

ONA/OHA/OONE Blue Team Literature Review: compiled by John Baker, BSN, RN, student for MSN graduate program at Kent State University and Diane Sprankle, BSN, RN, student for MSN graduate program at Regis University as part of leadership practicum at Akron Children's Hospital

Reference	Sample	Purpose	Design	Article relating to Staff Dissatisfier (Appendix 2)	Outcome	Strength And Quality (Appendix 1)
Aiken, L. H., Clarke, S. P., & Sloane, D. M. (2002).	10319 nurses working on medical and surgical units in 303 hospitals in 5 geographic jurisdictions (42-53% response rate)	Examine effects of nurse staffing and organizational support for nursing care on nurses' dissatisfaction with their jobs, nurse burnout, and nurse reports of quality of patient care in an international sample of hospitals.	Multi-site cross-sectional survey	Comfort level, Competency	Adequate nurse staffing and organizational/managerial support for nursing are key to improving quality of patient care, to diminishing nurse job dissatisfaction, burnout, and ultimately to improving the nurse retention problem in a hospital setting	1
Burnes-Bolton, L., Aydin, C. E., Donaldson, N., Storer-Brown, D., Nelson, M. S., & Harms, D. (2003)	40 California hospitals	Examine the relationship between nurse staffing and patient perceptions of nursing care	Convenience sample	Competency	Validates the importance of nurse staffing and patient satisfaction with nursing care	1
Dziuba-Ellis, J. (2006)	56 articles reviewed, 12 were research studies. Most common were cross-sectional surveys	Explore how float pools and resource teams work, their structure, and their impact on patient care delivery	Literature review	Comfort level, Competency, Double floating, Misc.	Negative aspects of floating <ul style="list-style-type: none"> • Lack of familiarity with the specialty unit • Physical layout of the unit • Staff or unit culture • Work relations or group dynamics among staff • Concerns over competency 	1
Kidner, M. C. (1999)	N/A	Describe tactics to make floating a positive experience	4 references	Comfort level, Competency, Double floating, Misc.	<ul style="list-style-type: none"> • Recognize emotions that are at play • Make assignments with care • Consider using a team approach • Continue to take a hands-on role • 	7

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Kirchhoff, K. T., & Dahl, N. (2006)	Initial response 120 of 658 eligible facilities (18.2%) 300 of 576 solicited units nominated by facilities (52.1%)	Describe issues of workforce, compensation, and care specific to critical care units and nurses who work in them	Survey of randomly selected facilities	Comfort level, Competency, Double floating, Misc.	Most common used methods of staffing were; <ul style="list-style-type: none"> • Calling in regular staff RN's on their day off. • Calling in regular staff RN's early • Juggling current RN's to make due • Borrowing "floating" RN's from other critical care units Floating RN's from other non critical areas was the least favored	1
Mark, B. A. (2002)	60 hospitals in Southeastern US	Examine the impact of hospital characteristics, nursing unit characteristics, nurse characteristics, and patient characteristics on nurses' perceptions of staffing adequacy.	Secondary analysis of data from Outcomes Research in Nursing Administration Project. Longitudinal study	Misc.	Perceptions of staffing were influenced significantly by <ul style="list-style-type: none"> • Hospitals case mix • Growth in hospital admissions • Number of beds on a unit • Patient acuity • Prior perceptions 	1
McHugh, M. L. (1997)	Sampling frame included all US general hospitals. Accessible sample 400 bed tertiary care VA hospital in the midwest	Use computer simulation modeling to examine the costs and staffing outcomes of 2 different "float" policies (UUF, CUF)	Simulation experimental research design	Comfort level, Competency, Double floating	No significant difference in cost between 2 policies.	2
Nicholls, D. J., Duplaga, E. A., & Meyer, L. M. (1996).	99 RN's, 17 LPN's response rate 72.5% from private, nonprofit, 315 bed acute care hospital in Wisconsin	Identify the positive and negative aspects of floating to other units and receiving float nurses on their unit	Randomized descriptive survey	Comfort level, Competency	Many negative aspects of floating can be controlled by providing a strong orientation and cross-training program	4

