Improving Satisfaction & Retention: An Appreciative Inquiry into Float Nurse Emotional Intelligence Traits

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Abstract

There is lack of directed evidence that supports satisfaction and retention of float pool nurses. Information available suggests that float nurses are independent, tough-minded, rule consciousness, socially bold, adaptable, autonomous, and reliable (O'Connor, 2017; Rainess, Archer, Hofmann, Nottingham, 2015; Linzer, Tilley, & Williamson, 2011). These particular characteristics of float nurses may be explained by principles of emotional intelligence (EI). The purpose of this study was to identify aspects of float nurse emotional intelligence that could inform retention efforts. Secondary outcomes included highlighting floating best practice, recommendations for improving sense of community, and more clearly defining the float nurse role**.**

An appreciative inquiry (AI) mix-methods study was conducted to identify EI qualities that lead to success in float pool. A cross-sectional qualitative survey was completed by 59% of nurse leaders and 57% of acute care float pool nurses (ACFP) at a large academic medical center in the Pacific Northwest. Additionally, the ACFP nurse group participated in completion of formal Trait Emotional Intelligence Questionnaires (TEIQue) to measure aggregate EI of the cluster. Nurse leaders and ACFP nurses alike agreed with the literature that the EI traits of adaptability, social awareness, relationships, and stress management were essential aspects of the role. However, the formal EI scores proved happiness, relationships, optimism, empathy, and self-esteem were aggregate traits of float nurses. In relation to the qualitative data there was 4 distinct themes in the ACFP participant group and 3 distinct themes in the nurse leader group. All the themes aligned with principles of role clarity, sense of community, and organizational/systems views.

Keywords: emotional intelligence, appreciative inquiry, float nurse, contingency staff, float nursing, resource pools, well-being, retention, satisfaction, sense of community, staff nurse, clinical nurse

Introduction of the Health Systems Organizational Problem

Description of the Problem

Nurses in the float pool maintain high level competence floating across many specialties. The ability to float to multiple units with independent cultures and vastly different patient populations requires a nurse to be strong in adaptive capacity. The float nurse must be self-aware, possess self-regulation, social skills, empathy, and motivation. These foundational characteristics are the basis of emotional intelligence (EI) as stated by a key EI researcher Goleman (1998). Literature describes that float pool nurses have reported dissatisfaction with this role due to increased perceived stress, feelings of anxiety, loneliness, incompetence, lack of training, and lack of educational competency support. These themes are common dissatisfiers in the literature that can contribute to the intent to leave the organization and overall nursing turnover (Shinners, 2016; Larson, Sendelbach, Missal, Fliss, & Gaillard, 2012; Bates, 2013; Dykstra, Sendelback, & Steege, 2016). The turnover rate in the acute care float pool at Oregon Health and Science University was 15.5%, compared to 10% within the organization during FY2018 (See Appendix A). Because personnel costs are the largest item in hospital budgets, this particular turnover rate is concerning due to lack of available trained staff to fill staffing gaps and also loss of revenue related to increased payouts for overtime and incentive pay. Adequately trained and staffed float pools are essential because they can reduce total nursing labor costs by 2-5% (Lebanik & Britt, 2015). It is estimated that filling a role with a nurse who is not qualified

or suited for the demands of the job can have long term consequences including a loss of revenue at two times the salary of the position (Overman, Hauver, McKay, & Aucoin, 2014). Float nurses influence every department, nearly every patient population, and provide a safe solution when core staff cannot maintain staffing levels to ensure patient safety. Thus, a study that focuses on EI characteristics that predict success in the float pool, is an imperative area of study for the future sustainability of the float nurse role.

Population. This study will focus on the Acute Care Float Pool (ACFP), which is a department that is comprised of 40 registered. All nurses in the ACFP have at least 2 years' experience in acute care, a Bachelors of Science (BSN) degree, and preferred to be a Certified Medical Surgical Registered Nurse (CMSRN). Additionally, all nurses in the ACFP float to a core set of 15 units, however a sub-set of nurses float to specialty units (epilepsy monitoring, emergency medicine, mother/baby).

Purpose of Study. The purpose of this study is to identify EI qualities that lead to success in float pool as identified by nurse leaders and float nurses using a 4D Appreciative Inquiry (AI) methodology. Utilizing EI as a predictor of success in the float pool may provide improvements in the measurable indicators of retention and satisfaction. It is anticipated that this study will provide nurse leaders with clear identified traits that encompass a successful float pool nurse, as well as provide guidance in how to best support this unique group of nurses from a unit-based and organizational perspective.

Review of the Literature

Emotional Intelligence (EI) Components

Emotional intelligence is explained as the ability to regulate ones' own emotions and recognizing the emotions of others to develop interpersonal relationships (Goleman, 1998). EI is not stagnant, it can be enhanced in all persons in every profession. However, without adequate understanding of ones' own feelings, low EI can lead to dissatisfaction not only in the workplace but also ones' life. One study indicates that EI scores correlate with nurses' physical and emotional well-being (Codier, Freitas, & Muneno, 2013). As nurses deal with stressful situations daily including choices that can alter a person's life, the ability to identify, comprehend, and manage ones' own emotions as well as that of others becomes imperative to job success. Furthermore, float nursing puts another layer of importance on EI, as understanding your colleagues and diverse patient populations becomes more difficult as you do not belong to a primary team. Mensik (2017) states that floating should be considered a specialty because it takes a certain type of nurse to be a successful in multiple specialties. Likely some of this success comes from higher levels and awareness of one's emotional intelligence to think and function in a positive and rational way (Kaur, Sambasivan, & Kumar, 2015). Mangubat (2017) suggests that all nurses be aware and mindful of the five elements of EI which are; self-awareness, self-regulation, motivation, empathy, and social skills. Being aware of the five elements of EI in daily practice has been correlated to increased patient safety and quality care (Adams & Iseler, 2014).

Self-Awareness. Self-awareness is the ability to self-reflect on personal weaknesses and strengths, as well as understanding and identifying one's own feelings (Goleman, 1998). The ability to be self-aware allows one not to become out of control when stressed or feeling overwhelmed with emotion (Goleman, 1998).

Self-Regulation. Self-regulation allows one to fundamentally think and redirect themselves before acting on impulses, which helps individuals understand emotion and controlling ones' mood (Goleman, 1998; Bradberry & Greaves, 2009).

