RESEARCH

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Exploring Nurses' Feelings on Floating: A Phenomenological Study

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ABSTRACT

Introduction: Mandatory floating is a strategy used to address changes in nurse staffing caused by unforeseeable staff call outs, increase in patient acuity, or census. However, it has an impact on nurses' satisfaction and retention. Therefore, it is important to understand how nurses feel when mandated to float and the effects floating could have on nursing practice.

Methods: Husserl's transcendental phenomenological design guided the study. Data collection was done through individual, semi-structured interviews. Giorgi's six steps served as a basis for data analysis.

Results: Nurses believed that changes needed to be made to the floating process to ensure safe continuity of patient care. Six themes emerged: chaotic workflow process, unfair patient care assignment, unfamiliar work environment, psychological components, sociological factors, and physiological needs.

Discussion: The current study showed that nurses are reluctant to float but will do so comfortably if there were some measures in place to ease the process. Health care leaders may play an essential role in alleviating nurses' feelings of stress and anxiety about floating by creating friendly work environments for floating nurses.

Keywords: Nurses, Feelings, Floating, Husserl's Transcendental Phenomenology

INTRODUCTION

Floating of staff nurses from primarily assigned units to care for patients on different units is a common staffing strategy, which generates diverse responses from nurses (Duffy, 2011; Klaus, Ekerdt, & Gajewski, 2012). Administrators use floating in acute and chronic health care facilities during periods of low patient census, unplanned staffing fluctuations, and unexpected staff call outs (Kirchhoff & Dahl, 2006). Dols, Landrum, and Wieck (2010) analyzed results obtained from focus group discussions with four generations of staff nurses. Nurses across the generations expressed serious concerns about patient safety or losing their license when floating in unfamiliar areas. Proficient registered nurses (RN) although apprehensive would work on units different from theirs. The novice and proficient nurses do not believe that "a nurse is a nurse" (Dols et al., 2010, p. 72) and thus should work anywhere in the health care facility without proper orientation and training. In another study, nurses surveyed viewed floating as an event, which triggered anxiety and unhappiness (Jones & Treiber, 2012).

Mahon (2014) who conducted a qualitative study using a critical ethnographic approach in a pediatric nurse population concluded that floating seemed outrageous to nurses who float involuntarily. The researcher recommended investigating floating as a cause of job dissatisfaction and abandonment of the institution or the nursing profession. Good and Bishop (2011) described floating as a complex problem with multiple consequences on nurses' job satisfaction and intent to leave the organization. Nurses, in general, developed a routine in their work environment. Floating to unfamiliar areas appeared disruptive (Mahon, 2014). According to Bates (2013), nurses described floating as a difficult, stressful, challenging, and fearful experience. Furthermore, findings in a quantitative survey showed that 44% of nurses were unhappy working in acute care hospitals that required them to float and work away from routinely assigned units (Duffy, 2011). Floating deters team building and increases stress (AbuAlRub, Gharaibeh, & Bashayreh, 2012).

Floating affects nurses professionally and psychologically. Nurses gain expertise and become self-confident in one area. RNs that float face unfamili-

arity with the type of patients and disease processes in the receiving unit (Linzer, Tilley, & Williamson, 2011). Experienced nurses become anxious and need assistance from peers, caring for patients in the new unit. Most of this anxiety is related to the fear of making a mistake, harming their patients, and losing their license (Dols et al., 2010). Patients safety may also become an issue.

Numerous quantitative studies on floating of nurses exist (Duffy, 2011; Walker & Read, 2010). In a study by Bates (2013), some nurses described floating as stressful. Other nurses believed that floating hinders teamwork (Lafontant, 2016). Qualitative studies exploring nurses' perceptions of floating are limited (Mahon, 2014). However, no phenomenological studies on nurses' feelings on floating, as a lived experience, were identified during a recent literature search (Lafontant, 2016).

This study is comprised of three research questions centered on nurses' feelings on floating: (1) what are nurses' experiences when it comes to floating? (2) what are nurses' feelings when floating? (3) what factors influence nurses' feelings when floating? Results from the research aimed to uncover nurses' feelings on floating as a phenomenon. The purpose of this research study was to explore nurses lived experiences of floating in an acute health care facility in the Southeastern United States.

