Critical Thinking: Principles of Floating

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Purpose & Objectives
The purpose of this module is to inform the staff nurse and leadership team about strategies in place at the Federal, State, and facility level to ensure that a nurse floating to another unit is competent and safe to care for the patient assignment.

After successful completion of this course, the participant will be able to:

1. Discuss the Federal, State, Local, and Facility level regulations and recommendations surrounding floating assignments
2. Delineate critical thinking strategies that can help de-stress the floating experience
3. Discuss your rights to accept or reject a floating assignment
4. Give examples of practices that can assist you to float safely
5. Describe practices that help ensure safe and effective patient outcomes
6. Describe practices that help ensure staff satisfaction
Introduction
Floating is a common staffing practice that causes concern for staff nurses and leadership across the nation. There are many federal, state, local, and organizational regulations, position statements and policies that address this issue.

Healthcare institutions use floating to address staffing issues such as units temporarily understaffed due to high census or high acuity and units that are overstaffed.

It is essential that the healthcare professional ascertain the competence of the float nurse to care for the assigned patients.

Consider the following:

Worst Case Scenario
“Oh, good, our float is here. What’s your name? Mary? Thank you so much for coming! We really need you tonight! OK, each of you choose one of your patients and we will reassign them to Mary. Let’s get going!”

Mary felt overwhelmed, but decided to go with the flow and do the best she could under the circumstances. When she “got going,” she found two of her patients in private rooms at opposite ends of the hall. The other four were in semi-private rooms in the middle of the hall and each had a roommate who was assigned to another nurse.

Every time Mary entered one of the semi-private rooms, her patient’s roommate asked for something. At one point, Mary entered the room to find her patient’s roommate attempting to climb over the side rail of his bed after having been incontinent of stool. That patient’s nurse had just gone to lunch and reported off to Mary.

After caring for her patients for eight hours and logging five miles of brisk walking in the corridor, Mary reported off duty and stumbled into the elevator – wishing it could carry her to a place where floating meant nothing more than relaxing on a raft in warm Caribbean waters.

Prevent the Worst-Case Scenario
Have you ever been in Mary’s shoes?

Few nurses experience a sense of professional comfort and confidence when they report for work on the unit and learn that they will be working on some other unit. Yet, floating is a fact of life in today’s acute care environment.

The RN is always accountable for using informed judgment to decide whether to accept the assignment. To act on this accountability, you need a clear understanding of what the assignment requires. Then you must conduct a self-assessment to determine whether you can safely provide the care that the assignment requires. Only you can answer those questions of professional behavior.

Did You Know?
The American Nurses Association (ANA) upholds that registered nurses – based on their professional and ethical responsibilities – 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. Registered nurses have the professional obligation to raise concerns regarding any patient assignment that puts patients or themselves at risk for harm (American Nursing
Federal and State Regulations
In 1986, the Centers for Medicare and Medicaid Services (CMS) addressed the need for staffing in hospitals. This document was last amended in 2014. 42 Code of Federal Regulations (42 CFR 482.23 (b) - Condition of participation: Nursing Services states:

- The hospital must have an organized nursing service that provides 24-hour nursing services and these services must be furnished and supervised by a registered nurse
- The nursing service must have adequate numbers of licensed nurses (RN, LPN/LVN) and other staff to provide nursing care to all patients
- Nursing assignments are made in accordance with the patient’s needs and the specialized qualification and competence of the nursing staff available

There are fourteen states which have enacted regulations addressing nurse staffing in hospitals as of the date of this module’s publication. They are:

- California – the only state to stipulate a required minimum nurse to patient ratio to be maintained at all times by the unit
- Connecticut – requires hospitals to have staffing committees responsible for staffing plans and policies
- Illinois – requires staffing disclosure
- Maine-stipulates that the required nurse to patient ratio in ICU are 1:1 or 1:2
- Minnesota – Requires the Chief Nursing Officer or designee develop core staffing plan
- Nevada - requires staffing disclosure
- New Jersey - requires staffing disclosure
- New York - requires staffing disclosure
- Ohio - requires hospitals to have staffing committees responsible for staffing plans and policies
- Oregon - requires hospitals to have staffing committees responsible for staffing plans and policies
- Rhode Island - requires staffing disclosure
- Texas - requires hospitals to have staffing committees responsible for staffing plans and policies
- Vermont – requires staffing disclosure
- Washington - requires hospitals to have staffing committees responsible for staffing plans and policies

State Boards of Nursing
Nurse Practice Acts and Rules do not necessarily use the term floating, but address the responsibility of the licensed nurse to accept only those assignments which the nurse is competent to perform. Nurse Practice Acts and Rules also identify the responsibility of the nurse who makes assignments to assign duties only to personnel who are competent to carry out the assignment safely.

