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WORKPLACE ISSUES: Z-CH 25

Case Studies

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 approached moving this patient by assessing the need for help either by an assistive device or since this was more of an emergent situation, another health care worker. OSHA recommends decreasing manual lifting and instead utilizing proper assistive devices to decrease back injuries. When lifting the patient Angie should have had help from another staff member. She could have called out for help or quickly pressed the call light button to get another person before attempting this task on her own. When lifting she should have kept her back in a neutral position, knees bent, and her weight balanced evenly on her feet. The main thing is to allow your legs to do the lifting never your back.

b) What did Angie do correctly in this situation?

Angie did a couple things correctly in this situation. She had the proper education from her fundamentals course, but she still decided to refresh her skills before taking on this patient for the day. She also rushed to the patient when she saw them halfway out of bed. This is appropriate due to the huge fall risk this patient poses. She is promoting patient safety by acting quickly to prevent a fall.

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

Back problems are linked to direct patient care such as turning, toileting, lifting, repositioning, transferring, and aiding with activities of daily living which are all tasks a nurse regularly does during a shift making back problems the number one cause of nurse injuries. It is also to be noted that the environment has a potential to cause injury. The way furniture, monitors, and equipment are placed can cause a nurse to have to bend and stretch in odd ways that can lead to injury. Back related injuries are very common in the nursing profession. It is said that 90% of nurses complain of back pain. Injuries of the back unemploy

nurses which is harmful to the community due to the ongoing nursing shortage that already exists. This also causes a cycle because with less nurses it is more common for musculoskeletal injuries to occur to the nurses still working due to a rushed understaffed unit.

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

The “safe patient handling” legislation might have prevented the injury because it forces the department of labor to create a standard of care in regards to patient mobility and repositioning. Many places have begun a safe patient handling and mobility program to decrease musculoskeletal injuries in their staff. It works because it educates the staff on safe practices and how to utilize assistive devices. If this was applied at the hospital Angie was doing her clinicals at it may have provided the correct education in order to prevent her 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?

Becky is experiencing lateral violence which is violence directed to an individual by another individual who is considered a colleague or equal in terms of job scope.

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

There are many signs of bullying that are evidenced in this scenario. One is being left out. Becky caught one of her fellow nurses complaining about her in a conversation she was not a part of. Another sign is being asked to do tasks without help when requested. Becky had to cover for another nurse when she was told her assessment skills were lacking and she is constantly getting the high-risk patients and admissions as a new grad. Another sign that I noticed was her work being frequently monitored to the point she is doubting herself and having difficulty. Her co-workers share opinions on how she is “failing” at her duties and how she could improve. One last sign of bullying shown in this scenario is Becky is being asked to do difficult tasks and then being ridiculed for not doing them to standard. She was asked to cover for another nurse and then blamed when the assessment was not thorough enough. She also is assigned

the harder patients, but her co-workers say she gets the lightest patient assignments and gives her the admissions every shift.

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

Becky can make it aware that she is being bullied. She can make clear statements exposing the bullying that is happening to her in her workplace. This will help validate her experience. Becky can also take some time off to collect herself and make a plan to stop the bullying and the effects it is having on her physically and emotionally. While taking this time off Becky should check on her mental health, physical health, research state and federal legal options, gather data on the effects the bullying has had on her unit, and start a job search so she can have a fresh start away from the bullying activity. The last thing Becky can do is expose the bully. This can be a scary thing to do but can be extremely helpful. This would be the best thing for Becky's health both physically and mentally. This will also allow the employer to take action to stop this from happening or reoccurring.

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

If Becky's supervisor brushes off her concerns, she can contact someone in higher power. She could also take legal action if she feels it is needed. Becky in this situation really needs to focus on her health and possibly consider changing jobs to get herself out of this toxic environment that is harming her.

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 an alert sent out throughout the hospital to make everyone aware that there is violence whether that be from a fellow staff member, patient, or family member. Its goal is to alert staff of a potential violent situation. It would help in this situation so that resources that are able to help are on standby. It also would have prevented Amanda from being injured. A code white does not allow an individual to be alone with a potentially harmful patient and helps deescalate the situation before it gets to the point someone is physically harmed. Security and trained individuals respond to a code white which would have been helpful in this scenario.

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

There are many elements in this scenario that signal a potentially threatening situation. For one, the patient has dementia meaning they may become confused and agitated easily because of this confusion. Also, Amanda was warned during shift report that the

patient becomes agitated and combative at night. Another element is when Amanda did her assessment, she found the patient to be confused not knowing where she is or why Amanda is in her room. This is a signal of a potential threat because the patient in this confused state could misinterpret Amanda's role and act out of self-defense. One last signal was when the patient began yelling that Amanda was trying to kill her. At this point Amanda should have removed herself from the room, if possible, in order to gain help.

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

The facility should have preventative measures in place to deal with hostile situations so that injuries such as Amanda's do not occur. As mentioned before code whites are offered at facilities to prevent harmful situations. Another huge preventative measure is education. Most facilities have educational seminars to teach their staff on how to recognize, deescalate, and seek help in violent situations. The book mentions a crisis intervention program that educates staff on these subjects as well as how to defend themselves if caught up in a violent attack.

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 were to be floated to another floor the way she handles the situation should not change. The steps to stop a violent situation should be the same and if not very similar for all areas of a facility so that all staff is on the same page. This can prevent any errors linked to miscommunication or lack of education in the case of an emergency.

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?

Benefits:

Position 1- Nurse to patient ratio of 5:1 and the hospital recently purchased safe handling equipment for every unit.

Position 2- There is one nursing assistant assigned to each nurse and there is new patient handling equipment.

Position 3- The hospital is moving toward Magnet status and uses a shared governance model.

Detriments:

Position 1- Total patient care is expected of you and there is only one nursing assistant assigned to each unit.

Position 2- Nurse to patient ratio of 9:1 and the patient handling equipment is shared between two units.

Position 3- Nurse to patient ratio is 7:1 and nursing assistant to patient ratio is 9:1.

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

I believe that the position that provides the safest working environment would be position three. I say this because their nurse-to-patient ratio is only slightly high at 7:1 but they do offer nursing assistants. But these nursing assistants also have a high patient ratio at 9:1. Although it isn't the perfect situation it is better than having only one nursing assistant for a whole unit or being assigned nine patients. I also believe this option is the safest work environment because they are moving toward a Magnet status and use a shared governance model.

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

Additional questions that should be asked in relation to staffing are:

1)How many patients are usually on a unit at one time?

2)What kind of patients does this unit usually see? Are they high risk patients that need extra care?

3)What is your hospitals policies for high-census or high-patient load situations?

4)Does your hospital have LPN's that aid with nursing care?

5)What all am I expected to do? What is my duty as the nurse? What all does your hospital allow the nursing assistants to do regarding patient care?

6)Is your hospital concerned with safety? What is the maximum number of patients I could potentially be assigned to?

7)As a new nurse on this unit how long will my orientation be? Will I be assigned the full patient load right away?

8)Does the nurses on the unit have a say in staffing and patient nurse ratios?

9)How often would I be floated? Do we receive floated nurses when in need?

10)If concerns about staffing arise who should I be in contact with?

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?

I would be more inclined to accept employment in a hospital working towards Magnet status. Magnet status at a hospital attracts nurses because Magnet hospitals have characteristics such as nursing autonomy, low patient to nurse ratios, and collaborative relationships between physicians and nurses. This type of work environment attracts nurses so many hospitals strive to have these outstanding characteristics for their staff. The American Nurses Credentialing Center (ANCC) are in charge of judging whether a hospital falls under this status or not.