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Nipp, D. A., & Hadfield, P. A. (2002).	Intercity public teaching hospital	“work assessment” to evaluate more effective ways to define and assign work within patient care	11 references	Comfort level, Competency, Double floating, Misc.	Standardization approach allows for consistency and easier floating across units, but also allowed for customization in specialty areas	7
Ringerman, E., & Ventura, S. (2000).	N/A	Create a system in critical care to substitute for the persistent state of insufficient numbers of competent and available RN's	6 references	Competency	Reduced labor cost by 18% with significant reductions in overtime and agency use	6
Rudy, S., & Sions, J. (2003).	N/A	Design methods to foster the positive effects of floating	14 references	Comfort level, Competency, Double floating, Misc.	Guidelines developed <ul style="list-style-type: none"> • Each float occurs on a rotational basis • A resource person is designated by the unit charge nurse and is assigned to each floated staff member. • Departmental shift responsibilities are readily accessible to each nurse who floats. • Survey provide a mechanism for float nurse and charge RN feedback • Floating differential is offered for each pull 	5

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Anecdotal Articles:

Reference	Sample	Purpose	Design	Article relating to Staff Dissatisfier (Appendix 2)	Outcome	Strength And Quality (Appendix 1)
Catlin	N/A	To discuss medication error prevention, and its relationship to the issues of floating.	Case Commentary	Competency	Adequate staffing might prevent the need for a float nurse and allow for more attention to medication calculations and drug administration	7
Kissinger	N/A	Floating-the ultimate in flexibility	Nursing Spectrum	Comfort level	Provide tips to help nurses "float along"	7
Kleinpell	N/A	Floating-easing the anxiety	Nursing Spectrum	Comfort level	Measures to ease the anxiety of floating	7
Minnesota Nurses Association	300 Nurses (Union Facility)	Discuss Contract	N/A	Monetary	Union nurses approve contract with large pay hike	7
Terry	N/A	Discuss Nurse Practice Act	N/A	Competency	Competency must be validated	6,7
Trossman	N/A	Discuss "staffing smart"	Nursing survey	Safety Issues	RNs must insist that their institutions provide them with the education needed before they float	7

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Appendix 1

Classifying the strength and quality of evidence

1. Strong evidence from at least one systematic review of multiple well-designed randomized controlled trials.
2. Strong evidence from at least one properly designed randomized controlled trial of appropriate size.
3. Evidence from well-designed trials without randomization, including single group pre-post, cohort, time-series, or matched case control studies.
4. Evidence from well-designed non-experimental studies preferably from more than one center or research group.
5. Opinions of respected authorities, based on clinical evidence, descriptive studies, or reports of expert committees.
6. The practice is supported by casual theory of disease or pathogenesis.
7. The practice is based on experience or intuition.

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Appendix 2
Akron Children's Hospital Survey

Dissatisfiers	Solutions
<p>Comfort Level Uncomfortable taking assigned patients Getting admissions Feeling stranded, no breaks or relief</p> <p>Competency PICU Ventilators, drips, equipment Long time between floating, lose skills Lack of knowledge regarding meds and diagnosis</p> <p>Double Floating Floating experienced staff off of unit Lack of floats and general care staff that are oriented</p> <p>Miscellaneous Come in extra and then need to float Leave home unit with large assignment that needs absorbed by remaining staff Don't want to leave home unit</p>	<p>Monetary/Budget Float incentive Critical care differential</p> <p>Education/Orientation Increase orientation of floats to critical care and new staff to all areas Offer competencies or education to staff already trained to float to critical care</p> <p>Clustering Make PICU a closed unit Float from general care to general care Float from critical care to critical care Chose one place to float to</p> <p>Miscellaneous Stop floating with increased seniority Increase float pool or make critical care float pool</p>