

Critical Thinking: Mastering the Art of Floating

**This course has been awarded three (3.0) contact hours.
This course expires on August 5, 2017.**

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First Published: August 2, 2011

Updated: August 5, 2014

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There is no commercial support being used for this course.

Acknowledgements

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Purpose & Objectives

The purpose of *Critical Thinking: Strategies to Master Floating* is to apply critical thinking strategies and to apply them to situations in which the registered nurse floats to a unit other than the nurse's usual assigned unit.

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

1. Define and give an example of 8 critical thinking strategies that apply to the floating situation.
2. Identify considerations in accepting a float assignment.
3. Identify ways to protect yourself from legal liability when floating.
4. Name major concerns of at least three stakeholders in floating situations.
5. Give examples of practices that can assist you to float safely:
 - Before you float
 - During the float shift
 - After floating
6. Describe practices that facilitate safe care when a staff member floats to your unit.

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 this shift on some other unit. Yet, floating is a fact of life in today’s acute care environment.

This course suggests critical thinking strategies to help you gain greater control and confidence in floating situations.

This course offers some guidance in making the decision and some advice to help make any given floating experience more positive.

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?

As an RN, you have the responsibility to assess each floating situation carefully. As always, patient safety is paramount. If you question your ability to give safe care, you have the professional responsibility to collaborate with the appropriate charge nurse or supervisor and explore the options available.

Critical Thinking Strategies

Critical thinking in nursing is outcome-focused thinking that:

- Is guided by standards, policies and procedures, ethics codes, and laws
- Is based on principles of nursing process, problem-solving, and the scientific method
- Carefully identifies the key problems, issues, and risks involved, including patients, families,

and key stakeholders in decision-making early in the process

- Applies logic, intuition, and creativity and is grounded in specific knowledge, skills, and experience
- Is driven by patient, family, and community needs, as well as nurses' needs to give competent efficient care
- Calls for strategies that make the most of human potential and compensate for problems created by human nature
- Focuses on safety and quality, constantly re-evaluating, self-correcting, and striving to improve

(Alfaro-LeFevre, 2010)

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

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 a number of 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

Answer: B- False.

Rationale: Critical thinking in nursing is outcome-focused thinking that is driven by patient, family, and community needs, as well as nurses' needs to give competent efficient care.

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, 2010)

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Critical Thinking in Floating Situations

Certain critical thinking strategies can assist you in dealing successfully with float assignments:

Clarify parameters and context	Critique
Re-frame the problem	Inquire
Examine assumptions	Generate answers
Show openness to perspectives other than your own	Reflect upon knowledge base, actions taken, thought processes
Collaborate	

This course encourages you to practice the strategies and think through floating situations in preparation for acting more effectively in your future float assignments.

The Floating Process

Specific critical thinking strategies help during each phase of the floating process.

Before you Float

- Clarify parameters and context
- Reframe the problem
- Examine assumptions

Get Started on a Float Shift

- Show openness to perspectives other than your own
- Collaborate
- Critique
- Generate Answers
- Inquire

Before You Float

Before you float, it is important to:

- Clarify parameters and context
- Reframe the problem
- Examine assumptions

Take time to thoroughly think through the situation and carefully review the specific parameters and context of the situation, so that you can objectively and accurately reframe the situation and examine assumptions prior to the start of the shift.

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Work the Float Shift

- Reflect upon knowledge base, actions taken, thought processes
- Critique
- Collaborate

Learn from the Shift

- Reflect upon knowledge base, actions taken, thought processes

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 of 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.

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.

Some state boards of nursing, such as Arizona, California, Iowa, Maine, Nebraska, New York, Oregon, South Carolina, Texas and others have issued position statements or developed frequently asked questions (FAQ) resources concerning floating.

Safe Harbor Provisions of the Texas Administrative Code define a procedure for requesting peer review of an assignment which the nurse believes could place the nurse's license in jeopardy (Texas Administrative Code, 2014).

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 assignment 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.

Answer: B- Accept a limited assignment and request to have a resource nurse assigned as well.

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.