Motivation. Motivation and persistence parallel to create an inner core that warrants the overall aim to succeed in life and at work (Goleman, 1998). Per Mangubat (2017) nurses who are internally motivated will have an inner drive to succeed despite pay and/or status. Additionally, Mangubat reports that nurses with motivation will work to achieve goals with amplified energy and persistence.

Empathy. Understanding of the feelings of those around you encompasses empathy, this includes understanding others viewpoints and their potential desires (Goleman, 1998). Empathy is extremely important in nursing both in compassionate care to patients and families as well as daily team work.

Social Skills. Social skills including the ability to effectively communicate, build networks, and relationships is an essential component of EI (Goleman, 1998). When floating from team to team it is important to utilize social skills to build short term relationships that build trust with colleagues and patients.

Emotional Intelligence & Float Nurse Characteristics

A moderate amount of research exists that looks at the emotional intelligence of staff nurses. There is a wealth of knowledge however relating EI to positive workplace environments. Another study found that emotional intelligence components such as empathy and social skills are good predictors for nurses' job satisfaction (Sharif, Rezaie, Keshavarzi, Mansoori, & Ghadakpoor, 2013). Increasing employee EI has been correlated with decreased burnout, positive

performance, improved team work, communication, improved retention, and lower turnover rates (Codier et al, 2013; Chao, M., Shih, C., & Hsu, 2016). EI has also been found to have significant impact on positive employee workplace behavior (Xiao, Zhao, & Luo, 2016).

Float nurses are described in the literature as assertive, adaptable, autonomous, reliable, and diverse in experience (Dziuba-Ellis, 2006; Larson et al, 2012; Rainess, Archer, Hofmann, Nottingham, 2015; O'Connor & Dugan, 2017). Many of these positive characteristics share commonalities with emotional intelligence core skills of self-awareness, self-management, social awareness, and relationship management (Codier et al, 2013). Most research available in regards to float nurses are negative and focus only on the dissatisfiers of float nursing. Few articles point out the positive aspects of floating such as learning about diverse patient populations that build knowledge base, competence, and adaptive capacity across specialties (O'Connor, 2017). Higher levels of EI in clinical nurses predict work wellness, retention, job satisfaction, and improvements in quality patient care (Nel, Jonker, & Rabie, 2013; Adams & Iseler, 2014; Marvos & Hale, 2015; Tagoe & Quarshie, 2017). Amplifying EI is an important intervention that could have long term impacts. A recent study demonstrated that even small interventions or exposure to EI with minimal follow up can increase nurses EI months later (Kozlowski, Hutchinson, Hurley, & Browne, 2018).

Gaps & limitations of literature

Overall the subject of float nursing in the literature is sparse throughout last decade. Very few articles focus on float nurse competency, capacity, emotional intelligence, role clarity, or department retention. High level evidence is completely lacking, no systematic reviews are available specifically related to float nurses. The majority of research was focused on quality

improvement. A significant amount of literature is available on emotional intelligence, however most of this research focuses on building nurse leaders. Emotional intelligence (EI) related to float pools resulted in zero evidence, thus showing gaps in the literature applying these two concepts together. Although generally it is known that EI can contribute to higher staff satisfaction and intent to stay in an organization, little to no information correlates the ability to adapt constantly in a float nurse role. Adaptive capacity is a large part of float nurse satisfaction and success in complex organizations. Some authors have concluded that EI needs to be further researched in nursing, with increased focus on EI in recruitment (Jones-Schenk & Harper, 2014).

Other relevant sources of evidence

The Institute of Medicine in the publication *The future of nursing; Leading change, advancing health*, also recognizes that, communication, conflict resolution, and negotiating skills are important aspects of partnerships throughout healthcare systems. This aligns with the importance of leveraging strengths and achieving levels of high emotional intelligence.

Float nursing can provide safe cost-effective staffing solutions for healthcare organizations. The importance of safe staffing is evident in a recent systematic review that found for every increase of one nurse, patients were 14% less likely to experience in-hospital mortality (Driscoll, Grant, Carroll, Dalton, Deaton, Jones, & Astin, 2018). The article concludes however that healthcare organizations internationally face fluctuations in staffing for a variety of reasons including financial constraints and that diverse and expensive staffing solutions are unlikely to be implemented. This conclusion informs the importance of the enhancement of hospital contingency staff, as float nursing is not likely to decrease in the future of healthcare.

Relate the Literature to Organizational Problem

Ultimate goal of all healthcare organizations is to improve patient outcomes. Although literature is lacking on float pool nurses, there are evident themes that explain float nurse success as a parallel to emotional intelligence traits. Literature exists that directly correlates nurses work engagement to emotional intelligence and improved patient outcomes (Zampou, Stamatopoulou, & Prezerakos, 2017). As float nurses are literally touching every patient population, a robust effort to understand successful float nurses and their corresponding EI is imperative to inform the future of safe staffing solutions. Using an appreciative inquiry, it is important to reframe the situation and fully understand why float nurses stay in the role versus focusing on why they are leaving.

Frameworks and Theories. The Appreciative Inquiry (AI) 4D process is a strength-based framework that focuses on positivity and what is working well in an organization. AI is the principle of whatever lens the organization and/or person focuses on, that is the direction in which the organization will go (Halm & Crusoe, 2018). The 4D process includes the strategic steps of discovery, dream, design, and destiny which informs the positive core (Cooperrider & Whitney, 2008). AI as a framework for this study will enable positivity and focus on what works well. When people focus on the positive they are prepared to talk and spread enthusiasm. Focusing not on why nurses are leaving the float pool but focusing on what drives their ability to be successful is a strength-based approach to influence and inform float pool retention and recruitment. Additionally, simply exposing nurses to emotional intelligence can have lasting impacts on psychological health both at home and in the workplace (Sharif, Rezaie, Keshavarzi, Mansoori, & Ghadakpoor, 2013).

Approach to the Conduct of Study & Methods

Setting

Oregon Health & Science University (OHSU) is a large academic medical center with approximately 576 licensed inpatient beds in Portland, OR. OHSU is a Magnet organization which promotes nursing excellence. However, in the last Magnet survey clinical nurses reported lack of trust, respect, and relationship management. The nursing strategic plan is grounded in four pillars of people, access, value, and academics. The people pillar lists the following overarching goals; clinical nurses have information to make informed decisions, hire the right staff, enhance relationships with formal leaders, use effective/transparent communication, recognize employee contributions, expand leadership development, promote a shared learning environment, and enhance worker safety. The organization supports through the nursing strategic plan, the importance of EI enhancement for clinical nurses and nurse leaders.