Typical Provisions of BON statements
Typical provisions of BON statements advise that:

- Only those duties and responsibilities for which competency has been validated should be assigned
- The nurse who has not demonstrated necessary unit-based competencies may accept a
limited assignment and should be assigned a resource nurse. The nurse has the right and responsibility to accept only assignments for which the nurse has the requisite competencies

- The nurse should receive an orientation to the unit
- Unless the nurse has all the competencies required of unit staff, the nurse should not supervise other personnel
- Supervisors and managers are responsible for staffing with competent personnel
- Violations may result in the discipline of the license

**Test Yourself**

Nurse Practice Acts and Rules address the responsibility of the licensed nurse to accept all assignments which the nurse is competent to perform, and usually advise that a nurse who does not have the necessary unit-based competencies should:

A. Always accept an assignment  
B. **Accept a limited assignment and request to have a resource nurse assigned as well**  
C. Refuse to accept the assignment personally, but volunteer to supervise another nurse who accepts that assignment

**Rationale:** Nurse Practice Acts and Rules address the responsibility of the licensed nurse to accept all assignments which the nurse is competent to perform, and usually advise that a nurse who does not have the necessary unit-based competencies should accept a limited assignment and should be assigned a resource nurse, and unless the nurse has all the competencies required of unit staff, the nurse should not supervise other personnel.

**Healthcare Organization Policy**

Most organizations’ policies place some limitations on floating. For example, policies may permit:

- Floating only among certain similar units
- Floating to a higher level of care to care for patients who have orders to transfer to a lower level of care
- Floating to a unit only if you have completed that unit’s float competencies
- Floating only after a specified period of employment

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- Floating to a unit only if you have completed that unit’s float competencies
- Floating only after a specified period of employment

Hospital staffing policies guide the use of float nurses. Be sure to know which policies govern floating in your situation.

Floating may a condition of employment. Organizational policies may outline conditions under which a nurse may refuse a floating assignment.

It is recommended that facilities enact policies that clearly state:

- The competencies required of nurses who float to a unit other than the one which they usually work
- A contingency plan for a situation in which no nurses who have the requisite competencies are available
- The method of orientation for float nurses
The policies of your organization may be more restrictive than state law. Organization policy and procedure is the standard to which you are held.

**The Profession’s Perspective**
The American Nurses Association (ANA) represents professional nursing nationally and internationally, and takes positions on a variety of issues related to quality of care for patients and workplace safety for nurses. ANA acknowledges the growing evidence base in support of the relationship between RN staffing and favorable patient outcomes, and spearheads efforts to address the nursing shortage (ANA, 2015a).

ANA's concern for patient safety and for safe nursing practice has driven the organization to encourage policy-making efforts to protect patients and nurses from the risks that arise when a nurse floats to a unit that requires competencies that the nurse lacks.

The ANA Code of Ethics states, “Employer policies or directives do not relieve the nurse of the responsibility for making judgments about the delegation and assignment of nursing care tasks.” (ANA, 2015).

ANA strongly advocates cross-training and orientation as a prerequisite for floating and does not support floating to units with which the nurse is unfamiliar. ANA advocates for staff nurse input into staffing decisions. ANA encourages health care organizations to establish floating policies (ANA, 2009).

"ANA upholds that registered nurses – based on their professional and ethical responsibilities – 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. Registered nurses have the professional obligation to raise concerns regarding any patient assignment that puts patients or themselves at risk for harm." ANA also addresses the responsibility of the nurse manager to assure safe staffing(ANA,2009).

**Common Floating Myths**

**Myth: I have no choice but to float**
**Fact: You DO have choices and responsibilities when you are asked or assigned to float**

First, attempt to negotiate an assignment on the unit that is within your competencies. Take this negotiation up the chain-of-command if necessary. If you cannot reach an acceptable assignment, continue to explore options such as switching assignments with another nurse who is qualified, or asking the manager to call in a qualified nurse.

When you accept a float assignment there are legal and ethical considerations. This does not necessarily mean that you must possess all the competencies of seasoned staff on the unit to which you float. What it does mean is that you must have the capability to function competently in the assignment that you negotiate.

It is not appropriate to accept an assignment to function as a nursing assistant. You will be held to the standard of care for an RN, even if you have been assigned nursing assistant duties.