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'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 for Nurses 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, 2001, p. 158 in 2010 reissue).

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, 2010).

"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, 2009, p. 1). ANA also addresses the responsibility of the nurse manager to assure safe staffing.

State Nurses Associations and Specialty Organizations

Georgia Nurses Association, New York State Nurses Association, North Carolina, Pennsylvania State Nurses Association and other state nurses associations (SNAs) have also addressed floating in position statements and FAQ resources.

State Nurses Association statements frequently refer to positions and resources of the American Nurses Association (ANA).

Some nursing specialty organizations such as the American Association of Critical Care Nurses (AACN) post information about floating and host blogs on the topic at their Websites.

Although nursing organization positions and guidelines do not have the force of law, the statements of these groups are consistent with state laws and rules and State Board of Nursing positions.

Healthcare Organization Policy

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

- Floating only among certain similar units.
- Floating only to one lower level of care, such as the ICU RN floating to the PCU, but not to a med-surg unit.
- Floating to a particular unit only if you have certain qualifications, such as a certification in cardiac rhythm interpretation for a telemetry unit.
- Floating only to units for which the RN has received orientation and cross-training.
- Floating only after a specified period of employment.

Unit policies may define the role of the float nurse and exclude particular procedures from the float nurse’s assignment. Be sure to find out what policies govern floating in your situation.

Floating may be a given, as 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 units other than those on 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 (Helm, 2003).

The policies of your organization may be more restrictive than state law. Organization policy and procedure is the standard to which you are held.

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. When you interview for a staff job, ascertain the organization’s expectations regarding floating:

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Clarify these expectations before you take the job – or at least 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 upon 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.

Questions to Ask/Concepts to Clarify

- What organizational policies define floating expectations?
- If the nurses are union members, what contractual requirements apply? Some union contracts specify that union 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 per diem staff expected to float more often?
- Is floating determined by tenure, resulting in senior staff never floating and junior staff floating frequently? Or, is every staff nurse expected to float in turn?
- What unit-level policies cover floating? For example, is floating for pediatric nurses limited to other maternal-child units or will pediatric nurses be asked to float throughout all medical-surgical units?
- 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 (Helm, 2003). 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 of the float nurse.
- The support and resources available to you as a float nurse and how to access them.

Reframing the Problem

Initially, you may feel intimidated when you are assigned to float. You may perceive the float assignment as fraught with potential problems.

For example, you know that as an experienced ICU nurse you may be assigned to float to the PACU.

You are confident that you have the patient care skills needed. But, you may be concerned about caring for more than one to two patients during the shift, since your usual assignment is to one to two patients. Before you find yourself in the situation, imagine it. Are there ways to make this a safe situation for patients and a satisfactory situation for you?

Can you curtail any initial negative response and reframe the problem, turning it into an opportunity?

Walk Around the Elephant

John Godfrey Saxe's tale of the blind men and the elephant provides a metaphor for reframing problems (Case, 1994). In this parable, several blind men each felt a different part of an elephant.

- One, feeling the tail, described the elephant as like a rope.
- Another fell against the side and compared the elephant to a wall.
- The man who felt the trunk thought the elephant was like a snake.
- To the man who felt the ear, the elephant seemed like a fan.
- The man who felt the leg thought that the elephant must be like a tree.
- For the man who felt the tusk, the elephant was a spear.

Each blind man created a very different image of the elephant, based both on his limited palpation and his own life experience. Patching together the various erroneous impressions of the blind men creates a bizarre composite that is unlike an elephant.

Walking around the elephant and viewing it from many perspectives can provide a better-integrated and more accurate impression of the elephant.

By walking around a problem situation or challenge in a reframing mode, you are more likely to create an accurate description of the situation. The more information you collect and integrate, the more accurate your description is likely to be.

However, because each of us sees issues and challenges through our own unique set of filters, even being able to "see" all of the parts of a situation or problem does not guarantee that one creates an accurate representation.

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? By walking around the floating "elephant," other perspectives 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 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?”

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.

Answer: 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 in that unit on that shift are you prepared to meet?