Anticipated limitations to this study are directly related to a small sample size and generalizability of findings to other academic center float pools. Contingency staff throughout the United States takes on many different forms, thus generalizability is not entirely expected. Establishing willingness to participate as well as communicating the study with the ACFP may be difficult as float pool nurses are spread across 17 inpatient units.

Participants

Inclusion & exclusion criteria. Inclusion criteria are all nurses hired by Winter 2018 regardless of FTE in the acute care float pool. Exclusion criteria are nurses in other float pools, temporary hires, and those with corrective action. Formal nurse leaders will comprise the second sub-population. This includes specialty practice leaders, assistant nurse managers, nurse managers, directors, and ACNOs within the acute care division.

Size and rationale. Size of the sample will be approximately 40 registered nurses in the acute care float pool in anticipation of pending hires. The justification for including only acute care float pool nurses is due to the recent decentralization of all float pools to their specific patient divisions. The acute care float pool has the most diverse set of core units and is the largest float pool in the institution, thus this group is a good representation of float nurses across the organization. The nurse leader group includes 26 nurse leaders within the acute care division. Nurse leaders outside the acute care division were not included in this study because they do not work with ACFP nurses on a regular basis.

Recruitment of participants. Recruitment of nurse leaders and ACFP nurses was started in January 2019 through automated email invitations sent directly by REDCap. An excel spreadsheet of acute care float pool managers and ACFP nurses was created from distribution lists managed by OHSU leadership. ACFP nurses and Nurse Leaders were sent two different email invitations with links that direct to separate information sheets and a consent process. No compensation for participation was offered to participants. All nurse managers and ACFP nurses were given the opportunity to participate if they met inclusion criteria.

Institutional Review Board (IRB) Determination. IRB application was submitted in September 2018. The study was approved as behavioral research with social science methods in early November of 2018. However, a research modification request was placed as the project implementation process continued to develop. IRB granted full approval in late November 2018 (See Appendix B).

Consent Process. There was a formal consent process in which nurse leaders and ACFP nurses alike read the information sheet to fully understand all components of the study. Before

participants could advance to study completion consent would need to be given. The information sheet provided information related to study purpose, study procedures, risks, benefits, alternatives, results, and personal information protection. Additionally, the information sheet provided information on the Institutional Review Board (IRB) complaint process (see Appendix C).

Protection of participants. All participants in the nurse leader and ACFP groups were given unique identifiers to protect any personal data collected including years of experience and years of experience as a nurse. Additionally, all qualitative questions were coded to protect identification of individual responses. Furthermore, all quantitative TEIQue analysis were also given unique identifiers. There was little chance for breach of confidentiality as all data was coded without identifying information. Oregon Clinical and Translational Institute's (OCTRI's) program REDCap was used to store qualitative data. REDCap is a secure, reliable, versatile and feature-rich web application for building and managing HIPAA compliant online surveys and databases (OHSU REDCAP, 2019). Specific to the ACFP nurse participant group, Thomas International provided a specialized database which allowed for distribution of password protected individual TEIQue assessments and overall data in percentiles. Raw data was given by Thomas International through a password protected Excel database. Lastly, an encrypted password protected jump drive was used for data analysis.

Barriers and Challenges

Participation rates were the greatest concern as the time commitment involved in completing the survey(s) was significant. ACFP nurses after consenting to the research would need to complete a two-part survey; 1) qualitative questionnaire/EI Self Scoring, and 2)

quantitative TEIQue formal assessment. The combined survey time commitment was an estimated 45 minutes. A secondary concern was confusion related to Part II of the study in which ACFP nurses would receive a tertiary invitation to complete a formal TEIQue assessment by Thomas International. This risk was minimized by providing a clear subject line and personalized email template that explained the process further. Additionally, nurse leaders completed one qualitative questionnaire and EI float pool ranking which had an overall time commitment of approximately 20 minutes. Automatic reminders were set up through online designer in REDCap which allowed for every one-week reminders in the ACFP nurse group and every two-week reminder in the nurse leader group.

Study Implementation

Study scope included using a mix-methods approach with an AI theoretical framework to utilize EI as a predictor of success in the float pool. This study provided current state assessment of float pool emotional intelligence, emphasizing a strength-based approach to leverage overall assets the float pool provides at the unit-base and organizational level. Secondary outcomes are the potential to highlight floating best practices, recommendations for improving sense of community, and more clearly defining the float nurse role. Strategies for improving float nurse emotional intelligence is not within the scope of this project model, however simple exposure to emotional intelligence principles can provide measurable improvements in overall EI scores (Bradberry & Greaves, 2009). No studies were available in nursing literature that integrated appreciative inquiry with emotional intelligence as a foundational approach to this study. There are some studies in other professions, particularly academia that has used both emotional intelligence (EI) and appreciative inquiry as evolving constructs, one such study looked at how

emotionally-intelligent leadership affects organizational climate through an AI framework (Yoder, 2005).

Methods

ACFP Nurse Group. First, nurses who met inclusion criteria were invited to participate in the study through REDCap prescheduled invitations. After consent was received, the nurse would be directed to Part I of the study. Part I included a set of qualitative questions that were formulated using appreciative inquiry (Hammond, 2013). Questions were peer reviewed by two nurse leaders who formerly managed Acute Care Float Pool. Qualitative data was exported for thematic analysis using RedCaps export feature. Questions that focused on EI were analyzed with RedCap Statistical analysis as they were ranked via a 5-point Likert scale.

Part II of the study consisted of a formal Trait Emotional Intelligence Questionnaire (TEIQue) provided by Thomas International. TEIQue was developed, and is continually updated by K.V. Petrides, PhD at his London Psychometric Laboratory, currently based at University College London (UCL) (London Psychometric Laboratory, 2019; Petrides, 2009). Participants would be notified by Thomas International that they are invited to take place in Part II of the study via a structured email template with a unique username and password. The participant after completing the TEIQue would receive an individualized report that compares their scores to the North American Norm. The North American norm population consists of N=3,518 independent valid cases who completed the TEIQue between the dates of 2010-2015 (Thomas International, 2017). Raw TEIQue scores were provided from Thomas International for further group statistical analysis.

