with weakness. She also was right to help the patient get back into the bed.
 - c) Explain why back problems are the number-one cause of nurse injuries and describe the subsequent effects on nursing care.

Back pains are the number one injury because nurses are always helping patients, get into and out of bed, boosting the patients up in bed. We don't always have the proper help and equipment to do the task safely, so we rely on yourself. We also forget to use proper body alignment.

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

The safe patient handling involves assistive devices like a cane, walker, or lift to help with the patient and good body mechanics. We should bend with our knees, keep the weight close to our waist, have a stable positions and think before lifting or handling.

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?

Getting asked to take high risk admits all the time. Frequently monitored to the point she feels like she isn't doing her task correctly.

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

Name it, seek respite, and expose the bully. Ask yourself are you getting bullied. Take time from work and check your mental health. Talk to the bully or manger about who is bulling you and how you feel about it.

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

She can go to the director about it.

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 tells other that the patient is being violent and they needs help.
 - b. Identify elements of this case that signal a potentially threatening situation.
The nurse was told in report that the patient gets agitated and combative at night, she also has a history of dementia. The patient became confused at night and didn’t know why the nurse was in the room.
 - c. What preventive measures does the facility have in place to deal with hostile situations?
The hospital had training classes on how to deal with agitated patients. The also has a code white to get help from other staff
 - d. If Amanda were floated to another floor where this situation occurred, would this change how she should approach the situation? Explain your answer.
No, Amanda took the right steps by talking to the patient in a smooth tone. She explained why she is the room. She also left the room, and her co-worker called a code white

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?
- Position 1 has a less patient load and new equipment. Downside is its only one PCT, but because the patient load is smaller you have more time to help the patients.
- Position 2 The patient ratio is higher, but you have one pct for every nurse. The patient equipment is shared, but having an PCT you can do work together.
- Potion 3 patient ration is a bit high. You do have help, but the PCT will also be helping another nurse. There is no safe handling equipment noted.
- b) Which position provides the safest working environment? Explain your response?
- position 1, you have a smaller patient ration. You have time to get to know your patient without feeling overwhelmed. You have safe handling equipment on every unit. Other nurses will be willing to help because they will also have time due to the smaller patient load.
- c) What additional questions should be asked in relation to staffing?
- What are the patients acuity levels? Will the acuity levels be shared meaning will I have 3 patients with acuity level 3 and the other 2 patient are acuity level 1 and the other nurse only have acuity level 1s. What is the staff turnover rate? How many patients are on a unit? Will there be a change nurse for every unit?

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?

That has no impact on my decision. They are working to be Magnet status, not are Magnet status. Plans can always change. Cleveland Clinic has Magnet status, but all the nurses I have talked to that work there (my brother in law, and 2 friends, a nurse I used to work with left Cleveland clinic.) They have all said the hospital is nice, but the patient load is more, they are always short staffed, so you get mandated, they focus on the patient not the nurses caring for the patients. The hospital doesn't look at you as a person, more has a number. Managers think you are replaceable because everyone wants to work at a "Magnet status".

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.