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.

Potential Benefits: New Skills

New Skills

Acquiring skills in a new clinical specialty can increase both 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.

One characteristic shared by nurses who have built successful and varied careers is to take the “whatever I can learn” approach (Case, 1997). Nurses have gained knowledge in areas of practice new to them that later proved invaluable in unexpected ways.

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.

Potential Benefits: Building Relationships

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 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.

Examining Assumptions

Steven Brookfield (1993), an authority on critical thinking, views critical thinking as being comprised of two central activities:

- Identifying and challenging assumptions, and then
- Exploring and imagining alternatives

Over the course of a workday, we make many assumptions. The nature of assumptions is that we think we know certain things to be true. We take certain things for granted based upon our previous experiences.

In the parable of the blind men and the elephant, each blind man related his perceptions of the elephant to something familiar. The blind man who felt the elephant's trunk and decided that the elephant was like a snake must have had some experience with snakes. Otherwise he would have identified something else that the trunk reminded him of – maybe a garden hose.

One of the most difficult critical thinking activities is recognizing your own assumptions. To some extent, we are prisoners of our own experiences. Our experiences form a filter through which we view the world. We may fail to recognize that things we take for granted are not necessarily reality, but only our own view of reality.

Assuming About Floating

What assumptions do nurses sometimes make about floating? A few questions you might ask to validate your own assumptions about floating include:

What do I know that's relevant here?

- How can I trade on it?
- What are my transferable skills?
- What model of patient care does this unit use?
- Can I work in a modified team approach performing certain aspects of care for two or three RNs in exchange for their taking over the arterial line dressing or hanging the chemotherapy for my assigned patients?

What dangers are there in going ahead if I'm uncertain of myself and operating on hope that my patients and I will be OK at the end of the shift?

- Will my uncertainty compromise patient safety?
- Will I place myself in a legally tenuous position?
- Will my insecurity create a credibility problem with staff?
- Won't I just increase my own anxiety if I fail to let the charge nurse know what I can and cannot do?

Who can I rely upon as a resource?

- Is the charge nurse my best bet, or is another nurse more experienced in the aspects of care with which I'm not familiar?

- Who can I consult on the unit?

Take a moment to think critically. What other questions could help to validate or invalidate your assumptions about floating?

Assumption: I have no choice but to float

You **do** have choices 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.

Many organizations outline the procedure and use a version on an Assignment Despite Objection (ADO) form. Some states have incorporated language in collective bargaining contracts that recognize the union's right to review ADO forms.

When you accept a float assignment there are legal and ethical considerations. This does not necessarily mean that you must possess all of 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, such as Oregon and South Carolina have clarified that refusal to float to an unfamiliar unit is not patient abandonment, but is an employment issue. A situation is not considered abandonment unless a nurse has accepted an assignment and then disengaged without reasonable notice to the appropriate person.

Test Yourself

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

- A. An employment issue.
- B. A Patient abandonment issue.
- C. Illegal, irrespective of competency levels.

Answer: A- An employment issue.

Rational: Some State Boards of Nursing, such as Oregon (2005) and South Carolina (n.d) have clarified that refusal to float to an unfamiliar unit is not patient abandonment, but is an employment issue.

Assumption: Floating is for Experienced Nurses Only

Floating is for Experienced Nurses Only

Most nurses probably assume that floating should be reserved for experienced nurses.

At Boston Medical Center, the nursing department introduced an extensive training program to train new graduates for effective floating in medical, surgical, and transitional care units. The program

included classroom and clinical experience over a 4-5 month period. The hospital recruited new graduates who had strong clinical skills, previous healthcare experience or customer service experience and reflected the demographic mix of the patient population. The hospital reported retention of more than 80% of the new grads, with nearly 70% remaining in the float pool. The hospital planned to extend the program to other specialties (Crimlisk, et al., 2002). Boston Medical Center's key to safe and successful floating is adequate orientation to the area to which the nurse is floating.