Some State Boards of Nursing have clarified the difference between abandonment and refusal to take a patient assignment in an unfamiliar unit. A situation is not considered abandonment unless a nurse has accepted an assignment and then disengaged without reasonable notice to the appropriate
person. Your facility may have policies that state the consequences of a refusal to take a patient assignment.

Test Yourself
Some Boards of Nursing have determined that a refusal to float is:

A. Covered by facility policy
B. A patient abandonment issue
C. Illegal, irrespective of competency levels

Rational: Some State Boards of Nursing have clarified the difference between abandonment and refusal to take a patient assignment in an unfamiliar unit. A situation is not considered abandonment unless a nurse has accepted an assignment and then disengaged without reasonable notice to the appropriate person. Your facility may have policies that state the consequences of a refusal to take a patient assignment.

Myth: Floating is for Experienced Nurses Only
Fact: Floating to another unit can be done by nurses of all experience levels

Often, the facility policy on floating or the unit providing the nurse, determines who and when they can float. For example: a policy might state:

- A new hire could be floated with the preceptor after a predetermined number of shifts, but not floated independently until after 3 months of employment
- Which units the healthcare professional can float to
- Which competencies must be completed prior to floating

Myth: Staff Will Treat Me Badly
Fact: A positive attitude is essential for improving your chances of receiving support and being welcomed on the unit

- Take a proactive approach
- Smile and introduce yourself
- Project a positive attitude, even if you have misgivings
- Identify what you can contribute not what you cannot do
- Admit what you do not know
- Learn aspects of care that are new to you

Myth: The Float Nurse Has All the Necessary Competencies
Fact: Float nurses may have none or only a few of the required competencies

When you oversee a unit, it is imperative that you know the competence of the nurse who is coming to work on your unit. Spend a few moments getting to know this nurse, ask about his or her competencies specific to your unit while explaining your expectations. Be willing to negotiate the patient care assignment.

If you fail to accurately assess the float nurse and make an inappropriate assignment, you could be...
found negligent if patient injury occurred because of the assignment.

If you cannot negotiate a safe, acceptable assignment, contact your supervisor to discuss your options.

**Test Yourself**

Many myths are circulated about floating, which of the following statements is fact?

A. Float nurses are treated poorly when working on other units
B. Float nurses have all the necessary competencies to work on your unit
C. **Float nurses have a choice and responsibility to determine if the float request is consistent with their experience**
D. Float nurses need to be experienced nurses to provide effective care on a float unit

**Rationale:**

**Myth:** I have no choice but to float
**Fact:** You DO have choices and responsibilities when you are asked or assigned to float

**Myth:** Floating is for Experienced Nurses Only
**Fact:** Floating to another unit can be done by nurses of all experience levels

**Myth:**工作人员 Will Treat Me Badly
**Fact:** A positive attitude is essential for improving your chances of receiving support and being welcomed on the unit

**Floating Process**

**Preparing to Float**

Before you float, it is important to:

- Take time to evaluate your skills and competencies that may be required in caring for the patient population
  - If your institution has specific competency requirements for each unit
    - Find out what they are and if you have the required competency validation
  - If you do not have all the required competency validation
    - Find out if the ones you do have will be enough to care for the patients
  - If you do not have the required competency validation
    - Speak to your leadership team
    - Negotiate an assignment change with someone who does have the required competency validation
- Do not assume that you can give safe and competent care anywhere in the facility

**Get Started on a Float Shift**

- Introduce yourself to the leadership team
  - Discuss your competency validations
  - Ask to be pair with a resource nurse
  - If the assignment is not commiserate with your competency, negotiate another assignment
• Introduce yourself to the resource nurse and other unit staff

**Work the Float Shift**
• Plan your day
• Ask questions
• Help the staff whenever possible
• Ask for help when you need it
• Learn new skills as appropriate

**After the Shift**
• Thank the resource nurse for the help received
• Ask for an evaluation/critique of your day
• Report any issues to the unit leadership
  o If unable to resolve the issues, use the facility’s Chain of Command

**Strategies to Make Floating Less Stressful**

**Critical Thinking in Patient Care**
Successful nurses routinely use critical thinking strategies. Nurses most often use critical thinking when they exercise nursing judgment in direct patient care. By implementing critical thinking strategies, the nurse generates ideas, considers alternative explanations, draws conclusions, and makes appropriate goal directed judgments about the patient’s needs.

The process of nursing assessment relies on critical thinking skills such as:
• Identifying the purpose and focus of assessment
• Assessing systematically and comprehensively
• Distinguishing normal from abnormal and identifying risks for abnormal
• Recognizing missing information and collecting more data when needed
• Recognizing changes in patient status and taking appropriate action
• Setting priorities and making decisions
  (Alfaro-LeFevre, 2014)

Critical thinking skills and attitudes are highly relevant and very helpful in addressing floating issues.

