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## BACKGROUND

Lugo and Peck (2008) identified that **evidence-based, shared governance problem solving** can balance the needs of nursing and management, improve patient care, and yield workable and acceptable solutions that develop organizational strengths.

In July 2019 the Women and Children's Services **intradisciplinary shared governance team** of Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), and **Pediatrics** officially vetted the **Floating Guidelines** into policy to be used when making assignments for a float nurse who floats from within the service line.

In addition to the floating guidelines, a **resource sheet** was created for each unit to be given to the float nurse when they receive their float assignment. The resource sheet addresses who is their **assigned buddy**, and other **important information** such as phone numbers and documentation expectations.

Education was assigned to all staff, including managers and charge nurses, for all three divisions via the online learning management system one month prior to initiation.

## PURPOSE

The purpose of this study was to utilize an intradisciplinary nursing model to **increase competency, safety, and satisfaction among nurses** floating between specialty units within Women and Children's Service



## REFERENCES

References available upon request

## METHODS

**Preliminary data** obtained prior to Institutional Review Board (IRB) approval **showed nurses** were **not given** a resource sheet, not assigned an RN buddy, did not feel supported throughout their shift, nor did they feel appreciated for floating.

IRB Study used a **Mixed methodology** approach for the collection of both quantitative and qualitative data from a **survey** sent via email at six months and twelve months post implementation.

The survey population was all **nurses eligible to float** within the Women and Children's Services. This excluded Managers and Primary Charge Nurses.

## RESULTS

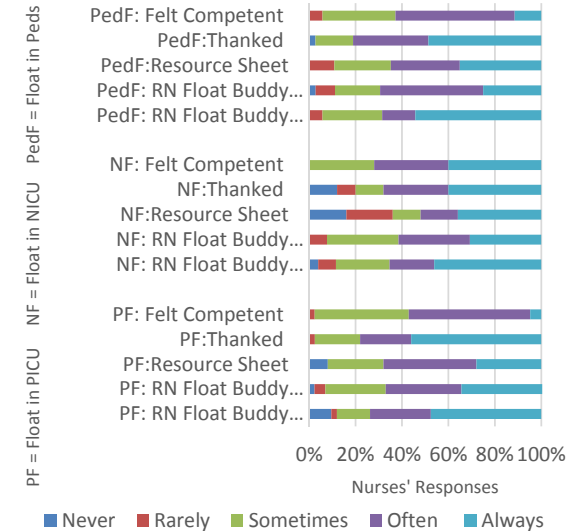
Six Month Survey revealed

- **49.22%** of eligible staff **participated** in the survey
  - 39.68% PICU, 36.51% NICU, 14.29% Pediatrics and 9.52% did not provide their unit
- **36%** of the nurses floated to the NICU **"never"** received a **resource sheet**
- **35%** of the nurses floated to the PICU **"sometimes"** were **assigned a float buddy**
- **37-44%** of nurses floating to all areas **"often"** **felt competent** in the care they were delivering
- **40-48%** of nurses floating to all areas **"always"** were **thanked for floating**

Twelve Month Survey Revealed

- **43.18%** of eligible staff **participated** in the survey
  - 12.28% PICU, 59.65% NICU, 21.05% Pediatrics and 7.02% did not provide their unit
- Results provided in graph format

Twelve Month Post implementation of the Floating Guidelines



## CONCLUSIONS

One of the purposes of this study was to increase competency when floating. After one year implementation, 51-52% **"often"** feel **competent floating** into PICU and Peds, where 40% **"always"** feel **competent floating** into NICU.

**Further review** of the survey may result in additional interventions to continue to improve the floating process

While the survey had questions regarding interventions to help with safety such as an assigned RN Buddy and a Resource Sheet; the survey neglected to address the goal of a perceived increase in safety and satisfaction when floating.

**Further studies** would be recommended.

