

## 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?**
    - If assistive devices can be used, by all means use them. Make sure you know what devices are available and how to properly use them.
    - Request help- from co worker as needed
    - Never attempt to perform any duties by yourself if unsafe to do so.
    - Keeping yourself in good shape will help you prevent some injury.
    - If an injury occurs never ignore it, remember to report it.
  - b) **What did Angie do correctly in this situation?**
    - She reviewed her notes prior to interacting with the patient.
  - c) **Explain why back problems are the number-one cause of nurse injuries and describe the subsequent effects on nursing care.**
    - The duties that are expected in the nursing profession make nurses more susceptible to back injuries.
    - These duties include lifting, transferring, repositioning, and reaching which are all actions associated with back injury.
  - d) **Describe how the "safe patient handling" legislation might have prevented the injury.**
    - By practicing safe patient handling standards the employee and facility is able to lost work time, more long-term medical care needs, and more permanent disabilities than any other work-related 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?**

- Bullying/horizontal violence

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

- She feels run down
- Always stressed
- Feels ill prior to her shift
- Work isn't good enough for the boss/accused of incompetence

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

- 1- Name it affirm your situation by stating things like "I am being bullied."
- 2- Seek respite- take time off to check your mental/physical hx, research your rights, search the economic impact the bully has had on their unit and look for another job option.
- 3- Expose the bully to the employer

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

- Find another job and take this as a learning experience.

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?**

- identify an actual or potential violent or out-of-control person and activate the appropriate staff to respond with a patient/person-centred and therapeutic response.

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

- Pt is known to be combative at night and suffers from fear/dementia
- Pt feels as if she's going to be killed by the nurse; human response would be to defend herself as if she was in fact being persecuted by the nurse.

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

- Special response teams, pharmacological agents, therapists, notifying family-possible familiar face may assist in de-escalation.

**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 the person did not suffer from dementia her therapeutic response may have been effective since they would be able to be reasoned with. She could have put the call light on or stepped out of the room and requested the charge nurse assist to avoid pt or staff injury since they are more familiar with pt and procedures.

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?**

<u>Position</u>	<u>Benefits</u>	<u>Detriments</u>
<u>1</u>	New safe handling equipment	pt ratio 5:1, total pt care, 1 UAP.
<u>2</u>	1 UAP per nurse, access to some new safe pt handling equipment	9:1, pt equip is shared with a whole nother unit
<u>3</u>	Local hospital=lower acuity,	Magnet status= top talent, improving patient care, safety and satisfaction

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

Position 3-The Magnet status ensures a safe pt-nurse ratio and an 8-10 week preceptorship preparing the nurse and ensuring safest environment for pt and staff.

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

- Are there LPN's available? Do staff members cover down if I have to leave the floor for a pt test etc., how is the next admission determined? When is low census determined and how are cuts determined?

**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 has a positive impact on my decision and I would be more likely to work there because of the safe environment and quality of other employees/retainment.