Nurse Leader Group. Participants who met inclusion criteria within the nurse leader group received REDCap prescheduled invitations to participate. After consent was received, the nurse would be directed to a qualitative survey. Again, questions were formulated referencing *The Thin Book of Appreciative Inquiry* by Hammond (2013). Unique to the nurse leader group, McMillan & Chavis's (1986) work on sense of community was also formatted into the questions related to organizational support and best practices. Sense of community theory is composed of four elements; membership, influence, integration, and shared emotional connection (McMillan 1996). Questions were peer reviewed by two nurse leaders who formerly managed Acute Care Float Pool. Qualitative data was exported using RedCaps export features for thematic analysis. Additionally, like the ACFP group, questions related to EI was analyzed by RedCap statistical analysis "stats and charts" to provide quantitative comparison to formal TEIQue data.

Use of information systems and technology. Cross-sectional surveys were sent concurrently for both the ACFP group and Nurse Leader group. REDCap technology allowed for export of all data via CSV files. Excel was used to code data using thematic analysis methodology. Additionally, PowerPoint was used to create visual representations of the data. Thomas International provided a specialized database for participants in the ACFP nurse group which allowed for distribution of password protected individual TEIQue assessments and overall data in percentiles. Raw data was given by Thomas International through a password protected Excel database.

Cost. A proposal was written to Thomas International in the Summer of 2018 asking for TEIQue donations for this particular study. Typically costs associated with each TEIQue assessment and analysis can range from $60-100 per test. However, Thomas International agreed to donate 40 TEIQue assessments for this particular research. Thomas International is a company

based in Ontario, Canada whom specializes in psychometric testing. Thomas International works with a group of psychologists who reside in the United Kingdom. Access to their TEIQue assessment, database, and individual report analysis was provided free of charge. Additionally, Oregon Clinical and Translational Research (OCTRI) provides an application called REDCap for building and managing HIPAA compliant online surveys and databases (OHSU REDCAP, 2019). This application is free to OHSU students. Thus, this study is unfunded and accrues no associated costs.

Accuracy of collected information ensured. Integrity of the research was maintained by seeking IRB approval and clarifying all aspects of this study in relation to inclusion criteria, exclusion criteria, recruitment plan, protection of participants, and overall clear details of the study structure. Additionally, providing clear instructions for the study via the information sheet allowed for maximum participation in a short period of time. Ultimately participants within the ACFP nurse group may have response bias as the primary investigator of the study was within a management position of this particular group. Response bias was addressed by avoiding inherit bias within questions that could potentially be leading in nature.

The TEIQue was developed by K.V. Petrides PhD and is registered with the British Psychological Society (BPS). TEIQue has been audited against the technical criteria established by the European Standing Committee on Tests and Testing. The TEIQue is empirically evaluated and all TEIQue instruments have a substantial body of research that critically evaluates the tests for accuracy (Consortium for Research on EI in Organizations, 2018). A recent systematic review and meta-analysis investigated the incremental validity of TEIQue as a psychometric tool. Overall the review found that generalizability of study results may pose limitations,

however they concluded that TEIQue reliably accounts for variation that is not accounted for by other comparable tools (Andrei, Siegling, Aloe, Baldaro, & Petrides, 2016).

Unintended Consequences

All data collected was kept confidential, yet nurses in the ACFP group were interested in their overall independent scores and aggregate ACFP group scores. Nurses who scored low were concerned with perceived "failing" of the TEIQue and wanted secondary information. Due to the secondary outcome of TEIQue exposure and potential for growth in this area, the ACFP group asked for additional information at their annual education days. A simple introduction and overall survey results of the group will be developed and presented in the Spring of 2019 to help ease fears around "failing" the TEIQue and identifying the over strengths as a group to further aim to complete the 4D appreciative inquiry process. Additionally, as the study evolved and qualitative questions were developed, it was evident that secondary outcomes invited the potential to highlight floating best practices, recommendations for improving sense of community, and more clearly defining the float nurse role.

Ethical Considerations

Complex and/or chaotic systems have many agents who play important roles in providing quality patient care. However, at times, conflicts between these roles and individual personalities arise and ethical dilemmas as well as policy issues can come about. Some of the causes of conflict among nurses are differences in management strategies, the perceptions of employees, staff shortages, differences in objectives, and competition between working groups (Basogul & Gonul, 2016). EI can help nurses manage the conflict through understanding and self-awareness of their own strengths and limitations. One such study suggested that successful staff nurses

have average or higher levels of EI and that strategies to increase EI in staff nurses is warranted to improve their overall success (Jones-Schnek, 2012). The Institute of Medicine in their published document *The future of nursing; Leading change, advancing health*, also recognizes that, "members of a health care team hold each other accountable for the team's performance; nurses must also be equipped with the communication, conflict resolution, and negotiating skills necessary to succeed in leadership and partnership roles." Key researcher Petrides (2016) explains that extending trait EI research to systems levels in which we look at couples, groups, or societies is warranted, but that no social system can change for the better unless at the individual level. Thus, in relation to this study, the importance of float nurses and their ability to manage relationships with other working groups can improve overall sense of community and adherence to standards/policies than can ultimately keep patients safe in complex working environments. Not only is this an ethical obligation to our patients, but also a professional obligation within the nursing profession.

Mix-Methods Data Analysis

Qualitative Data Analysis

Qualitative data was analyzed in both participants groups using thematic analysis, particularly following Braun & Clark's framework in which analytic methods search for themes or patterns (Braun & Clarke, 2006; Maguire & Delahunt, 2017). Overall inductive thematic analysis was performed, which can be defined by themes that are strongly linked to the data itself. Despite inductive analysis being the primary method for data review, theoretical analysis was also used with an overall analytic interest in emotional intelligence and strength based appreciative inquiry as a primary framework. Additionally, the McMillan & Chavis's (1986)

work on sense of community was used for framing questions and thus provided additional theoretical approaches to the data. Theoretical thematic analysis is driven by the researcher's analytic interest in the area of study, thus can provide a less rich analysis of the data, which is why it was chosen as a secondary method of qualitative data review (Braun & Clarke, 2006). Overall a six-step method was used that included; 1) becoming familiar with data, 2) generating initial codes, 3) searching for themes, 4) review of themes, 5) defining themes, and 6) writing up themes and/or creating visuals (Maguire & Delahunt, 2017).

