Reassignment to a unit different from the nurse’s home unit has been an ongoing source of conflict for nurses and managers across the country for years. Nurses can be uneasy with patient care in an alien unit, while administrators try to balance staffing with patient acuity, fluctuating patient censuses, and staff absences. Evidence-based, shared governance problem solving can balance the needs of both groups while improving patient care, yielding workable and acceptable solutions that develop organizational strengths.

Many nurse managers aren’t familiar with sharing decision making with their staff. In response to changes in the environment, the need for skills in utilizing evidence and sharing decision making is likely to grow. Shared governance optimizes the diverse perspectives of bedside nurses and administrators to identify and address issues of concern. This requires a leadership style that values input from staff and strives to incorporate multiple perspectives into the decision-making process. As nursing moves toward an environment of evidence-based practice and shared governance, both of these approaches to problem solving need to be integrated.

The pathway to this decision-making style can be challenging. Florida Hospital Altamonte, a community hospital, used the following process to develop staff and management skills in evidence-based, shared governance decision making to address reassignment:

1. Develop the shared governance team and define the problem.
2. Find, interpret, and utilize research to guide decision making.
3. Develop a strategy to improve the reassignment experience, support nurses, and provide high-quality patient care.
4. Implement recommendations.
5. Evaluate and monitor the revised program.

Each step revealed challenges and solutions for transforming nursing practice through these problem-solving methodologies.

**The problem of reassignment**

Florida Hospital Altamonte’s nurse practice council (NPC) identified reassignment as a prime issue for ICU nurses. In an informal survey of a convenience sample of 28 ICU nurses regarding their views on floating, 92% responded negatively when asked if they wanted to float. Respondents cited feeling “like a fish out of water,” alone and unsupported, and unable to provide high-quality patient care. They noted a lack of competency to meet patient needs and concerns about patient safety issues when working in a different unit. In meetings, nurses from other units also expressed their discomfort with being reassigned. Although the ICU NPC was the first group to bring the issue forward, it became apparent that the reassignment policy was a hospital-wide nursing concern. At the same time, the administrative staff had been seeking to improve reassignment practices as a retention issue.

Data from the hospital’s nursing survey component of the National Database of Nursing Quality Indicators (NDNQI) indicated that many nurses felt they were outside their area of competency when they were reassigned (data not publicly available). Given the challenges associated with ensuring adequate and efficient staffing in spite of fluctuating patient census and nurses’ expressed concerns with reassignment, the issue was ripe for a shared governance and evidence-based approach to problem solving.

**Developing a team and defining the problem**

First, direct care staff representatives from the NPC, managers, the nursing director, nurse educator, and evidence-based nursing coach formed the team. All nurse practice units in the...
Evidence-based nursing

hospital were invited to send a representative to participate. In the first meetings, nurses expressed their frustrations with the issue of reassignment, and some focused on having differential pay for reassigned nurses. As the group moved toward understanding the need for all nurses to work with adequate nursing staff, it defined its goal as: Establish a policy for nurse reassignment that utilizes professional nursing practice to ensure excellence in patient care whereby the nurse is supported, respected, and has the resources, skills, and knowledge to optimize maximized patient care outcomes.

As the process progressed, membership in the team was inconsistent. The NPC representatives often changed, necessitating an orientation to the goals and issues by other members. Without the background that led to the understanding of the problem by the initial members, some of the newcomers didn’t return, frustrated that their personal agendas, such as eliminating floating or paying a significant premium to reassigned nurses, weren’t the primary goal.

Finding and examining the evidence
The nurses used three sources of evidence as they worked through the process: research literature, best practices, and other hospitals’ practices. The team faced the same barriers to evidence-based nursing identified in the literature, including time constraints, staff access to research information, and research knowledge among nurses. Staff nurses tried to access literature when not caring for patients, often from home. Although the hospital has electronic library access, the nurses didn’t know how to access it. Some paid online fees to gain public access to articles. Once we identified this problem, we worked with the hospital librarian to identify how staff members could access the hospital’s library resources from home.

The next challenge was understanding and interpreting research findings. Many of the articles described nurses’ discontent with reassignments and reaffirmed that the experiences of the team weren’t dissimilar from nurses in other hospitals. Research showed reassignment was the source of great dissatisfaction in many hospitals because nurses experienced lack of control, unfriendly staff on the reassigned unit, and less productivity due to time spent looking for supplies, feeling unprepared, and anxiety related to working outside competency areas. The literature indicated that other hospitals had increased satisfaction and reduced vacancies after implementing new reassignment strategies that included rotating reassignments among a large group of nurses, maintaining float pools, providing a resource person on the reassignment unit, giving the reassigned nurse shift responsibilities in writing, surveying for feedback from the reassignment nurse and the charge nurse, and paying a reassignment differential. Other suggestions included clustering similar units to reduce the problem of working outside one’s competency and training on specific clinical aspects and processes of other units to reduce feelings of lack of preparation.

As the team examined these findings, some nurses continued to express concern that the hospital wasn’t putting an end to all reassignments, and incentive pay or a pay differential wouldn’t be a key component of the solution. The team opted to survey area hospitals on their float policies. After determining the structure of the surveys and gathering information, the nurses were surprised to learn that most hospitals required floating, and incentives (ranging from meal tickets to hourly pay differentials) were common but not universal. This eye-opening experience compelled the team to make a decision based on the evidence and not on perceptions or staff requests. Many expressed concern about reporting to their peers with findings in conflict with what their team members requested. Having the evidence facilitated those difficult conversations.