**What is Critical Thinking?**
Critical thinking in nursing is outcome-focused thinking that:
• Is based on principles of nursing process, problem solving, and the scientific method
• Is guided by standards, policies and procedures, ethics codes, and laws
• Focuses on safety and quality
• Carefully identifies the key problems, issues, and risks involved
• Is driven by patient, family, and community needs
• Calls for strategies that make the most of human potential
  (Alfaro-LeFevre, 2014)

**Did You Know?**
Critical thinking requires taking a proactive, problem-solving approach. When faced with a problematic situation, a critical thinker quickly begins to analyze the situation, looks at the situation from many different perspectives, and generates several possible ways to improve the situation and solve the problem.

**Test Yourself**

Critical thinking in nursing is outcome-focused thinking that is driven primarily by the nurse’s needs.

A. True
B. False

**Rationale:** Critical thinking in nursing is outcome-focused thinking that:
- Is based on principles of nursing process, problem solving, and the scientific method
- Is guided by standards, policies and procedures, ethics codes, and laws
- Focuses on safety and quality
- Carefully identifies the key problems, issues, and risks involved
- Is driven by patient, family, and community needs
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(Alfaro-LeFevre, 2014)

**Critical Thinking in Floating Situations**

Certain critical thinking strategies can assist you in dealing successfully with float assignments:
- Clarifying parameters and context
- Clarifying expectations
- Assessing your competence
- Re-frame the problems
- Showing openness to other perspectives
- Collaboration
- Consult and validate
- Critique and feedback
- Create a culture of inquiry

**Clarifying Parameters and Context**

Critical thinking strategies are useful in situations in which there is more than one right answer. Therefore, critical thinking does not apply to every nursing situation.

For example, in a code situation, one professional takes charge and other team members follow the direction of that individual. Once the code is over, the participating professionals may take a few moments to critique their performance, and that of their leader, as part of a code-debriefing. But while the resuscitation efforts are in progress, the team responds quickly to the leader’s direction without debating or considering all possible alternatives.

Fortunately, few nursing situations are as dramatic or urgent as code situations. In most other situations, more than one approach can be considered. Even in the code situation, the individual in charge usually considers some alternatives within the context of protocol and the response of the patient.
In all situations, there are some *givens*. That is, in all situations there are some parameters that form the context of decision making. Certain facts and principles, such as pharmacology or pathophysiology, as well as certain policies, procedures, and standards create a context within which nurses make decisions.

In floating situations, givens include State Board of Nursing regulations, State Nurses Association guidelines, healthcare organization policies and procedures, and the individual nurse’s competencies.

*Sometimes nurses fail to distinguish the givens from elements of the situation that are open to alternative interpretations and actions.*

**Clarifying Expectations**

Gain mastery in floating by clarifying expectations long before you float. The requirement to float begins for the staff nurse with the employment policies of the organization. Ascertain the organization’s expectations regarding floating.

Clarify expectations before you float. You will gain a sense of control which is key to mastering floating situations.

Whether or not organizational or unit-based policies place restrictions on floating, as a professional you have the legal and ethical obligation each time the situation arises to decide whether you are competent to deliver the care that will be expected of the float nurse.

**Ask Questions**

- What organizational policies define floating expectations?
- If there is a labor contract (union) clarify what contractual requirements apply. Some union contracts specify that members will not float outside of their specialties and that supplemental staff will float before staff nurses who are union members.
- Are nurses in certain employment categories such as travelers or per-diem staff expected to float before permanent staff?
- Is floating determined by tenure, resulting in senior staff never floating and junior staff floating frequently?
- Are staff nurses expected to float in turn?
- What policies cover floating?
- What are the required competency validations for the unit you are floating to?
- Are there any stipulations regarding orientation to units to which nurses are required to float?
- Does the organization maintain a float pool?

**Assessing Your Confidence**

A feeling of uncertainty is not enough to justify refusing an assignment. In fact, doing so exposes you to the risks of discipline or termination. To justify refusing, you must prove that you have not been taught to perform the required tasks or be protected by policies or a union contract which guarantees assignment only in your own specialty.

The process of negotiating a float assignment with a supervisor or charge nurse usually includes removing such tasks from your assignment or in the case of a simple task, showing you how to do it.