METHODS

Design

The method and design for this qualitative study were based on Husserl's transcendental approach. Husserl theorized that a researcher use "epoché" or "bracketing" to prevent bias and allow the researcher to focus on the participants' account of the lived phenomenon during the interviews (Husserl, 1970a/1936). This aptitude assists in capturing the essence of a phenomenon.

The participants' expressions of their inner world were important to this study (Husserl, 1970a/1936). The focus of the study was on nurses' feelings regarding floating, as a lived experience which stimulates a meaningful description of phenomena (Husserl, 1964/1928). Consciousness is the awareness of objects in the outer world translated into meaning (Husserl 1970b/1901). Husserl specified that researchers must have the basic knowledge of the dichotomy connecting the individual and the environment (Husserl, 2010/1964).

Karasek's Job Demand Control model (1979) assisted in gaining a richer understanding of the phenomenon. Karasek associated work environment, job demand, job control, with a straining effect on workers (Karasek, 1979). The straining effect can be quantitative or qualitative (Karasek, 1979). Nurses working in an unfamiliar environment caring for more patients than usual (higher nurse/patient ratio) exemplify Karasek's quantitative straining effect. Nurses caring for acutely ill patients although with a lower nurse/patient ratio exemplify Karasek's qualitative straining effect. Karasek's theoretical model was validated through several studies over 10 years (Hausser, 2011).

Sample and Setting

The purposive sample consisted of 11 registered nurses (RNs) working full time in the selected facility. Recruitment was halted upon reaching saturation when no new information ensued during the semi-structured individual interviews. The inclusion criteria included: RNs working full time at the facility and have experience floating routinely. The exclusion criteria were RNs volunteering to float for additional income and nurses floating within a restructured unit under the critical care umbrella such as the Intensive Care Unit (ICU), the Surgical Intensive Care Unit (SICU), the Cardiac care Unit (CCU) and nurses from the cardiac and vascular care unit (CVCU). The setting was a Magnet® recognized acute health care facility licensed for more than 400 beds within a large urban city in the Southeastern United States.

Ethical Considerations

The research study was reviewed and approved by both the institutional review boards for the academic organization of the researcher and the hospital site. Eligible participants reviewed the consent form and had the opportunity to ask questions before the interviews. Participation was voluntarily. A pseudonym was a given to participants to protect their identity.

Data Collection/Procedure

The time and location of the interviews were scheduled in advance and agreed upon by both parties. The private semi-structured recorded interviews lasted approximately 40 minutes. Three broad statements were used to start the interview: (1) tell me about your experiences when you float, (2) describe your feelings when floating, (3) tell me about factors that influence your feelings about floating. Probing questions were available to redirect participants toward the phenomenon under investigation. At the end of an interview, participants were allowed to ask questions, provide comments and recommendations.

Data Analysis

Each recorded interview was transcribed verbatim within 24 hours by the research team. The transcribed word document was auto coded through NVivo 10 qualitative analysis software. Analysis of the data followed Giorgi' six steps for data analysis (Table 1) grounded on Husserl's descriptive transcendental phenomenology as described by Phillips-Pula, Strunk, and Pickler (2011). The data analysis process also included coding inductively by hand color coding similarities and the use of the research questions as the framework establishing relevancy to the study purpose.

Table 1

Giorgi's Six Steps to Data Analysis (1985)

Steps	Researchers' responsibilities	Rationale
1	Read and reread descriptions of experience	Get a sense of the whole
2	Divide descriptions into meaning units	Identify significant terms
3	Describe the meaning of each unit	Relate each unit to the topic
4	Synthesize units	Describe phenomenon
5	Analyze the transformed units	Focus on intentionality
6	Develop a description	Reflect the experience

Note. Giorgi, 1985, as cited in Phillips-Pula et al., 2011, p. 69

RESULTS

The study revealed that nurses believed changes needed to be made to the floating process to ensure safe patient care. Six themes emerged: chaotic workflow process, unfair patient care assignments, unfamiliar work environment, psychological components, sociological factors, and physiological needs (Table 2).