Measures

The Nurse Leader qualitative survey consisted of 10 total questions. The question distribution is as follows; (2) related to nurse leader experience, (1) related to EI of float nurses, (1) related to EI of unit base nurses, (6) appreciative inquiry questions related to floating environment and sense of community (See Appendix D). Nurse leader demographics are presented Table 1 in relation to respondent rate and years' experience.

The ACFP Nurse qualitative survey consisted of 14 total questions. The question distribution is as follows; (2) related to nurse experience, (6) related to defining the float nurse role, (2) related to organizational support, (1) rating of emotional intelligence traits that encompass a successful float nurse, (1) emotional intelligence self-rating, and (2) related to sense of community (See Appendix E). ACFP nurse demographics are presented in Table 2 in relation to respondent rate and years' experience.

The gender distribution for both the nurse leader group and ACFP nurse group matches that of ratio of females to male nurses which is reported to be 9.5:1 nationally and 7.5:1 within Oregon (Breckers, 2015). Nurse leaders and ACFP nurse group was about an 8:1 ratio of female

to male. Additionally, most nurses in the nurse leader group had >10 years' experience as a nurse, 62.5% had 0-6 years' experience as a nurse leader, and 37.5% had >6 years of experience as a nurse leader. In the ACFP nurse group, 56.5% reported >10 years' experience as a nurse and 52.1% had >6 years' experience as a float pool nurse.

Table 1. Nurse Leader Participant Group Demographics (n=16)

	Percentage
Respondent Rate	59%
Gender Distribution	
Female	87%
Male	13%
Years' of Experience as RN	
>10 years	93.8%
Years' of Experience as Nurse Leader	
0-2 years	25%
2-4 years	25%
4-6 years	12.5%
6-10 years	25%
>10 years	12.5%

Table 2. ACFP Nurse Participant Group Demographics (n=23)

	Percentage
Respondent Rate	57%
Gender Distribution	
Female	82.6%
Male	17%
Years' of Experience as RN	
0-2 years	0%
2-4 years	4.3%
4-6 years	26.1%
6-10 years	13%
>10 years	56.5%
Years' of Experience as Float Nurse	
0-2 years	30.4%
2-4 years	8.7%
4-6 years	8.7%
6-10 years	21.7%
>10 years	30.4%

Key Findings

Thematic analysis identified trends that were specific to each individual participant group and thus will be presented separately.

Qualitative Survey Nurse Leaders. There were three identified themes from the participant group of nurse leaders. The three themes include; float nurse organizational role, improving float membership, and system improvements (Table 3). Themes will be discussed in the order of relative rank from the data set.

Float nurse organizational role. A major theme in the nurse leader data set was the reference of the float nurse role as identified by traits, cultural competence, and generalist knowledge. This particular theme focused on how the float role meets organizational demands. Specific words used repeatably were adapting, culture, sharing, flexibility, and broad. Nurse leaders reported sharing best practices as a part of the float role versus a benefit of the role. This particular theme aligns with emotional intelligence independent facets of adaptability and self-motivation and sociability factors of emotion management, assertiveness, and social awareness.

Definition of float nurse organizational role. Float nurses adapt to multiple environments, influence culture, and are resources to staff nurses due to their broad generalist knowledge. The diversity of the float skill set can be leveraged to meet organizational needs and priorities through sharing of best practices.

Improving float membership. McMillan & Chavis's (1986) theory on sense community was worked into the survey particularly related to the sense of community questions, however despite specific questions related to this particular concept, it was prevalent within the entire data set. Nurse leaders overwhelmingly reported best practices and/or the need for improvement in practices related to float membership. Membership, in the theory of sense of

community, includes shared boundaries, emotional safety, sense of belonging, and personal investment (McMillan 1996). The idea of improving float membership is aligned with recent literature on float nurses in relation to improving retention and engagement, in which one author states;

> Due to the nature and schedule of their work, float pool nurses are often perceived as temporary staff than members of a cohesive team. Creating consistency within an inconsistent environment is critical to achieve a sense of community within the float pool. (Straw, 2018, pp. 34)

Improving float membership aligns with emotional intelligence factors of well-being and emotionality.

Definition of improving float membership. Membership is a sense of belonging and emotional safety within a group of people who share common values and goals. Floats, staff nurses, and nurse leaders alike improve membership by enacting a personal investment to the group as a whole.

System improvements. The last theme that was prevalent within the survey responses was the idea of an overall need for systems improvements in relation to integration of the float nurse role within the organization. Multiple nurse leaders reported a need to leverage float knowledge in a formal capacity. Float nursing, from the nurse leader perspective, should inform future development of best practices and enhancement of standardization at the system level. Additionally, suggestions to develop subspecialties within the float pool was mentioned multiple times as a means to ensure stability of the float nurse role and allow for knowledge enhancement to provide additional support to nursing specialties. This theme aligns with

emotional intelligence factors of well-being and sociability. Additionally, sense of community theory is prevalent in this particular theme as it aligns with influence and integration within the macrosystem.

Definition of system improvements. Formalized integration of the float nurse role at the system level in relation to sharing best practices, standardization, and creating sub-specialties to enhance float sustainability.

Table 3. Thematic Analysis: Nurse Leader Qualitative Analysis

Inductive Analysis			*Theoretical Analysis*
Theme	Definition	Direct Quotes	EI Alignment / Sense of Community (SOC)
Float Nurse Organizational Role	Float nurses adapt to multiple environments, influence culture, and are resources to staff nurses due to their broad generalist knowledge. The diversity of the float skill set can be leveraged to meet organizational needs and priorities through sharing of best practices.	"Their ability to adapt to different environments while maintaining their own professionalism." "I also appreciate their adaptive nature. They are able to join teams and emulate their culture. They also help set culture at OHSU as a nurse." "How they share best practices from one unit to another, how flexible they can be with assignments" "Broad knowledge of medical/surgical patients and their willingness to share information."	**Independent Facets:** -Adaptability -Self Motivation **Sociability Factors:** -Emotion Management -Assertiveness -Social Awareness **SOC:** -All components

