

## 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 could have propped the patient up in bed enough that the patient was stable enough to the point the patient wasn't falling out of bed. Then if she was in arms reach she could push the call light or pull the cord out of the wall. If either of these weren't able to be completed she could hold the patient and yell for help. Once help arrived she could have assistance to move the patient back safely to bed. Using her legs and bending with proper body mechanics.

b) What did Angie do correctly in this situation?

She was correct to get to the patient immediately to prevent the patient from falling out of bed. She was also correct to by looking the information she had in regards to the proper way to move the patient and reposition the patient back to bed.

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

The nurse has many duties that lead the back to risk for injuries, such as: repetitive tasks, heavy lifting or moving done manually, Any lifting transferring repositioning and reaching activities, Sudden position changes, and the patients room is not set up ergonomically, They have to use proper body mechanics, however that will not eliminate all back problems it can only help decrease the amount and severity of back problems a person may acquire.

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

If this law would had been in place for Angie, may have not hurt her back having proper equipment to use and possibly had the training of proper lifting and proper body mechanics.

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 dealing with bullying which is considered Workplace violence. It could be broken down to Horizontal violence because Becky is experiencing physical and psychological consequences.
- b) Which of the signs of bullying from Table 25-1 is (are) evidenced in this scenario? Your doctor asks what could be causing your skyrocketing blood pressure and recent health problems (she is losing hair, not feeling well, and exhausted all the time), Days off are spent exhausted and lifeless, desire to do anything is gone, you begin to believe that you provoked workplace cruelty, others at work have been told to stop working or socializing with you, you are constantly feel agitated and anxious, experiencing a sense of doom, waiting for bad things to happen, no matter what you do, you are never left alone to do your job without interference, People feel justified yelling at you in front of others, but you are punished if you scream back, You are shocked when accused of incompetence, despite a history of objective excellence, typically by someone who can't do your job,
- c) What steps can Becky take to minimize bullying in the workplace?

She is being bullied at work and the steps are to 1. Name it- I am being bullied, or I have a bully at work (this may help her validate the experience). 2. Seek respite- she needs to take time to accomplish five things: check her mental health, check her physical health research state and federal legal options, gather data that supports the economical impact the bully has had on your unit, start a job search so you have options as you address your current situation. 3. Expose the bully

- d) What can Becky do if her supervisor brushes off her concerns? Becky needs to follow the chain of command which would have her starting by reporting to the charge nurse, assistant director, manager or director of the unit, chief nursing officer. In this case if her supervisor brushed her off then she needs to keep documentation of the date and time that she spoke with her supervisor and then address her concerns with the next above her/him being the assistant director or the head director of the unit.

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 that is called can mean that a person is in danger due to violent behavior that has happened or is a potential to happen. When the code is called a team of people will come running to try to help the situation. At FRMC the code that would be called would be a code Violet.
- b. Identify elements of this case that signal a potentially threatening situation.

The patient is older with Dementia, when a Dementia patient is moved from their everyday surroundings to a new place they can get very confused and scared. This was taking place in the evening and the patient may also experience sundowners syndrome which will also make a patient very confused, being scared and confused can lead a lot of people to be violent in fear that they need to protect themselves.

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

In this situation they have a code team that can help with behavior and the nurse, to try to calm the patient down and keep them from harming themselves.

- d. If Amanda were floated to another floor where this situation occurred, would this change how she should approach the situation? Explain your answer. Amanda's approach was fine and if she was floating on to a different floor the only thing that she might have been able to change would be to ask other fellow nurses if they know any details about this particular patient and another nurse may have known to go slow with the patient due to have Dementia the patient may get irritated and confused easily

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. This situation is nice for the new equipment that is available on the unit and the nurse to patient ratio is nice, however with the nurse having to do all care for the patients ADLs can take some time and leave the nurse behind, having only one nursing assistant for the whole unit this may not be an ideal situation it would depend on the extent of the patient's needs. Position 2. This position to me seems manageable the nurse to patient ratio is higher but this is "doable" with having a nurse aide for each nurse. IF the patient needs equipment to be transferred the nurse and nurse aide can work together to have all patients that need to be transferred ready and then get the equipment and transfer all the patients together at the same time. Position 3. This position to me would be the best choice the ratio of nurse to patient isn't high and there is one aide per nine patients this is manageable, this facility having the Magnet status they lean toward helping nurses and collaborate to have good relationships between staff and physicians.
  - b) Which position provides the safest working environment? I feel that position three is a safe choice if they also have equipment for transferring the patient. Explain your response? The ratio nurse to patient is 7:1 this is a lower ratio however you have a aide available for all of the patients and they are responsible for two other patients. The nurse has the facility who stand behind autonomy, low nurse patient ratios and collaborative relationships with physicians
  - c) What additional questions should be asked in relation to staffing? How will the facility handle staffing shortages, call offs? Is there mandatory overtime? Is there training on other units prior to a nurse being floated, or does the nurse have to float and be unfamiliar with the unit?
  - 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? This may entice some nurses, knowing that there is a lower nurse to patient ratio however there can be concerns also with this type of facility. As a nurse looking for a job I would want to know more about what they have to offer and safety

status of the particular units that I may exhibit. What wage and raises do they offer.