Chaotic Workflow Process

Participants described the workflow process as chaotic. The perception of chaos is linked to a lack of communication between the staff and floater upon arrival to the receiving unit and a lack of orientation. Nurses who work in an area different from their unit-base expect the charge nurse or designee would orient them to the new unit settings, routine, and protocols. One research participant explained why she believed this expectation was not fulfilled. She said "… it's the same hospital, so they assume you might know where everything is– so you don't really get an orientation when you float." Some participants wondered about where to find needed supplies in the patient care area. Another study participant noticed, "I didn't know where anything was…I just felt lost…lost is a good word."

There is no standardized process indicating who will acknowledge the float nurse or what specific information should be communicated within the first few minutes of arriving the to receiving unit. One of the interviewee's commented: "There is no organization. There's not enough communication. …Because you've given me patients of various conditions. So tell me what I need to do. Especially when I'm willing to ask questions and seeking help." This statement is an illustration of floaters' frustration working in an unstructured workplace.

The development of an orientation package containing information about the unit routine and protocol is needed for nurses who float to understand how to best care for the type of patients belonging to the receiving unit. Anna suggested, "Maybe they can have a printout…? Okay, this is for this type of patient, whatever, so then I know that; what to follow, and make sure it's done. Because you risk getting in trouble." The lack of orientation combined with poor communication increase the potential for "trouble." This pattern can be responsible for errors, missed orders, delay in patients' care, and other negative factors.

Unfair Patient Care Assignment

Through participants' emotional declarations, it was apparent that they considered the patientcare assignments to be unfair. It appears from listening to participants that besides caring for what may be considered the unit's "worst" patients, their assignments follow one of these patterns: increased nurse/patient ratio resulting in many discharges throughout the day or decreased nurse/patient ratio resulting in receiving the first admission. Bianca perceived her patients as being "the worst patients of the unit." Patient acuity was considered an issue by the participants. One participant asserted: "I don't think they check the acuity of the patient …and you are given a lot of patients that are really seriously ill, and to me, it's like… a lot of patients that are on pain medication."

Float nurses receive their patients from various nurses. Presumably, the patients who needed more acute care were divided among different nurses. This fact alone is perceived as receiving the unit's worst patients, which were previously divided among different nurses. Carla associated her "difficult" assignment with receiving the "worst" patients from different nurses. "You can get report from more than 3-4 nurses… We rarely have that on our floor, but it is because they don't keep it, like, wing assigned. They have it all over the place. I see more confused patients." Jim summarized his experience stating: "Most of the time, I will have the worst patients, not always…You have the first admission; you have all the q one-hour pain medication."

Unfamiliar Work Environment

Unfamiliarity with the unit specific tasks and procedures may trigger a lack of confidence from experienced nurses. Some factors within the new work environment that influence nurses' feelings are: unfamiliarity with the new surroundings, no help or little help available, no teamwork, and the lack of policies specific to floating. Anna commented that "for patients coming from surgery… I didn't know when they came back, what they were supposed to have." Each unit has specific protocols on the recovery of post-surgical or post-procedural patients. For example, the frequency of documenting patients' vital signs and assessments are some of the requirements that may vary.

The unfamiliarity of the environment is associated with the fear of the unknown. Carla stated, "It's a new environment; it's something new; it's not your daily routine. So, here, your patients change, your coworkers change, your clinicians…everybody changes." The main issue with floaters and their environment is that they feel displaced. David summarized his feelings and factors that influenced his feelings while working on a different unit saying: "if they help, and they're friendly, and they're really fair, I don't think it would be a problem…but if you don't feel at home... you're going to be kind of dislodged."

Teamwork is difficult when nurses float because of the lack of help. Participants are uncomfortable asking for help from busy coworkers. One nurse said, "They really couldn't help me because they were so busy." It is also difficult to ask for help if there is no teamwork among nurses who belong to the receiving unit. Another stated, "… didn't see a lot of teamwork."

