

Kendall Fischer

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Intermediate Composition

How Does Floating Effect Nurse Satisfaction and Patient Care?

An Inquiry Based Research Paper

Introduction

For a majority of registered nurses floating is an unpleasant experience, taking the nurse from a unit where they are comfortable and knowledgeable to somewhere they may feel less confident. It is understood that at times redistributing resources is necessary and a floor that is adequately staffed must pick up the slack for another unit; but when floating becomes a regular practice and nurses are meant to float every other shift this can have a negative effect not only on employee satisfaction but patient care. There has been a limited amount of research investigating the potential effects of frequent floating but most research comes to the same conclusion.

Literature Review

In Marina Bitanga's article *What are The Effects of Floating to Nurses and Patient Care*, she discusses the many negative effects that floating has on nurses and the patients they care for. As is public knowledge, staffing is a major issue in a lot of hospitals as nurses have extremely high rates of burn out and employee turnover. One factor that may be adding to a nurse's dissatisfaction at work could be constantly floating to other floors. There are many reasons why

someone may be made to float on a shift, there may be a call off on another floor, inadequate staffing or an unexpected influx in the patient census. Though floating may be a necessary evil, floating nurses can give the appearance of disorganization and incompetence of staff.

Nurses are sent from a floor that they are familiar with to a floor they do not know very well. They are unfamiliar with where supplies are, who their coworkers are and the acuity of the patient population. The nurse might not be able to answer patient's questions as readily as on their floor which can give a feeling of unease to the patient. As well, a nurse might hesitate to ask for help when working with coworkers they do not know very well; adding to the appearance of disorganization. In addition to being pushed out of your comfort zone, frequently, a float nurse is given a heavier assignment than the regular staff. This may be an unconscious decision of the charge on the floor floated to, but a lot of nurses feel this way.

Bitanga seems to be plugged into the feelings of nurses working in hospitals today. She acknowledges that floating can not only make nurses appear incompetent but also the hospital appears very unorganized. It can have a negative effect on patient care and outcomes as the nurse is made to work outside of his or her comfort zone.

There can be benefits to floating as it gives the floating nurse an opportunity to learn and experience other floors and specialties. Karen O'Connor writes in her article, *Addressing Floating and Patient Safety*, that floating can provide a nurse an opportunity to learn new skills and work with different kinds of patients. This becomes dangerous when a nurse is floated somewhere that they are underqualified to work and are not knowledgeable about the patient population. Frequently, new and unexperienced nurses are floated to floors that they have not been oriented on and are not familiar with. This can be very overwhelming for the nurse as they

do not want to appear to not be a team player yet they are very out of their depths with the patient load.

The ANA or American Nurses Association weighs in on this saying, “Registered nurses have the professional right to accept, reject, or object in writing to any patient assignment that puts patients or themselves at serious risk for harm” (ANA). As this is a good sentiment, many nurses may hesitate to speak up fearing retaliation or embarrassment. Hospitals and nurse managers need to keep in mind when floating nurses the experience and competence level of the nurse being floated.

A nurse really should not be floated to a floor or specialty where they have no experience or knowledge of the patients the floor caters to. Though this sounds like common sense this is something that happens frequently, according to Joint Commission, “Assigned employees should only be floated to areas of comparable clinical diagnosis and acuities” (The Joint Commission). Giving nurses assignments that they are not comfortable with can put the patient at unnecessary risk.

Anila Hassaini talks about how each floor of a hospital has its own subculture in her article, *Sink or Swim: When Caregivers Are Asked to Float*. This tends to ring true as workflow, patient load and relationship between coworkers varies from floor to floor. Some floors require nurses to take one to two patients with sicker higher acuity patients, others have nurses caring for five to six patients on a shift basis. Some floors are more laid back as others are more territorial of their own patients. This can make it extremely difficult to assimilate to a new floor quickly and work at maximum efficiency.

Something else that can make it difficult to float from one floor to another is the varied skill set needed throughout the hospital. Some floors specialize in orthopedic care, some in

oncology and chemo treatment and others in telemetry or cardiac monitoring. These floors often have a very similar acuity but require different knowledge and experience. This fact is frequently overlooked and nurses are put in uncomfortable and dangerous situations.

There is an alternative that can help alleviate the stress and anxiety put on nurses who are made to float quite frequently. *Float Nursing on the Rise* written by Archana Pyati describes how having a designated pool of float nurses can be a very positive thing. Float nurses are highly experienced and cross trained to work in many different specialties. Because of their many qualifications float nurses are generally much more expensive than a regular floor nurse. Hospitals may resist hiring many float nurses because of this additional expense but when considering the employee satisfaction and turnover of nurse's, costs may end up breaking even.

Methodology

In order to understand how nurses really feel about floating and how it may affect their ability to care for patients a survey was conducted. In a Facebook group consisting of over 200,000 registered nurses a poll was published inquiring how they felt about having to float as well as if they considered floating a danger to patients. It is important to consider how registered nurses working in the trenches daily actually feel about the practice of floating.

Findings

There were over 500 responses to the Facebook poll, detailing how they felt about floating. Nurses were given four options to choose from, I can't stand floating, I'd rather not float, I'm indifferent about floating and I enjoy floating. At 82.9%, the great majority of responses were for either I'd rather not float, or I can't stand floating.

Thoughts on Floating	Number of responses
I can't stand floating	189
I'd rather not float	245
I'm indifferent about floating	16
I enjoy floating	74

Discussion

It is clear from the data above that most registered nurses prefer not to float. Along with the poll answers many individuals commented to give their two cents about floating and the effect on patient care. Much insight was given into the minds of those that care for patients on the daily. The following are comments from registered nurses responding to the Facebook poll and interview question.

“I believe floating does effect patient care. The nurse may not be familiar with the unit, the drs to contact, the floor specialty may not be familiar” (Rachel Truster Tipler).

“I don’t mind floating except that they always give you the worst assignment/most difficult patients when you float it seems like” (Jaimie Zydorczyk).

“I don’t like it because I feel like I’m chasing my tail all day and don’t know where anything is plus I get used to my coworkers. I think it can affect patient care if you’re floated to an area you don’t work all the time” (Jessica Israel).

“I hate to float. I can provide better care knowing my patients. It’s harder to assess if you don’t know baselines” (Cara Lynne).

It seems that nurses who are hired specifically to float enjoy their job. “I have been a float pool nurse for many years. I personally like the variety you get when you float” (Carol Schwab). Nurses who are properly trained and specifically hired to float from floor to floor are satisfied with their position. In contrast nurses that are hired on to work a specific unit and then made to float have negative feelings surrounding floating.

Conclusion

When registered nurses are made to float frequently and consistently it can affect their outlook on their job and employee satisfaction. Due to this negative outlook, floating can increase the rates of employee turnover, dissatisfaction and nurse burn out. Making a nurse work outside of their knowledge and skillset can have a negative effect on the care patients receive. In turn, this can result in poor patient perception of not only the employees of the hospital but also the entire hospital stays.

Next Steps

The next steps should include an in-depth study of the effects on patients. It has been made clear that nurses are not huge proponents of the practice of floating, the perception of patients should be considered next. Patients should be interviewed throughout a hospital stay about the care being received and whether or not the nurse was floating should be taken into consideration.

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