Nurses at Medical Center Hospital in Odessa, TX engaged in an evidence-based practice project to refine the floating policy. Their recommendations included that the new hire could be floated with the preceptor after the new hire's first 14 shifts, but not floated independently until after 3 months of employment (Boswell, et al, 2008).

An Arizona Board of Nursing (2010) disciplinary decision prohibited a nurse from floating or working as registry or as a travel nurse.

Assumption: Staff Will Treat Me Badly **Staff Will Treat Me Badly**

Take a proactive approach. Smile and introduce yourself. Project a positive attitude, even if you have misgivings.

- Identify what you can contribute
- Admit what you do not know
- Find out how you will handle aspects of care that are unfamiliar to you

Identify what you can contribute rather than what you cannot do. This positive stance goes a long way toward improving your chances of receiving support and being welcomed on the unit. Through this approach you can prove false any assumptions you may have had about lack of support and lack of welcome.

Assumption: The Float Nurse Has All the Necessary Competencies

When you are in charge, avoid the dangerous assumption that the nurse who has floated to your unit meets all of your expectations. Ask the nurse about his or her competencies specific to the patient population and your expectations of a float nurse.

Of course it is the float nurse's responsibility to assess his or her competencies with respect to the assignment, but as charge nurse you are in a position to have a better understanding of the patients' needs and required nursing competencies.

Spend a few minutes finding out what the float nurse can do and negotiate an assignment that renders safe patient care. If you fail to accurately assess the float nurse and therefore make an inappropriate assignment, you could be found negligent in the event that patient injury occurred as a result of the assignment.

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

Validate Your Assumptions

To avoid making false assumptions, identify and validate your assumptions in new clinical situations.

Determine the validity, or invalidity, of your assumptions in the new situation.

You may have had the experience of an IV infusion pump sounding frequent false alarms. Despite this experience, as a responsible clinician, you cannot assume that you are hearing a false alarm each time the alarm sounds. Instead, you validate, or invalidate, the assumption of false alarm by inspecting the IV pump, the IV site, flow rate, and other potential sources of trouble.

Getting Started On a Float Shift

It is important to take to time to mentally prepare for starting a new float shift. Take a few minutes to consider the following important concepts:

- Showing openness and respect for perspectives other than your own
- Willingness to collaborate with others
- Critique your performance
- Inquire about your performance
- Generate answers

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 and our roles in that 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 a number of individuals, or stakeholders, have bearing in the floating situation.

Respect & the Patient Perspective

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. Researchers have found positive relationships between nursing hours per patient day and patients' perceptions of respect for their values, preferences and expressed needs (Bolton, et al., 2003). Respect for patients' values, preferences, and expressed needs are not specialty-specific competencies, but rather are a part of the professional approach of all nurses.

Supervisors

Supervisors must assure safe staffing levels. They need to take into account the competencies of the nurse who floats. When you identify discrepancies between your competencies and those required on the unit to which you are floating, 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.

Unit Staff Nurse

Unit staff nurses will initially be unfamiliar with your knowledge and skills in taking care of their patients. Define your level of expertise, the level of assistance you will need, and expectations about the assistance you will give. Honest, proactive communication will dispel uncertainties about your attitude and willingness. Your 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 resent losing your help. Show that you are sympathetic with their concerns. Avoid viewing their concerns as a personal attack on you.

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.

Collaborate from the outset regarding the patient assignment. "No longer is a 'nurse-is-a-nurse-is-a-nurse' mentality acceptable in a technologically advanced and multifaceted healthcare system" (NYSNA, 2007). Your needs in the float situation are:

- Your need to work within your competencies, and
- The patient care needs of the unit

Identify Needs

Clearly identify those needs. Those needs then become the criteria for negotiating the patient assignment. How many different ways can you and the charge nurse configure patient assignments to satisfy these criteria?

Accepting Complex Tasks

The charge nurse or another nurse may 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. Pick up extra duties with you buddy's patients, freeing your buddy to perform those aspects of your patients' care which are unfamiliar to you. Prepare to elicit and clarify the needs of the other nurses on the shift so that you can work more effectively with them.