Besides the unfamiliarity of the work environment, there was a concern about a lack of managerial involvement in the process of floating. Charge nurses designated by managers are responsible for ensuring that assignments are based on patient acuity. However, early adjustments to the assignments are made at the change of shift (new admissions, discharges, change in patients' condition, transfers, etc.). Managers typically do not review the patient assignment. Thus the comment from one participant: "Management should be more involved in the process. I would like to see some rules in certain units in which floating is very painful."

Psychological Components

Floating comes as a surprise for most participants. Some nurses were disagreeably surprised when they arrived at their unit to learn it was their turn to float which elicited unpleasant feelings of anxiety, nervousness, and frustration. A concern mentioned by an interviewee was that "they have a float book, but it's not a book that is available to the nurses…You never know when you're going to float. You look at the board your name is not there…you are floating." Part of the stress related to floating could be alleviated if the nurse had known it was her turn to float, in advance.

It is also frustrating to be in the patient care area and not know where to find supplies. One participant noted, "My patient asked me for something simple, pillow or pillowcase. I couldn't find the room." Another associated her frustration to a loss of control; "I feel like I don't have control. Like, I feel like I lose control when I'm out there." A preconceived idea noted throughout the interviews is that participants believed they will have a "bad day" when they float. One nurse acknowledged "floating is the equivalent of having a bad day at work." The same nurse stated, "I could have a bad day any day in my own unit, but I have my usual coworkers and routine." Teamwork and knowledge of the unit routine appear to decrease nurses' stress.

Sociological Factors

The theme sociological factors refer to nurses' perception of staff unfriendliness and unwelcoming attitude. Caroline believed that "some nurses are friendly and helpful; others just ignore you." Mary specified, "Others don't even say two words to you."

In general, nurses float to other units because there is a need for staff in areas in which they are sent. The addition is perceived as extra help, which makes a decreased nurse/patient ratio feasible. The receiving staff does not appreciate the assistance, and floaters also feel unwelcomed. One participant agreed, "In some areas, you do not feel welcome." Another participant corroborated the previous statement; "I… feel like a burden." Managers may consider promoting a culture in which staff acknowledges the benefits of having a float nurse on their units.

Physiological Needs

Most health care administrators recognize nurses are required to take an uninterrupted 30-minute meal break. Some participants had difficulty finding peer coverage for breaks. The staff from the receiving unit prioritize their own needs first. David said "… sometimes when you've decided to go on a meal break, you'll have to wait a bit more to get your meal break."

Other participants did not have a break or took a late break. It seemed that everyone was busy and it was difficult for floaters to get away from the unit while trying to become familiar with the unit and the patient population. One nurse mentioned, "I did not get a meal break or any break—one of the times, I floated to… two weeks ago. I didn't get a meal break until almost four o'clock in the morning because it was that hectic." A meal break is not always missed. Priscilla knew that she needed to eat and always managed to have her meal break. This participant chose to have her break time as described in her comments: "So, my meal break I always get because you need to eat, but it may be a little bit later…and shorter." Taking a meal break is possible but not as planned.

