

## 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 ask to have another nurse or PCT to help her transfer/ move this patient. This will help her with the moving and preventing any back injury from occurring.
  - b) What did Angie do correctly in this situation?
    - Angie responded to the patient quickly and help the patient from not falling out the bed.
  - c) Explain why back problems are the number-one cause of nurse injuries and describe the subsequent effects on nursing care.
    - The risk for injury increases if the nurse provides direct patient care such as turning, toileting, and providing for activities of daily living. The configuration of patient's room and the placement of furniture, monitors, and the equipment can require the nurse to reach and stretch in nonergonomic positions.
  - d) Describe how the "safe patient handling" legislation might have prevented the injury.
    - First, be aware of the potential risk by assessing each patient's dependency needs and abilities when deciding what assistive device to use. Do not move, lift, or turn a dependent person without an appropriate assistive device or help. Next know what assistive devices are available to you and learn how to use them properly. If injury occurs, report it according to policy and follow through healthcare provider's advice for medical treatment.

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 often called bullying
  - b) Which of the signs of bullying from Table 25-1 is (are) evidenced in this scenario?
    - You might be asked to do difficult or seemingly pointless tasks and be ridiculed or criticized when you can't get them done.
    - It may seem like your work is frequently monitored, to the point where you begin to doubt yourself and have difficulty with your regular tasks.
  - c) What steps can Becky take to minimize bullying in the workplace?
    - Becky can name it, Say, "I am being bullied"
    - Seek respite from their work
    - Expose the bully.
  - d) What can Becky do if her supervisor brushes off her concerns?
    - Becky could see another supervisor or go to human resources because the ANA issued a position statement indicating that the nursing profession has initiated a zero-tolerance policy for workplace violence and bullying and charges all nurses and health care professionals to implement measures for creating a culture of respect.

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 for violent situation. Calling this code would help because the patient is violent and the nurse needs help asap.
  - b. Identify elements of this case that signal a potentially threatening situation.
    - The patient is swinging at the nurse with the telephone. The patient becomes agitated and combative at night. The patient doesn't know where she is or why the nurse is in her room.
  - c. What preventive measures does the facility have in place to deal with hostile situations?
    - Look for signs of escalating violence and follow procedures to prevent and handle violence. It is important to know when to call a code white.
  - d. If Amanda were floated to another floor where this situation occurred, would this change how she should approach the situation? Explain your answer.
    - I would ask about the symptoms the patient has and what they are and how the other nurses have been taking care of this violent patient. I would make sure to call a code white as soon as the patient started getting agitated to be safe.

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: the benefits is that there is a smaller patient to nurse ratio, but there is only one nursing assistant assigned to each unit.
  - Position 2: The benefit is that there is a nursing assistant to each nurse to help out, but the nurse to patient ratio is really high.
  - Position 3: The benefit is that the hospital is moving toward magnet status and uses a shared governance mode, but their nurse to patient ratio is still a little high.
- b) Which position provides the safest working environment? Explain your response?
- I would say position 3 is the safest because there is a nursing assistant to help the nurse and the ratio is better than 9;1
- c) What additional questions should be asked in relation to staffing?
- I would ask how many nursing assistants there are to help on the floor, and I would ask how many LPNs are available to help also.
- 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 like a magnet status better because it has a smaller patient to nurse ratio and you can have a better relationship and learn more about you patients in a magnet status hospital.