A supervisor or charge nurse can be found negligent for making unsafe assignments.
Within the context of the *givens* which are spelled out in hospital policies and assignment agreements, use your critical thinking skills to decide whether you can safely accept the assignment. Whenever the situation arises, clarify:

- The expectations of the float nurse
- Your competencies with respect to the expectations
- The support and resources available to you as a float nurse and how to access them

**Reframing the Floating Challenge**

Reframing the problem means describing the problem or situation in as many ways as possible. Is floating simply a perilous minefield? Explore other perspectives which can come into view. For example, floating also:

- Provides an opportunity to develop new competencies and skills
- Builds confidence as you acquire new competencies
- Facilitates the development of new mutually beneficial professional relationships as you approach colleagues with greater confidence
- Increases others’ perceptions of your value and enhances your marketability as you expand your nursing skills and your professional network
- Expands your network of professional colleagues

Here are some questions to ask when applying the critical thinking skill of reframing in response to a float assignment:

- What’s in it for me?
- What could be in it for me?
- What do I want to get out of this floating assignment?

**Test Yourself**

Reframing a situation means that you should:

A. Identify and focus on all the negative aspects of an assignment.
B. Validate your assumptions by acquiring proof of why an assignment is unsuitable for you.
C. Describe the situation for yourself in as many ways as possible, to clarify what you can expect to gain from an assignment.

**Rational:** Reframing the problem means describing the problem or situation in as many ways as possible. Here are several questions to ask when applying the critical thinking skill of reframing in response to a float assignment:

- “What’s in it for me?”
- “What could be in it for me?”
- “What do I want to get out of this floating assignment?”

**Reframing to Prevent Worse Case Scenario**

Reframing a negative situation in a positive way is usually the most helpful way to use reframing. But, even reframing the situation in a negative way could have a positive effect and enhance your comfort level. Reframe the situation into a worst-case scenario and then ask yourself “What can I do to prevent that from happening?” When you answer that question, you can enter the situation with...
greater self-assurance and work more effectively.

Picture yourself as a neonatal intensive care nurse mentally rehearsing a float situation. You might ponder being floated to the pediatric intensive care unit. Your worst-case scenario might be that when you arrive, you find that there are no patients under the age of four. In your imagined scenario, you are assigned to two children, both of whom are on ventilators and have multiple IV drugs infusing.

First, let go of any fear and resultant anger you may initially experience at picturing yourself in this situation. You can control your reaction to this situation by moving into the problem-solving mode.

- How will you handle this situation?
- What nursing care needs are you prepared to meet?
- What competency validations do you have that will support your work in the new unit?
- What competency validations do you need? Are you willing to get them?

If there are aspects of your patient care assignment that trouble you, picture yourself negotiating them with the charge nurse right away. In the opening worst case scenario, Mary might have prevented some of her problems by assertively negotiating with the charge nurse.

Maybe you can perform some aspects of care for patients who are assigned to other nurses. Think of all your possible alternatives now, before you find yourself in the situation. The more worst-case scenarios you can master before you get to your next float assignment, the greater your confidence and comfort level will be when you arrive at that assignment.

Nevertheless, if you find yourself in a situation in which you cannot negotiate a patient assignment that you can safely fulfill, you must not accept the assignment.

**Showing Openness to Other Perspectives**

Each of us may view the same situation differently, depending upon the previous experiences that each one of us brings to the situation. The medical/surgical nurse who has previous Emergency Department (ED) experience and the medical/surgical nurse who has had no previous ED experience will each take a different view of being floated to the ED.

Your perception creates your perspective on the floating situation. The perspectives of many individuals, or stakeholders, have bearing in the floating situation.

**Respect & the Patient Perspective**

**Patients**

The patient’s perspective and the concern for patient safety are paramount. This priority is highlighted in the floating situation. Your assessment skills and clinical judgment in the protection of patient safety can offset some of unit-specific technical skills you may lack. Some of your patients may need reassurance about your expertise and your positive attitude about working on the unit. Respect for patients' values, preferences, and expressed needs are not specialty-specific competencies, but rather a part of the professional approach of all nurses.

**Supervisors**

Supervisors must assure safe staffing levels. They need to consider the competencies of the nurse who floats. When you identify discrepancies between your competencies and those required on the float unit, clarify your assignment with the supervisor or charge nurse.

**Policies and Procedures**
Each organization has policies and procedures to manage floating. Following policy and documenting carefully and completely is part of mitigating risks in all assignments.

**Float Unit Staff Nurse**
Float unit staff nurses will initially be unfamiliar with your knowledge and skills. Define your level of expertise, the level of assistance you will need, and expectations about the assistance you will give. Open, honest, proactive communication will dispel uncertainties about your attitude and willingness. A positive approach will help you establish rapport and get you the support that you need.