Table 2

Example of Nurses' quotes and Themes

Participants quoted words, sentences or paragraphs	Meaning units. What did participants mean	Themes
Carla … So you have to ask the nurses cause they don't orientate. Sometimes you have to figure out things… **Jeanie** I didn't know where anything was. When a patient asks me, "I need this," like, I don't know where to find it. You know? I just feel lost…lost is a good word.	Lack of orientation	Workflow process
Anna The work environment. It's not organized. **Chelsea** A little bit of chaos I usually don't have access to the medication room so it's very chaotic when I first arrive.	Chaotic flow	
Bianca ….worse patients, a lot of patients that are on pain medication**.** I am giving medication, giving medication, giving medication **Carla** You can get report from more than 3-4 nurses …	Fairness of assignment	Patients care assignment
David Sometimes you're exposed to some things that you don't really do every day.	Unfamiliar tasks	
Carla It's a new environment it's something new, it's not your daily routine So, here, your patients change, your coworkers change, your clinicians…everybody changes. **Caroline** The unit you float in is unfamiliar There are units in which everyone is either a floater or from centralized staffing	Unfamiliar environment	Work environment
Caroline…away from my comfort zone… I know we have to float but if there are processes in place to make us feel better and function that would help. **Chelsea** A little insecure out of that comfort zone. **David** … Either way you're going to be kind of dislodged.	Comfort zone	
Carla We—they have a float book, but it's not a book that is available to the nurses… little bit of anxiety. **Caroline** I am anxious and stressed out. **David** …so you're a little bit anxious, it's a little bit stressful. **Priscilla** As soon as you know you're floating when you come to your floor in the morning, for most people that I know, you're already feeling anxiety. I am, for sure	Stress/Anxiety	Psychological components
Chelsea My patient asked me for something simple, "pillow or "pillow case." I can't find the room. So there's a little bit of frustration. So that's an uneasy feeling because you don't know what to expect. **Carla** You never know when you're going to float. You look at the board, your name is not there. That's how, you know, my name is not there; you are floating. Very unpleasant.	Uneasiness/Frustration	
Jim I am scared, anxious, stress out, uncomfortable fearing I am going to have a bad day.	Unpleasant Scared	
Jim I do not feel welcome and feel like a burden Some areas have very friendly nurses…Other areas have less friendly people or some ignore you altogether. **David** Sometimes you feel unwelcomed **Jeanie** Some are friendly. Not all	Unfriendliness/Unwelcomed	Sociological factors
David Sometimes when you've decided the go on meal break you'll have to wait a bit more to get your meal break. **Mary** I don't always take a full 30 minutes because, even though someone's covering me, I don't feel like they really are covering me. As in, on my floor. **Natalie** Because you don't know the floor, you're kind of… busy. And you might end up missing your break	Meal break	Physiological needs

DISCUSSION

Findings from this study revealed that nurses do not like to float but will do so for patient safety, and to remain in institutions, which meet their beliefs of excellence in the delivery of patients care. Nurses reported that the workflow process was chaotic with a lack of standardization which led to feelings of fear and lack of control. The concept of work environment control is important to nurses. It allows autonomy and decision making, two crucial nursing beliefs. Nurses must feel competent and autonomous in making vital decision to save patients' lives based on education and previous experiences (repetitions of actions/reaction) in specific areas of expertise (Purdy et al., 2010). Moreover, the assignment to floaters appeared to be unfair with no consideration given to patient acuity. Nurses who work in units different from their own fear making decisions in unfamiliar environments of care that may expose patients to potential harm (Purdy et al., 2010). A recent study indicated that the incidence of medical errors increased when nurses were floated to units other than their own (Koehn, Ebright, & Draucker, 2016). Jones and Treiber (2012) mentioned that nurses believed that they "failed their patients" by being unsure of their clinical expertise and education. Nurses working in a specialty area such as the cardiac catheterization laboratory progressively lose the broad base instructions learned in nursing school. Brennan et al. (2012) indicated that the patient care assignment of nurses should center on the patient acuity and nurses' competence. By keeping in mind the patients' acuity, nurses' area of expertise, and other dynamics, such as possible discharges, a resource nurse can prevent overburdening the staff and improve the quality of care (Daugherty & Scarbro, 2014). Additionally, one significant effect of working away from one's area of expertise is psychological stress, which generates a perceived feeling of incompetence (Larrabee et al., 2010). A proficient nurse with expertise in one area may feel incompetent when asked to float to an unfamiliar unit (Tyler et al., 2012). Competence in a specialty area empowers nurses to function routinely and effectively without asking questions (Purdy et al., 2010).

Besides being unfamiliar, the work environment seemed hostile. Researchers found that teamwork influences staff effectiveness (Paine et al., 2010). Nurses, who are regularly working in their assigned units, are sometimes adamant about receiving floaters because floaters appear to be burdens, as they are unfamiliar with the unit layouts, routines, and patient populations (Bates, 2013). Therefore, some nurses have negative views toward floating. The nurse in charge may have patients to care for and is not available to help floating nurses. There may be little to no help because everyone is busy. As a result, floaters described themselves as stressed out, anxious, and overwhelmed. The staff from the receiving unit were often perceived as unfriendly and unwelcoming. Another issue that emerged was floaters experiencing late or no meal breaks during their 12-hour shift. An unhealthy work environment induces stress, which in turn triggers job dissatisfaction (Davey, Cummings, Newburn-Cook, & Lo, 2009). Employee morale decreases, job dissatisfaction increases, and disengagement increases with forced floating (Klaus et al., 2012). An ideal work environment encompasses a safe and supportive atmosphere in which nurses feel competent in the delivery of patients care (Groff Paris & Terhaar, 2010).

