

Nursing research utilization project proposal Research topic

Floating of nurses between departments and the impact on working
conditions

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Abstract

This paper reviews the current practice of floating nursing staff in response to shifting demand patterns within the hospital context. It examines the problems associated with this practice and offers possible solutions to be tested under research conditions. The proposal includes an amalgam of approaches that recognize the need to address immediate staffing shortages with administrative changes and then set in place structural incentives to increase labor supply in this market.

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Introduction

The practice of floating nurse personnel within different departments in hospitals in response to shifting demand patterns has been a growing practice in the US and Canada as a cost-cutting measure to battle spiraling health care costs. This practice is not a recent phenomena. In Canada it was noted as early as 1976. (Baughman. 2005 p. 9) Today however the practice is part of a widespread pattern of using nursing personnel in understaffed clinical settings across North America. This proposal will overview the historical and economic context of this labor pattern and then suggest a number of solutions that could possibly be phased into a broader solution which entails fundamentally increasing labor supply of nurses to meet their increased demand.

Discussion

Floating nurse personnel in various departments and hospitals as it has been currently practiced is part of a pattern of changes that have been employed by hospitals throughout North America to increase productivity and at the same time reduce costs. The current approach has been complicated by the way in which administrations have sought to solve the fundamental problem of under supply of nursing staff throughout North America. The response has been to cut costs with various measures that have increased the work load for nursing staffs, greatly increased stress levels and at the same time attempted to keep wages static. The general response to these disincentives have in predictable. There is a current under supply of nurses in the workforce which has further been exacerbated by the shifting demographic of increasing numbers of nurses approaching retirement age without replacements entering the work field.

Among the approaches hospital administrators have used in dealing with nursing shortages has been to increase work shifts, increase patient workload per individual nurse, used marginally trained personnel to assume some of the duties of nurses, and, of course, the aforementioned floating of nurses into understaffed department's. Individually some of

these changes would be cause for concern but collectively they point to a general climate of overwork and under appreciation.

Increasing work shifts and essentially making overtime a de facto necessity has greatly increased stress levels. These extra hours are now in themselves more stress filled since patient turnover is far more rapid than in the past so nurses are now taking care of not only more patients but patients who are more acutely ill and have greater needs than in the past.

The use of non-licensed personnel as support places the burden of responsibility for a mistake committed by those personnel on the nurses themselves further adding to their stress.

Floating of nurses to understaffed areas has also been currently practiced with little regard to the varied levels of specialization in different departments. The burden of adjusting to these changes has fallen on nurses who already have a heavy burden of duties.

There are currently approximately 2.5 million nurses working in the US (Lovell.2004.p.8) . Given current demographic patterns with an aging population there needs to be a commensurate increase in the supply of

nurses. This can best be achieved by increasing incentives to join the nursing profession. This has been shown to work in the past. Enrollment in nursing increased in 2002 when salaries increased. (Lovell.2004.p.16) Lovell suggests the pharmacy profession faced a similar crisis in 1998 when there was a reduced supply in the face of increasing demand. The response of the profession and increasing incentives to enter resulted in a timely rise in enrollment in the profession.

In part, the market principles which govern reduced supply of nursing personnel in the face of increased demand would dictate an increase in wages but they have been kept artificially in check by collusions between different hospital administrations to set usually agreed upon salary ceilings.(Lovell.2005.p.15) This by its very nature is illegal and has been ruled as such in a few judgments. In future there needs to be a certain measure of transparency about administrative practices in regard to wage negotiation with nursing organizations.

After increasing incentives for nurses to enter the workforce with better salaries there needs to be organizational changes which employ new innovations to aid in better allocation of nurses' training and energies.

Duncan-Poitier has suggested that up to two thirds of nursing time on duty is devoted to paperwork. (Duncan-Poitier.2002.p.5) This is an enormous waste considering the increasing availability of standardized electronic software which could use to establish templates for forms, and use voice recognition software to greatly reduce the time devoted to this duty and also gain the benefit of increased accuracy of medical records.

A paramount concern for nursing incentives to join the workforce is also the need for child-care support. In the present climate with the heavy work responsibility and often unpredictable cycles of work there is a need to support nurses and their personal needs so that the profession with its duties does not become untenable with their familial responsibilities.

These changes need to be first implemented and then there need to be methods to measure the success or failure of these programs.

Simply allowing market principles to take effect by preventing antitrust behaviors would automatically result in increasing the pay scale offered to nurses at large. This could be supported by offering childcare benefits as well. In the past such increased incentives have led to increasing interest in enrollment in the nursing profession and there is no reason to

imagine that it would not be the case today as well. Follow-up of this could be easily measured a simple measures of increased enrollment in the profession.

Introducing standardized software has already occurred in veterans hospitals throughout the nation. "Well, much of it has changed in the veterans health-care system, where advanced information technology today serves not only to deeply reduce medical errors, but also "to improve diagnoses and implement coordinated, evidence-based care." (Longman, p.1. 2005) This would not be an easy thing to implement given the Balkanized nature of hospital administrations across the country, however the savings and increased ongoing efficiency both in terms of time and accuracy would considerably offset the initial large outlays of capital needed to initiate the program. There are number of ways in which these changes can be measured. The reduction in nursing time used for paperwork in this new system could be measured in surveys. Qualitative advantages could be ascertained through interviews.

In regard to floating nursing personnel this, too, would need to be addressed in terms of the specificity of the training of the nurse and the

duty to which they are assigned. In other words using nurses that were trained for the department in which they serve would greatly allay the stresses of this service. Ideally with increased staff floating nurse personnel this would become less of an institutional bulwark and more what it was originally intended to be, a countermeasure for occasional variations in demand.

Conclusion

This Proposal addresses the research initiatives that need to be taken to address the problems that are associated with floating nurse personnel. As this proposal has suggested the underlying problem has been the conflict between the under supply of nurses and the administrative mindset that has focused exclusively on cutting costs while disregarding the disincentives that this approach enforces in encouraging interest in this field. This proposal has suggested that removing artificial barriers on wages would see a commensurate rise in salaries which would translate to increased interest in this field to meet future demand

patterns. This would be the long-term solution to increasing the workforce. While these changes take place administrative changes could be made to reduce the unnecessary waste of the precious commodity of nursing labor in pursuing paperwork duties. If these and other personal incentives were enforced floating nursing personnel would become less onerous and more in line with the original rationale for its practice.

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