**Unit Staff on Your Unit**
Unit staff on your unit may show concern regarding how patient care may proceed if the acuity or number of patients should increase, when you are floated. Negotiation with the leadership of each unit may provide assurance that the units’ needs are priority. Should the unit’s needs change, the leadership team will make the necessary staffing decisions.

**Collaboration**
When collaborating, two or more parties identify their needs in a situation. Then, together they decide upon approaches that best satisfy the needs of all parties involved. This process is different from choosing one party’s approach over another’s and is also different from avoiding a conflict or simply compromising. Collaboration includes:

**Identify Needs**
Clearly identify needs that will be the criteria for negotiating the patient assignment. How many ways can you and the charge nurse configure patient assignments to satisfy these criteria?

**Accept Complex Tasks**
The charge nurse or another nurse may want to teach you to perform certain tasks. Beware of accepting complex tasks or tasks which require extended training, such as interpreting monitors, administering high-alert drugs, or using high-risk routes, or other specialized tasks. Be open to accepting tasks which you can easily learn and safely perform, such as a modification of the documentation practice to which you are accustomed.

**Identify a Partner**
Identify a nurse with whom you can partner-a buddy. Discuss your expectations and your partner’s expectations. Come to a consensual agreement on how to manage patient care. Be prepared to elicite and clarify the needs of the other nurses on the shift so that you can work more effectively with them.

**Establish a Plan**
Establish a plan of care with your buddy and with other staff. While the entire shift cannot be planned entirely, a plan for accomplishing various duties and procedures will help. The plan may include lunch coverage, what to do if the patient condition changes, any unforeseen situations that may occur. The important thing is that the plan meets the needs of all stakeholders.

**Consult and Validate**
When a patient exhibits signs and symptoms with which you have no experience or when a treatment situation arises that requires a unit-specific protocol, get help. Consult with the charge nurse, resource nurse, your buddy, or another nurse in the unit who has experience with the signs, symptoms, or protocol. Asking for help will show that you have the best interest of their patients and their unit in mind.

It is important to remember that in any legal challenge, courts do not expect the float nurse to be as
competent in the specialty as a nurse who regularly works the unit. In assessing the potential negligence of float nurses, a judge would instruct the jury to compare the nurses’ actions to:

- the standards of action of a competent nurse in the float nurse’s clinical specialty, and
- the level of experience the float nurse has in the unit specialty

Float nurses are not measured against a nurse who routinely practices in the area.

**Test Yourself**
When floating, it is advisable to:

A. Keep to yourself as much as possible  
B. **Collaborate with the float unit staff to develop a plan of action**  
C. Give the impression that you have the competency validation to care for any patient

**Rational:** Establish a plan of care with your buddy and with other staff. While the entire shift cannot be planned entirely, a plan for accomplishing various duties and procedures will help. The plan may include lunch coverage, what to do if the patient condition changes, any unforeseen situations that may occur. The important thing is that the plan meets the needs of all stakeholders.

**Critique**
Critique can contribute to appropriate expectations and increase satisfaction for you and for the home team on the float unit.

First critique your own approach to the situation and adjust your attitude toward an expectation of success – expectations of professional gains for yourself as well as expectations of contributing to safe patient care and assisting the unit staff.

Second, critique and analyze your discomfort level. What could make you feel more comfortable? A resource person and an orientation to the unit can help you get off to a good start. In addition, a designated buddy helps to keep communication clear and consistent.

What else could add to your comfort level? Identify your needs early on and voice them to the charge nurse or your buddy.

**Feedback**
Seek and give feedback on positive as well as negative features of a situation. If a staff member assists you, show your appreciation and state specifically how the assistance helped you: “That really helped me - it’s been a while since I worked with a baby that small.” Let the charge nurse or your buddy know where you are in your duties during the shift so that you can receive feedback, needed help, or even additional duties while there is still time to respond effectively.

Restrain yourself from pointing out the “better way of doing things” that you use on your own unit. If patient safety or professional standards are not at risk, do it their way.

You will be a more credible advocate of a different approach if you have tried the unit’s approach and can identify the benefits of your way from a position of experience. If you remain open to the benefits of different practices, you may acquire a few new perspectives to take back to your own unit or add to your own repertoire.
Culture of Inquiry
An attitude of inquiry drives critical thinking. Identify what you need to know and how to find out. After introducing yourself and your background, a success-oriented first question is, “How can I help out on this shift?”

Expressing needs assertively to gain a measure of control over the situation will save time and reduce anxiety. Naturally, the nurse who floats will experience some anxiety since the situation contains unknowns. The unit staff also experiences anxiety because the float nurse’s expertise is unknown to them.

