Abstract Summary:
This is a report on a study that examined staff nurses' perceptions of resources needed to float and if they felt they had those resources.

Abstract Text:
Floating is a common occurrence in hospitals. Many anecdotal articles have been written about best practices and the experience of floating (Bates, 2013; Good & Bishop, 2011); however, few studies have been done recently about floating, especially from staff nurses' perspectives. Most studies have examined patterns of floating (Fliss, et al., 2012) and characteristics of float pool nurses (Linzer, et al., 2011). Less is understood about the types of resources nurses feel they need during the float process. The purpose of this study was to examine nurses' perceptions of what resources are needed during floating. The following research questions guided this study: 1) Did nurses feel they had enough resources to float? 2) What resources were needed to float? 3) What ways did nurses want information about floating disseminated? and 4) Did perceptions differ by years in service at the hospital or number of times floated in the past year? A descriptive design was employed to examine the research problem. An invitational email was sent to 1100 nurses in a large, tertiary pediatric facility. The total number of staff nurses included this sample was 220 (20% response rate). The survey consisted of 1 closed-ended question regarding their perception of adequate resources and 3 open-ended questions regarding issues with floating, best ways to obtain information in order to float, and resources needed to float. Very little demographic data were collected and the survey was anonymous to encourage complete and valid responses. Closed ended data were analyzed with frequencies and percentages. Open-ended data were
content-analyzed, then frequencies and percentages of categories of responses were analyzed. Chi-square analyses were used to examine relationships between the variables. The sample was nearly equally split on time in service at the hospital (less than 5 years = 47%; Five or more years = 53%). Floating was divided into two groups by a median split: less than 10 times in the past year (54.5%) and 10 times and over (43.2%). There were no significant relationships between perception of necessary resources (yes/no) and years at the institution ($X^2 = 1.45, df = 1, p = .28$) and number of times floated in past year ($X^2 = .81, df = 1, p = .41$). In regards to issues with floating, the top three categories of responses were: depends on type of unit (32.7%), inconsistency across units (21.2%), insufficient training or needed orientation to adequately give patient care (13.5%), and staff not friendly or helpful on float units (13.5%). Nurses were surveyed on the best way to obtain information about units to which they were floating. The top three categories of responses were: being assigned a resource or buddy on the float unit (33.3%), have a mini-orientation to float units (25.0%), and electronic updates about float units (20.8%). The nurses had several suggestions on needed resources for floating. The top three categories of responses to this category were: being assigned a resource or buddy when floated (16.5%), having written or electronic information about the unit that could be read before and carried during time on unit (13.9%), being given information about the unit routine (9.9%), and having a mini orientation/training on other units (7.8%) and access to or check-in from a charge nurse (7.8%). Categories of responses did not differ by years at the institution or number of times floated. These results are the first to examine nurses’ perceptions of the needed resources in which to float. Leaders within institutions can use these data to understand the common frustrations nurses experience during floating and suggestions from staff nurses’ perspectives on how to create a more satisfactory floating experience.