Table 3 continued on next page

Improving Float Membership	Membership is a sense of belonging and emotional safety within a group of people who share common values and goals. Floats, staff nurses, and nurse leaders alike improve membership by enacting a personal investment to the group as a whole.	"We welcome staff to our unit and treat them as one of our own." "Trust, respect, kindness, and open/relaxed communication style." "Introducing float nurses at shift huddle is a best practice" "Introduction of them at our unit huddles, training certain float pool to our specialty population." "I think we could recognize them more for their assistance... call them out more frequently and acknowledge the great work that they do on a daily basis."	**Well-Being Factors:** -Happiness -Optimism -Self-Esteem **Emotionality Factors:** -Empathy -Emotion Perception -Relationships **SOC:** -Membership -Shared emotional connection
System Improvements	Formalized integration of the float nurse role at the system level in relation to sharing best practices, standardization, and creating sub-specialties to enhance float sustainability.	"The push by the institution to standardize." "I would like to see more integration with FP perspective - sharing ideas and improvement input. They are a great resource and I can see where we could be elevating the FP to help teach and support our nursing teams in more ways than just taking a patient assignment." "Create "specialty" FP RNs... those who float to specific units, and are therefore able to hone the specialty skills and knowledge of that population." "Perhaps develop sub specialties within the FP."	**Well-Being Factors:** -Happiness -Optimism -Self-Esteem **Sociability Factors:** -Assertiveness -Social Awareness **SOC:** -Influence -Integration

Qualitative Survey Acute Care Float Pool Nurses. There were four themes identified from the participants descriptions that were specific to the ACFP nurse group. The four themes include; value-based role clarity, cultural competency, blocking burnout, and aerial view (Table 4). Themes will be discussed in the order of relative rank from the data set.

Value-based role clarity. Throughout the analysis of the raw data, it was evident that ACFP nurses were describing their role through personal traits and values, not with the conventional descriptions of units, patient populations, and specialized skills. Words that were consistently repeated included; flexible, adaptable, positive, and diverse. Unlike the nurse leader data, floats reported that their traits and values for holistic care drive their professional role.

Conversely, the nurse leader focus was on how the float role can be leveraged to meet complex organizational needs. Overall this theme aligns with the emotional intelligence independent facets of self-motivation and adaptability, as well as well-being factors of happiness, optimism, and self-esteem.

Definition of value-based role clarity. The float nurse role can be defined not by a patient population, but by specific traits including adaptability, optimism, and self-esteem. Float nurses prioritize holistic care through the lens of generalist knowledge within the entire care trajectory. Floats reinforce the professional role by upholding professional and organizational standards.

Cultural competency. Cultural competency was the second most reoccurring theme in the data set. ACFP nurses reported in multiple areas within the survey that they not only adapt to situations, but to diverse cultures as well. Float nurses were drawn to the social aspects of floating to different environments and also relationship building throughout the acute care division. Additionally, they discussed their skills in establishing trust with colleagues as well as patients in a short amount of time. Cultural competency is related to strengths in the emotional intelligence principles of sociability and emotionality.

Definition of float nurse cultural competency. Float nurses utilize their traits to enable fast and effective interaction with those of different unit cultures.

Blocking burnout. Appropriate staffing is a baseline need to ensure that patients receive excellent nursing care. Additionally, adequate staffing is part of a positive practice environment which can lower burnout and turnover within nursing (Halm, 2019). Float pool nurses are essential in filling staffing gaps, and thus can provide a service to their colleagues in

the way of preventing burnout as a secondary outcome of filling unit-based staffing holes with qualified and competent nurses. The qualitative data reflected this theory as float nurses acknowledged their functional role within the system to fill staffing gaps. Additionally, float nurses expressed that they were blocking burnout within themselves as well by introducing variety in their daily work and not being tied to one unit who may be dealing with negative cultural contexts. The concept of blocking burnout relates to emotional intelligence factors of well-being and self-control.

Defining blocking burnout. The choice to be a float nurse may be a self-protective measure to prevent burnout as the variety limits monotonous daily routines of normal working environments.

Aerial view. One last, but common theme, was the concept that float nurses could see a bird's eye view of the entire system. Float nurses have the unique ability to see best practices across entire divisions and share those practices with unit base nurses. Additionally, floats overwhelmingly reported joy in being a resource to nurses particularly related to off-service patients on specialty floors. Emotional intelligence factor of sociability also applies here as it is described as, "capacity to socialize, manage, and communicate with others" (Thomas International, 2018).

Defining aerial view. Float nurses have a system view that allows for sharing of best practices across the organization and maintaining a reputation of being a resource to others.

Table 4. Thematic Analysis: ACFP Qualitative Analysis

Inductive Analysis			*Theoretical Analysis*
Theme	Definition	Direct Quotes	EI Alignment
Value Based Role Clarity	The float nurse role can be defined not by a patient population, but by specific traits including adaptability, optimism, and self-esteem. Floats prioritize holistic care through the lens of generalist knowledge within the entire care trajectory. Floats reinforce the professional role by upholding professional and organizational standards.	"I am upbeat, positive perspective, adapt to change well, project confidence, fostering trust in our care model." "As a float, I really try to both address the patient's top priorities and make sure that I am meeting the mark on OHSU standards." "I have gained a diversity of skills and knowledge in several areas that I could not have gained without being a float nurse. I am able to take care of my patients more holistically because I can adapt to many different situations." "I value my adaptability and flexibility the most." "I value being flexible, and willing to jump in wherever I am needed."	Independent Facets: -Self-motivation -Adaptability Well-Being Factors: -Happiness -Optimism -Self-Esteem
Cultural Competency	Float nurses utilize their traits to enable fast and effective interaction with those of different unit cultures.	"I love the variety. It's fun to get to know other RNs all throughout the hospital. It keeps me on my toes, never mundane and always something new." "I have also learned about different unit cultures and how to adapt." "Not having the day to day opportunities to build camaraderie and establish trust pushed me out of my comfort zone to be a little more outgoing, and at least feign a little more confidence!" "Environment where there is less judgment of my care and instead more supportive. Where there is accountability but not punitive. I also like units that reach out to each other and therefore act as team."	Sociability Factor -Emotion Management -Assertiveness -Social Awareness Emotionality Factor -Empathy -Emotion Perception -Emotion Expression -Relationships

