

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?

She should have properly assessed this patient and looked at the potential risk it would be to her and how exactly this patient moves and what their capabilities are. Also, she should assess what device to use if there is one available to use. She should not move or lift this patient without help of another person or an assistive device.

b) What did Angie do correctly in this situation?

In this situation, I feel that Angie correctly reviewed her notes on positioning, transferring, and handling a patient with musculoskeletal weakness.

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

Nurses have a profession that places them at risk for serious musculoskeletal injuries. The risk for injury increases if the nurse provides direct patient care such as turning, toileting, and providing for activities of daily living. Lifting, repositioning, and transferring are actions associated with work related injuries. OSHA recommends minimizing manual lifting and using proper assistive devices and equipment for any patient moving. This could cause nurses to end their work careers early and have pain whenever they move or lift up their arms, back, or shoulders. This can also cause repeated muscle instability.

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

The "safe patient handling" program would be a current solution to an age-old problem. This requires safe patient handling, mobility, and injury prevention to prevent any disorders. Hands on training by this program would've given Angie a better choice of transfer methods and how to do it prior to moving this patient. This also would have educated Angie that there are newer techniques to move a patient.

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?
 - b) Which of the signs of bullying from Table 25-1 is (are) evidenced in this scenario?
 - c) What steps can Becky take to minimize bullying in the workplace?
 - d) What can Becky do if her supervisor brushes off her concerns?

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?
 - b. Identify elements of this case that signal a potentially threatening situation.
 - c. What preventive measures does the facility have in place to deal with hostile situations?
 - d. If Amanda were floated to another floor where this situation occurred, would this change how she should approach the situation? Explain your answer.

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?
 - b) Which position provides the safest working environment? Explain your response?
 - c) What additional questions should be asked in relation to staffing?
 - 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?