Clarify Expectations

Clarify what you and the charge nurse can expect of each other during the shift. Avoid taking the chance of assuming that those expectations are the same as those on any other unit where you have worked.

Establish a Plan

Establish a plan with the charge nurse, with your buddy, and with other staff. The entire shift cannot be planned in advance, but a plan for accomplishing various duties and procedures will help. The plan may be a task-for-task plan: "You do this for me; I'll do that for you." Or, the

plan may be a modified team approach in which the float nurse shares in the assignment of two or three other nurses. The important thing is that the plan meets the needs of all stakeholders.

Continued Collaboration

Continue to collaborate throughout the shift: cover lunches and manage unforeseen situations that arise. Keep in mind that collaboration requires getting your needs and the needs of the other party on the table.

Especially because you and the unit staff do not know each other well, it is important to be very straightforward and explicit both in identifying your own needs and in stating your understanding of the needs expressed by staff.

Misunderstandings can easily arise and lead to uncomfortable situations.

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, minimize your fear by getting help. Consult with the charge nurse, your resource nurse, your buddy, or another nurse in the unit who has experience with the signs, symptoms, or protocol. Minimize their resistance by reminding them that you are both a float and new to this clinical specialty. Your questions are in the best interest of their patients and their unit.

Consulting with unit staff and documenting completely can help to increase your sense of security. In the floating situation, attorney Barbara Calfee recommends the additional step of documenting your consultation with another nurse. Consult with an experienced nurse when you are faced with making an assessment outside of your area of clinical expertise, when you must take actions based on a unit protocol with which you have no prior experience, or in other circumstances that might be outside of your usual practice. Then document both the consultation and your action. For example, if you're pulled to the telemetry unit and are caring for a patient with chest pain and the physician's order does not specify repeat doses of nitroglycerin, your note might look like the following (Calfee, 1998):

"2/23 18:10 Consulted with Becky Jones, RN, then gave a second SL nitroglycerin tablet according to protocol and called D. Bass, MD (signed) E. Franklin, RN".

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. Consult with an experienced nurse & document the interaction.
- C. Give the impression that your level of skill and experience is at the same level as your peers on the new unit.

Answer: B- Consult with an experienced nurse & document the interaction.

Rational: Consulting with unit staff and documenting completely can help to increase your sense of security. 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.

Critique

Critique can contribute to appropriate expectations and increase satisfaction for you and also for the home team on the unit to which you have floated. 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.

The specific role that your buddy plays will be determined by your needs and by the needs of the unit during the shift. Communicate your needs clearly to your buddy. If a buddy is not assigned to you, request one.

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 course of 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. Your way may indeed be better, but remember the impressions you have had of nurses you oriented who told you about "the better ways we did everything at where I used to work."

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.

Had Mary asked some questions and then politely but assertively critiqued her assignment, she might

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have negotiated an assignment that better served her patients and her own comfort level.

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. A float checklist may be a helpful reminder of what you need to locate and learn before you start your patient assignment:

Float Checklist

- 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 medication? Is the procedure the same as on your unit? What medication are located and/or prepared on the unit here versus kept or prepared in the pharmacy?
- Are there any policies and procedures that are unique to this unit or different from my routine 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 are these patients like? 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? Does the charge nurse have a patient load?
- Who are the LPNs/LVNs, assistants, or team members? What do they do? How do I relate to them? Don't make the assumption that the routine is just like the routine on your home unit.
- 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 assignment determined on the floor? By geographic location? To provide continuity of care? In consideration of each RN's clinical expertise?

Generating Answers

You will not ask the charge nurse or your buddy to meet all of the needs you identify. Instead, generate ideas of your own – ways to help you feel more confident and comfortable in the situation.

Think of as many ways to meet your needs as possible. Do not limit your thinking to a few choices like a multiple-choice question. “Unfortunately few patients present nurses with four possible options to solve their health problems” (Del Bueno, 1990 pg. 6). That notion applies outside of direct patient care situations as well. Critical thinking involves coming up with new ideas, alternatives, options, and strategies.