Table 4 continued on next page

Blocking Burnout	The choice to be a float nurse may be a self-protective measure to prevent burnout as the variety limits monotonous daily routines of normal working environments.	"Not getting burnt out with the same patient population. Not getting involved with culture drama that can occur on units." "Even if you're having a bad shift, you can immediately be floated somewhere else and end the shift in a positive way." "I like the variety, I think it helps me prevent burnout." "Lack of monotony as we see very different patient populations."	Well-Being Factors: -Happiness -Optimism -Self-Esteem Self-Control Factor: -Emotion Regulation -Impulse Control -Stress Management
Aerial view	Float nurses have a system view that allows for sharing of best practices across the organization and maintaining a reputation of being a resource to others.	"Not only is learning about the different patient populations fascinating, but it is also really interesting to see how the different units operate; their similarities and differences. I think float pool nurses have a unique opportunity to identify systems issues and advocate for standardization." "I really enjoy being able to share things that I've learned from one unit to another" "Being a resource to other nurses when they see something outside of their specialty." "I am a resource to many nurses throughout the hospital. On any given night I have people calling me from units that I am not on to ask me questions about a variety of things. They know that even if I don't know the answer, I probably know where to find it." "I like being a resource for nurses who may not be familiar with an off-service patient, their diagnosis and standards of care. I am able to provide information because I float to the unit on which that patient would typically be placed."	Sociability Factors: -Assertiveness -Emotional Management -Social Awareness

Qualitative Emotional Intelligence. Each participant survey included questions on emotional intelligence. These questions mirrored the TEIQue factors and associated facets. Rationale for including ranking questions on EI within the qualitative survey was to allow for comparison of qualitative and quantitative data. Additionally, to assess if there were significant differences or similarities between the two participant groups. Literature has shown that emotional intelligence rated from multiple perspectives on an individual or group can raise

participants self-awareness, reinforce performance measurement criteria, and encourage directed growth (Conine & Leskin, 2016). Table 5 is a comparative view of participant groups ratings of the top five reported emotional intelligence traits by ACFP nurses and nurse leaders. Additionally, actual TEIQue scores are presented in this table for comparison but will be explained further in the quantitative analysis portion.

Adaptability, stress management, relationships, and social awareness were top rated EI traits by both the ACFP nurse group and the nurse leader group as essential traits needed to be a successful float nurse. The relative rank and frequency of these particular traits nearly followed an identical ranking order of importance for each independent group with the exception that the ACFP nurse group rated assertiveness over emotion regulation in the nurse leader group. Additionally, the nurse leader group identified that unit-base nurses need the same topic five EI traits to successfully float, with the exception that unit-base nurses need impulse control and assertiveness over social awareness and relationships. Three facets were not included in any of the top five ratings include; emotion expression, emotion management, and emotion perception. In comparison to formal TEIQue assessments on the ACFP participant group, none of the reported traits matched the top highest scoring facets of the float nurse group.

Table 5. Top 5 Relative Rankings of Emotional Intelligence Traits by Participant Group
ACFP Nurse Group (n=23) Nurse Leader Group (n=16)

	ACFP Nurse EI rating required for float nurses	ACFP Nurse EI trait self-rating	ACFP Nurse actual TEIQue Scores	Nurse Leader EI rating required for float nurse role	Nurse Leader EI rating required for unit-base nurses to float
Trait*					
Adaptability	82.6%				
Stress Management	56.5%				
Self-Motivation	43.5%				
Assertiveness	34.8%				
Social Awareness	34.8%				
Adaptability		95.6%			
Stress Management		65.2%			
Relationships		52.1%			
Social Awareness		43.4%			
Assertiveness		43.4%			
Happiness			5.85 (83.5%)		
Relationships			5.55 (79.2%)		
Optimism			5.31 (75.8%)		
Empathy			5.29 (75.5%)		
Self Esteem			5.28 (75.4%)		
Adaptability				86%	
Stress Management				60%	
Relationships				46%	
Emotion Regulation				33%	
Social Awareness				33%	
Adaptability					47%
Stress Management					47%
Emotion Regulation					33%
Assertiveness					27%
Impulse Control					27%

**Traits not ranked in top 5 in any participant group include: Emotion Expression, Emotion Management, Emotion Perception.*

Quantitative Data Analysis

As previously mentioned, Part II of the study consisted of a formal TEIQue assessment. This was exclusive to the ACFP nurse participant group. The data was analyzed using Microsoft

Excel, REDCap, and SPSS computer software. Relative rank, frequency, descriptive statistics, and analysis of variance were used in the statistical analysis.

Measures

TEIQue consists of 15 facets; adaptability, assertiveness, emotion control, emotion expression, emotion management, emotion perception, empathy, happiness, impulse control, motivation, optimism, relationships, self-esteem, social awareness, and stress management. These facets are ultimately categorized into four factors; emotionality, sociability, self-control, and well-being. There are two independent factors including adaptability and self-motivation (Petrides, 2009) (Appendix F). Overall there are 153 items on the questionnaire that is rated via a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). All data was initially compared to the North American norm population, which consists of N=3,518 independent valid cases. ACFP nurses individually received their EI scores in relation to the North American norm. However, for analysis, raw data scores were used to look at descriptive statistics of the ACFP nurse group. Of the 23 ACFP nurses who participated in Part I of the study, 78% completed part II, thus the n dropped from 23 to 18 in part II. Demographics remained largely the same with a dominate female gender distribution of 94.4%. Nearly 77.8% had at least 6 years' experience as a nurse and 70% having at least 6 years' experience as a float pool RN (Table 6).

Table 6. ACFP TEIQue Quantitative Data Demographics (n=18) North American Norm (n=3,518)

	N	Percentage
Respondent Rate	18	43.9%
Gender Distribution		
Female	1	5.6%
Male	17	94.4%
Years' of Experience as RN		
0-2 years	0	0%
2-4 years	1	5.6%
4-6 years	3	16.7%
6-10 years	1	5.6%
>10 years	13	72.2%
Years' of Experience as Float Nurse		
0-2 years	3	16.7%
2-4 years	2	11.1%
4-6 years	1	5.6%
6-10 years	5	27.8%
>10 years	7	39.9%

Internal Consistency. Cronbach's alphas scores for emotional intelligence facets are listed in Table 7. Cronbach's alphas were measured to assess internal consistency of the data set, or how closely related the set of items are as a group. A coefficient score of 0.70 or higher is "acceptable" in social science situations (Bruin, 2006). Five facets rated "acceptable" for internal consistency including emotion management (0.7), emotion expression (0.71), social awareness (0.73), self-esteem (0.75), and empathy (0.76). Four facets rated higher than acceptable including assertiveness (0.86), self-management (0.88), happiness (0.92), and relationships (0.98). The global level coefficient score was 0.88 for the entire data set, thus has a good measure of internal consistency and reliability.