Familiarize yourself with the unit. Take a few minutes at the outset to find out where key items are located. Many units have a float checklist with the essentials you need to know, such as; what is the unit routine, frequently used phone numbers, where are the staff bathrooms and what are the key codes to locked rooms. Other questions for a float checklist may include:

- Where is the emergency equipment? Is it the same as the equipment on your unit?
- What are the emergency procedures for this unit?
- Where are the medications kept and is there a medication nurse or do the staff nurses pass all medications?
- Are there any policies and procedures that are unique to this unit?
- Does staff RNs take orders or is that a charge nurse responsibility?
- What is unique on this unit -- how do activities differ here from other units in this organization?
- Who/what are my resources here? How do I access them?
- What type of patients are on the float unit?
- How old are the patients?
- What is the nurse/patient ratio?
- Do I have a buddy? Do I have a resource nurse?
- What is the role of the charge nurse of this unit?
- Will you be working with licensed and unlicensed personnel who need to be delegated to?
- What is the routine? Where do the nurses usually start here? Do they check the patients first? Check the charts first? Without assuming, how would you know their routine unless you asked?
- How are patient assignments determined on the floor? By geographic location? To provide continuity of care? In consideration of each RN’s clinical expertise?

Learn from the Experience
Once the float shift is completed, it is important to take time to review the shift. Reflection will allow you to determine what went great, what you could have done better, what you learned, what you didn’t know, or what you taught someone else, etc.

If you are exercising critical thinking, you will also reflect on the actions you took. When reflecting on the actions you have taken, you evaluate the effectiveness of your actions:

- “Will I do that the same way next time?”
- “What might have worked better?”
You can avoid previous floating difficulties and repeat previous floating success if you reflect on each floating experience. Reflect on the experience of floating while it is still fresh in your mind to enhance your float readiness.

Share your reflections with the float unit staff when appropriate. Let them know what went well and what they could do better with the next float nurse. These actions will help ensure that the float experience is constantly improving.

After you float, reward yourself with your favorite stress management techniques. For stress management ideas, complete the RN.com course, *Critical Thinking: Managing Stress*.

**Welcoming a Float Nurse**

Up to now, the discussion has been around what to do when you float to another unit. The other important discussion point is what do you do when a nurse floats to your home unit.

When a nurse floats to your unit, do your part to assure a successful shift, especially when you are in charge. Introduce yourself and assure that the float nurse receives an orientation and a designated buddy or resource person; and confirm competency validation levels. Help the nurse to feel welcome and encourage the nurse to tell you about his or her experience and to ask questions. You will be creating a culture that may offer rewards when you float to that nurse’s unit in the future.

- Develop a float competency validation program for your unit and offer to help validate the nurses interested in floating to your unit.
- Develop a float “need to know form” to help orient the float nurse to the essentials on your unit
- Introduce the float nurse to staff members
- Check on the float nurse frequently to ensure the day is progressing well and to answer questions
- Thank the nurse for coming to your unit to help
- Inform the nurse’s leadership team of the great things the nurse did to help

**Potential Benefits**

We have concentrated a good amount of discussion on how to cope and prepare for floating to another unit. However, there are some potential benefits that should be reviewed.

**New Skills**

Acquiring skills in a new clinical specialty can increase your value and your self-esteem. Developing expertise in additional specialties demonstrates your flexibility and increases your practice options. For many nurses, a floating assignment has introduced clinical skills and professional contacts that expanded their professional interests and opportunities. By floating, many have built their résumés and added new clinical specialties to their skill set in areas that they would never have tried otherwise.

Nurses have gained knowledge in areas of practice new to them that later proved invaluable in unexpected ways. Always take an “it’s a great learning opportunity” attitude to every new experience.

**Consider these examples:**

**Example 1:**
A surgical nurse who floated to the postpartum unit developed an interest in helping women with
breastfeeding. She earned a certificate as a breastfeeding educator and works part-time in breastfeeding education and part-time on a surgical unit.

Example 2:
A nursing director credited her success in opening a new ICU to her floating experience in an ICU as a staff nurse.

Building Relationships
Floating affords the opportunity to build professional networks as well as competence. A critical care staff nurse who got to know some of the emergency department (ED) nurses on float assignments found these relationships helpful. He had floated to the ED and later when he was in charge on his own unit, he was much more effective in negotiating with the ED staff to arrange transfers from the ED to the CCU.

When you build positive relationships on float assignments, you are also opening the door for reciprocal assistance. Staff with whom you work side-by-side as a float on their unit today may be floated to your unit in the future.

