

## WORKPLACE ISSUES: Z-CH 25- Shelby Nash

### 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?

I think that Angie was right for going right over to the patient as the patient was trying to get out of bed. However, from there Angie should have asked the patient to stay in bed until she got some help and then proceeded to hit the call light and wait for help to arrive to move the patient. Also she could have used a walker to help move the patient along with extra hands.

b) What did Angie do correctly in this situation?

Angie did rush to the patient side which I think was appropriate as she did not want the patient to fall out of bed.

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

I think one of the biggest reasons that back problems are the number one nurse injury is incorrect movement and positioning while moving a patient. I also think that nurses tend to think that they can do it themselves or with fewer people when really they need to get more hands and have correct posturing.

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

Getting more people involved and using correct movement could have prevented this injury completely as the weight would have been distributed between people and if positioned right body parts of each individual person.

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

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

Becky is feeling anxious and agitated. This comes from her co-workers thinking she is not competent in her nursing ability which therefore leads to Becky not being confident in her nursing ability leading to a never ending circle of disappointment and anxiety.

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

Becky needs to use the chain of command to address these issues.

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

Becky would then need to move up to the next person in command and so on up the chain to get a correct solution and be taken seriously

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 a violent situation. This code will get the correct employees involved to hopefully calm the situation and get it to a treatable situation and not an escalated one.

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

The patient has dementia which means the patient is likely to forget who his nurses are and get thrown off when the patient sees a stranger in the room. Also, along with dementia they can tend to get sun downers when nighttime arrives the dementia gets worse and they can become agitated. Amanda is also by herself and has no help if the situation does escalate.

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

They first send you to crisis intervention training where you learn to deescalate a situation and then also handle one if it occurs. They also have codes to call to get extra hands on a situation. They have security who is trained more in depth on hostile situations. They also have policies in place to restrain a patient if no other non-invasive techniques are working but it will also keep the patient safe with the policies in place.

- d. If Amanda were floated to another floor where this situation occurred, would this change how she should approach the situation? Explain your answer.

No, this would not change how she should approach the situation the policy and procedures that the facility has are put in place for that reason so that each situation is handled the same.

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 benefit of this position is they have a lower nurse to patient ratio and they also have new patient handling equipment. The detriment would be that there is only one nursing assistant to each unit and the nurse has to do total patient care which means he/she is getting little assistance and help with also having to fully and appropriately care for all 5 patients.

Position 2: The benefit would be that each nurse has their own nursing assistant which can help them with patient care. They also have new patient handling equipment. However, the detriment would be that the handling equipment is shared between 2 units. Another detriment would be a 9 to 1 patient to nurse ratio.

Position 3: I would say that the hospital going toward a Magnet status would be a benefit as that means it is a good place for nurses to work. A 7:1 ratio would be a benefit as long as you have help in taking care of the patients. They also have a shared governance model which means they want to take care of the patients and the nurses. I would say a detriment would be the one nursing assistant for 9 patients that means the nursing assistant has to take care of multiple nurse's patients and could be conflicting when they want you to do something at the same time.

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

I would say that they each could use some work however the safest one I believe would be the 3<sup>rd</sup> as long as communication is a key factor. The nursing ratio is safe with help from your nursing assistant. They also have the governance model which means they have procedures and policies in place to keep the patients and the nurse safe.

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

If the unit is understaffed what are the procedures for that? Does floating occur? Is there other nurses to help if you are feeling over your head? What happens if you are confined to a room with a difficult patient and cannot leave due to their status, what happens then?

- 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 would make me believe that this hospital is a great hospital to work for because they tend to have good patient outcomes and these are hospitals that nurses like to work for as they are known for caring for their patients and employees.