Although floating nurses may represent an alternative staffing strategy (Kirchhoff & Dahl, 2006), it may lead to retention concerns (Becker et al., 2010). Retention is essential to minimizing the nursing shortage (Klaus et al., 2012). Increased scheduling flexibility appears to be a more effective approach to staffing needs (Dziuba-Ellis, 2006), and is becoming a fast-growing factor in decreasing turnover (Spence Laschinger, Leiter, Day, & Gilin, 2009).

CONCLUSION

The purpose of this study was to explore nurses' feelings about floating as a lived phenomenon. In the United States and abroad, floating is and continues to be a staffing strategy to contain health care cost. Hospital leaders have made floating a mandatory process in the hospitals to remain viable and reduce cost. This study filled the existing gap about nurses' feelings about floating. Previously, there were no phenomenological studies on floating found in the literature. One finding of this study is that nurses have no intention of leaving their institution because they agree with the organization mission, vision, and philosophy. As other nurses throughout the world, they enjoy teamwork and friendship in their unit. Findings from this study can be used to increase leadership's awareness of nurses' feelings on floating as a lived experience.

RELEVANCE FOR CLINICAL PRACTICE, EDUCATION, RESEARCH, AND POLICY

The main implication for nursing practice is the increased awareness of nurses' feelings about floating, and the influence of these feelings on nurses and patient care. To make floating more acceptable, health care leaders should consider the following recommendations.

One recommendation is to include bedside nurses in reviewing or creating a nurse friendly floating policy. Another recommendation is to standardize the workflow process in all similar units, as it will guide charge nurses or designees on the process to follow when nurses float to other units. RNs that float should be introduced to the team and the unit routine. Furthermore, health care administrators should grant access to patients' medications and supplies to float nurses throughout the setting to prevent a delay in patient care. It may also become necessary to grant access to

float nurses throughout an entire system if the institution comprises multiple hospitals and outpatients facilities. Lastly, because of the unfamiliarity of the work environment, leaders should restrict floating to environments similar to nurses' experience and skill level, wherever possible.

Participants voiced a plea for changes in the process of floating. Health care administrators should ensure that a relevant floating policy is in place or should reevaluate their floating policy. Nurses who are floating should be oriented to the unit's physical layout and routine. Managers should take an active role in ensuring the float nurse's patient assignment is appropriately assigned by acuity. Additionally, new nurses need to be introduced to the concept of floating and hospitals' floating policies and requirements.

There is a need for phenomenological studies to identify nurses' feelings from different settings. Phenomenological studies about nurses working in for-profit organizations and those working in non-Magnet® institutions may add further information to the existing body of literature about nurses' feelings and the lived experiences of floating. The trend is to combine like units such as the cardiac care unit and the intensive care unit in some settings (Driscoll, Currey, Allen, George, & Davidson, 2014). Nurses floating within combined units represent a group of individuals whose feelings warrant further research. Other important groups of interest are the new graduates and experienced nurses. The feelings on floating may be different in these categories of nurses.

LIMITATIONS

This study had the following limitations. One limitation was that enrollment for participation in this study only occurred at a Magnet® facility. Results may differ in a non-Magnet® setting. Another limitation was that nurses' feelings may change over time and may be influenced by their level of expertise and background. A further limitation was the exclusion of nurses floating within a restructured unit under the critical care umbrella and nurses from the cardiac and vascular care unit (CVCU). Valuable data on floating could have been collected from these nurses because floating within a restructured unit (such the critical care umbrella: ICU, SICU, CCU) comprises different levels of care and nurses from CVCU exemplify floating to higher and lower levels of care.

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DECLARATION OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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