In addition to improving professional collaboration to make their current practice more effective, nurses who purposefully establish and develop numbers of collegial relationships are investing in their career development. Networking skills contribute to career progression. Like all skills, expertise in networking builds with practice. Floating situations offer nurses an opportunity to find common ground with colleagues and share professional interests and issues.

Success Stories
These are stories of critical care nurses floated to the Emergency Department. The competency assessment procedure and buddy system facilitated the positive experiences of those involved.

- A Pediatric Intensive Care Unit (PICU) nurse floated to the pediatric Emergency Department. She buddied with a pediatric Emergency Department nurse for the 12-hour shift. They worked as a team and supported each other through a very busy shift. Each learned from the other in the process – the PICU nurse gained skill in managing multiple patients and gained appreciation for the pediatric Emergency Department nurses’ insistence on expedient admission to the PICU. Because of this positive experience, the PICU nurse prescheduled shifts in the Emergency Department to gain additional experience.

- A Medical Intensive Care Unit (MICU) nurse floated to the adult Emergency Department (ED). Based on her competency assessment, she was assigned with her buddy to the critical care room where cardiac and other high acuity patients were assessed and treated. Because of her positive experience, she became a liaison between the MICU and the ED, supporting communication and transportation arrangements between the units. Ultimately, she split her full-time position to work half-time in the MICU and half-time in the ED.

Remember this Scenario
Worst-Case Scenario
“Oh, good, our float is here. What’s your name? Mary? Thank you so much for coming! We
Mary felt overwhelmed, but decided to go with the flow and do the best she could under the circumstances. When she “got going,” she found two of her patients in private rooms at opposite ends of the hall. The other four were in semi-private rooms in the middle of the hall and each had a roommate who was assigned to another nurse.

Every time Mary entered one of the semi-private rooms, her patient’s roommate asked for something. At one point, Mary entered the room to find her patient’s roommate attempting to climb over the side rail of his bed after having been incontinent of stool. That patient’s nurse had just gone to lunch and reported off to Mary.

After caring for her patients for eight hours and logging five miles of brisk walking in the corridor, Mary reported off duty and stumbled into the elevator – wishing it could carry her to a place where floating meant nothing more than relaxing on a raft in warm Caribbean waters.

Let’s reframe it into a Best-Case Scenario:
“Oh, good, our float is here. What’s your name? Mary? Thank you so much for coming! We really need you tonight! Can you tell me if you have completed the following competencies and what your experience has been with medical surgical patients? Great, while you do not have all our specialty competencies, the assignment we have for you will not need them.

May I introduce you to Sara, she will be your resource/buddy for the shift. She has the patients in the rooms next to yours. Sara, will you please go over our floating checklist with Mary and help her get started.

Mary, do you have any questions for me? I will come around frequently to check on you, please don’t hesitate to ask Sara or I if you need anything. We are here to make this a great experience for you.

Mary and Sara went over the float checklist and then Sara showed Mary around after report was received. Mary’s assignment was four patients located in two consecutive semi-private rooms. Sara and Mary negotiated lunch coverage. Sara introduced Mary to the nurses working nearby and each nurse responded with “if you need anything, just ask”.

With a smile on her face, Mary reviewed the unit’s routine and got started on her day.

At the end of the day, Mary reflected on her two floating experiences. She reviewed the things that made this floating assignment go well. She shared this information with Sara and the manager.

Conclusion
According to Henry Ford, “Thinking is work, which is the probable reason why so few people engage in it.” The decision to accept the float assignment can be a very challenging one. And, after negotiating a safe float assignment, working the float shift is also hard work. Even when you reframe the float situation in the most positive way possible, it can still be a stressful situation.

Critical thinking strategies can help you have a healthy reaction to the float assignment. Choose to
respond with proactive problem-solving skills rather than negative attitudes and behaviors. Negative feelings can undo the feelings of satisfaction you earn when you do a great job of coping and caring as a float nurse.

Keep yourself in a state of readiness for floating by following some of the suggestions about reflection and by thinking through, in advance, the questions you will ask.

Surround yourself with a support system that will help you to sustain and further develop your critical thinking processes. With a positive approach, if circumstances permit, you may even extend your support system to incorporate some of the colleagues you work with during float assignments.

Apply critical thinking strategies when negotiating and deciding to accept the assignment, before you float, as you get started on your float shift, during the shift and after the shift.

After floating, congratulate and pride yourself on a job well done. Then, reflect on the experience to learn the lessons that will make your next float assignment even more satisfying.

References


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