Make a conscious effort to identify the choices that are available to you in any situation. Challenge yourself to consider all of the parameters of the situation and to generate some of your own unique strategies for success with floating.

Learning from the Experience

Once the float shift is completed, it is important to take time to reflect upon your knowledge base, the actions you took and the thought processes that you went through to decide on a course of action.

One authority, Richard Paul, defines critical thinking in terms of reflection. According to Paul, critical thinking is “the art of thinking about your thinking while you are thinking in order to make your thinking better: more clear, more accurate, or more defensible” (Rubenfeld & Scheffer, 1995).

When in a new clinical setting, reflect upon what you already know and decide what other information you need. You may readily recall information about a medication that you have administered before, but recognize that the dose is larger than you’ve seen previously. By reflecting on your knowledge base in this situation, you recognize that you will need further information and clarification before you can act on this order. Find out where that information can be obtained: through additional assessment data, drug information, unit-specific routines, or by contacting the physician.

Reflection

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?”

The answers to those questions become part of your knowledge base – put them into the file for the next time a similar situation arises.

Reflection Cont.

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.

Journaling is one way to capture and recall reflections as well as keep a record of problematic situations for possible follow-up with your supervisor. In your journal, reflect about your floating experience.

You might also reflect upon some of these questions before you float as a means of preparing yourself for the experience and bringing to your attention some of the items you will inquire about in your orientation to the unit.

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

Journal Questions

- What knowledge did I use during this float shift that I already knew from working in my own specialty - assessment, plan of care, what else?
- What did I need to find out and how did I go about obtaining that information?
- If the unit was too busy for me to look up what I didn't know, how did I negotiate with another RN to give certain meds or read my monitors? What did I offer another RN in exchange?
- What problems occurred on this shift? How did I solve them? How can I anticipate and prevent these problems in the future?
- What could have made the experience better? What did happen that made it better despite my expectations that it would be bad?
- What were the minimum information elements I needed to have in order to get my patients and me successfully through this shift?
 - Crash cart?
 - Emergency procedures?
 - How did the unit use LPNs/LVNs and assistive personnel?
 - Did this unit use the same medication administration procedures as my home unit?
 - Did this unit use the same charting system and protocols as my home unit?
 - Was the narcotic sign-out procedure here the same as on my home unit?
 - Were patient care supplies handled the same way as on my unit?
 - Where were these supplies kept?

Floating Success Stories

These are stories of Loma Linda critical care nurses floated to the Emergency Department. The competency assessment procedure and buddy system in place at Loma Linda 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. As a result 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. As a result 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 (Bradley, 2003).

Welcoming a Float Nurse

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. 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.

Researchers found little difference between float pool nurses and unit staff in their perceptions of the real and ideal work environment. They interpreted this finding to indicate that the climate or culture of an organization has a more significant influence upon perceptions than familiarity with a particular unit (Kotzer & Arellana, 2008). The fact that the float pool nurses chose float positions may also have had an influence.

Share Your Reflections

Share your reflections about floating with your peers and colleagues. Learn from others how they make success of floating situations.

Nursing journals and nursing organizations' websites often feature question and answer opportunities. RN magazine (Radman, 2009) published responses of nurses from around the country to the question "Would you be willing to float if you could choose when and where?" Comments included the benefits of learning and concerns about being floated midway through a shift.

Online blogs often receive postings that contain exaggerations and venting, but may also include some helpful tips and offer a forum to pose questions.

In Summary: FLOAT

Remember the acronym FLOAT (Borgatti, 2010)

F Find a resource person

L Lower your stress level

O Orient yourself to the unit

A Ask questions and ask for help

T Take 5 minutes to review your assignment

Test Yourself

The “A’ in the FLOAT acronym refers to:

- A. Asking questions.
- B. Anticipating resistance from unit staff.
- C. Adhering to Policies & procedures of your home unit when floating.

Answer: A- Asking questions.

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 very hard work. Even when you reframe the float situation in the most positive way possible, it is still a stressful situation because of the unknowns.

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 and to renew your energy (Brookfield, 1990). 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.

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