Solutions
After gathering and evaluating the information, the team developed a multipronged strategy that included:

♦ clustering similar units to minimize reassignments outside of competency areas
♦ education for all nurses relevant to the units where they may be reassigned, focusing on neurology and oncology skills
♦ a welcoming and resource person

The team [was compelled] to make a decision based on the evidence and not on perceptions or staff requests.
identified for each unit receiving a reassigned nurse
♦ a pocket guide providing important phone numbers, processes, protocols, and location of supplies for each unit, as well as checklists for admission and discharge and practice guidelines
♦ a survey form to assess the quality of the reassigned nurses’ experiences and identify opportunities for improvement, asking whether the nurse had received the welcome and support information and supplies needed to provide patient care
♦ a revised reassignment policy codifying these changes, approved by the work group and the hospital-wide shared governance nursing council.

Two nurses from the team presented the process and recommendations to the vice presidents and the chief nursing officer (CNO), nursing directors, and unit managers. Memoranda were distributed to nurses in all units.

Implementation and evaluation
The team concluded with the development of the strategy and passed on the implementation and evaluation work to the newly formed hospital-wide nursing shared governance council. This council, charged with improving patient care and developing nursing excellence in the hospital, was comprised of NPC chairpersons from all units, some managers, an educator, the nursing director, and the CNO.

A survey of the reassignment experience was given to each reassigned nurse. To encourage survey completion, a gift pool was created; nurses who submitted the surveys to the nursing office received a gift coupon for each survey. Unfortunately, the team realized too late that without a baseline survey before the implementation of the changes, measurement of impact was compromised. The surveys from the first 3 months postimplementation showed that 94% of the reassigned nurses completing the survey felt they had the information, equipment, and supplies they needed to care for the patients. An average of 10% of the reassigned nurses reported that they were asked to perform a task or duty they didn’t feel they had the training or skill to complete safely.

Fortunately, 97% of the respondents said they were comfortable asking for help and 88% were comfortable declining a task or duty they weren’t comfortable doing. Confidence in managing the assignment was high for 93% of the nurses and feeling competent in managing the assignment was high for 95% of them. However, only 85% of the respondents gave positive ratings for the support they received from staff and the availability and helpfulness of a resource person.

Six months after the implementation of the new reassignment policies, the NDNQI nurses’ survey indicated fewer nurses were floating, and most who did felt that they were floating within their competency area. In four units, 100% of the nurses who had been reassigned in the previous 2 weeks indicated that they had floated within their competency area.

Obstacles
Through the process of utilizing shared governance and research to guide strategy development, managers and bedside nurses develop new ways of thinking about problems. However, managers often struggle to assimilate a new perspective of shared governance. One manager noted that the first-time shared governance experience may present itself as a frightening experience for managers who are used to making decisions based on their own individual perception of what’s best for their nursing unit, patients, and employees. Managers are accustomed to making decisions based on information received from the organization, which tends to be filtered and perhaps biased from the organization’s perspective.

Participating in shared governance allows the nurse manager to obtain a realistic view of issues and concerns from the perspective of the bedside nurses, if one is willing to listen. Clarifying the issues takes patience, courage, active listening, and self-control to not respond to criticism defensively. Not only does it require that managers have knowledge, skills, and talent, but also that they be a team member contributing to group objectives. Keeping the group momentum toward identified objectives requires managers to organize resources for the achievement of the group’s goals, remain committed to following a clear and compelling vision, and have the ability to demonstrate a balance between personal humility and professional will. It’s only through personal humility and professional will that the manager ensures the forward momentum of the group to make the best decisions based on available evidence.

Through the shared governance process, staff members will challenge management’s opinion, requiring managers to think differently. Instead of the manager asking why, she may find it more beneficial to ask herself, “Why not?” Evidence-based nursing allows both staff and management to view practice from best practice external environments, minimizing perspective biases. The learning that occurs at the staff and manager level continued on page 16
**No time to lose**

During the next decade, the nursing shortage is predicted to intensify and the competition for nursing talent will become fierce. In other industries, the Internet is already regarded as a primary recruitment strategy to reach out to new potential staff. To date, healthcare hasn’t been at the cutting edge of this new trend. The time is now for nursing leaders to begin to view a well-designed recruitment-friendly Web site as a key part of succession planning efforts. **NM**

**REFERENCES**


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**Evidence-based nursing**

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Evidence-based and shared governance problem solving is a learning process that utilizes multiple perspectives, leading to stronger solutions and requiring new ways of thinking. The shared governance structure requires the manager not to make decisions but to facilitate decision making at the front line by empowering capable staff members to change the processes that impact their own work environment. The manager has a responsibility to remove the barriers and provide needed information and support for evidence-based, shared governance problem solving. **NM**

**REFERENCES**


At the time this article was written, Nancy Rudner Lugo was an associate professor at the College of Nursing, University of Central Florida. At the Florida Hospital Altamonte, Altamonte Springs, Fl., Heidi Peck is a director of nursing.

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No savvy Internet users who may be able to provide an insightful critique.

A learning process

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