Table 7. Means, Standard Deviation, Lower Bounds, Upper Bounds, and Cronbach's Alpha Scores for EI Facets and Factors (n=18)

	Mean	σ	Lower	Upper	α
Independent Factors					
Adaptability	4.62	0.79	3.11	5.67	0.64
Self-Motivation	5.05	0.69	4.00	6.60	0.60
Well-Being					
Happiness	5.85	0.93	3.75	7.00	0.92
Optimism	5.30	1.06	3.00	6.88	0.51
Self-Esteem	5.28	0.76	3.64	6.45	0.75
Self-Control					
Emotion Regulation	4.66	0.76	3.17	5.83	0.76
Impulse Control	4.82	0.63	3.78	5.78	0.62
Stress-Management	4.88	0.88	3.60	6.50	0.88
Emotionality					
Relationships	5.55	0.99	2.68	6.78	0.98
Emotion Expression	5.25	1.08	3.40	6.70	0.71
Emotion Perception	5.24	0.69	3.90	6.40	0.68
Empathy	5.28	0.77	3.67	6.56	0.76
Sociability					
Emotion Management	4.43	0.71	2.78	0.73	0.70
Assertiveness	4.55	0.86	3.56	3.64	0.86
Social Awareness	4.68	0.73	3.64	6.18	0.73
Global Trait Score / Total α	5.03	0.52	4.09	5.88	0.88

Note: Overall Cronbach Alpha of 0.88

Key Findings

TEIQue Scores Descriptive Statistics. Descriptive statistics was used to assess and analyze conclusions from the quantitative data set using SPSS. There were no statistically significant findings in relation to gender and/or years as a float pool nurse. However, total nurse years demonstrated statistically significant results in relation to the facets of self-motivation, emotion expression, and emotion management (See Table 8 and Appendix G). An analysis of variance, was used to find variation in the dataset specific to comparison of means (Braun, 2006). Self-motivation, with the p-score of 0.032, showed statistically significant rise in self-motivation scores with years of experience as an RN, capping at 10 years. Inversely, emotion expression (p-score 0.04) and emotional management (0.038), mean scores decreased with years

of experience as an RN. However due to variable sample sizes within nurse experience groups, drawing significant conclusions from this test of variance should be done with caution.

Table 8. RN Experience and EI Scores (n=18)

	N	Mean	SD	95% Confidence Interval for Mean Lower	Upper	P
Self-Motivation						
0-2 years	3	4.96	0.088	4.58	5.34	
2-4 years	2	4.20	0.200	1.65	6.74	
4-6 years	1	5.90	-	-	-	0.032
6-10 years	5	5.62	0.687	4.76	6.47	
>10 years	7	4.80	0.534	4.30	5.29	
Emotion Perception						
0-2 years	3	5.40	0.100	5.15	5.64	
2-4 years	2	5.60	0.282	3.05	8.14	
4-6 years	1	6.0	-	-	-	0.007
6-10 years	5	5.76	0.554	5.07	6.44	
>10 years	7	4.60	0.509	4.12	5.07	
Emotion Management						
0-2 years	3	5.29	0.52	3.99	6.60	
2-4 years	2	3.89	0.46	2.78	5.89	
4-6 years	1	4.89	-	-	-	0.038
6-10 years	5	4.59	0.42	4.06	5.13	
>10 years	7	4.01	0.65	3.40	4.62	

Note: Significance at p-score <0.05

TEIQue Relative Ranks and Comparisons to Qualitative Data. Of the formal TEIQue scores, ACFP nurses rated highest in the factors of well-being and emotionality. The top facets in order of rank include; happiness, relationships, optimism, empathy, and self-esteem. A formal comparison is available on Table 5 which compares nurse leader rankings, ACFP nurse self-ratings, and ACFP nurse ratings on successful float nurses. Ultimately formal TEIQue scores did not match ACFP nurse self-ratings nor the nurse leader ratings. Subjectively ACFP nurses and nurse leaders agreed that adaptability, stress management, relationships, and social awareness were essential traits to be a successful float nurse. However, in comparison to actual TEIQue scores, relationships were the only facet that arose in both data sets. In relation to overall factors,

well-being and emotionality, the highest rated factors for ACFP nurses, was not reflected in the top five ratings from ACFP nurses and nurse leaders in the qualitative survey.

Table 9. Relative Ranks and Formal TEIQue Scores ACFP Nurses (n=18)

Factor Facet	Factor Rank	Mean Factor	Mean Facet	Facet Rank
Well-Being	1	5.5		1-Happiness 2- Relationships 3-Optimism 4-Empathy 5-Self Esteem
Happiness			5.85	
Optimism			5.31	
Self Esteem			5.28	
Emotionality	2	5.4		
Relationship			5.55	
Empathy			5.30	
Emotion Expression			5.25	
Emotion Perception			5.24	
Independent Facet				
Self-Motivation	3		5.1	
Self-Control	4	4.8		
Stress Management			4.9	
Impulse Control			4.8	
Emotion Regulation			4.7	
Independent Facet				
Adaptability	5		4.6	
Sociability	6	4.5		
Social Awareness			4.7	
Assertiveness			4.6	
Emotion Management			4.4	

Outcomes

There is a general lack of published studies identifying what quantifies a successful float pool nurse. Furthermore, in relation to emotional intelligence, there are no published studies looking at specific EI traits that could inform success in the float pool. As identified in the small amount of literature, float nurses are described as assertive, adaptable, autonomous, reliable, and

diverse in experience (O'Connor, 2017; Rainess, Archer, Hofmann, Nottingham, 2015). The qualitative data entirely reflected these traits in both participant groups as adaptability was rated as the number one trait across the survey participants. However, the quantitative data showed that this group of nurses truly represent high EI scores in the well-being and emotionality factors which encompass traits of happiness, relationships, optimism, empathy, and self-esteem. This outcome is in contrast to the literature which insists that adaptability is an important trait of float nurses (Dziuba-Ellis, 2006; Larson et al, 2012; Rainess, Archer, Hofmann, Nottingham, 2015; O'Connor & Dugan, 2017). The qualitative data also informed the idea that float nurses may learn to be adaptable as a result of organizational need and system exposure, rather than an inherit trait. One quote in the data set stood out in which an ACFP nurse reported, "I have learned a lot about time management and prioritizing care in order to float mid-shift. I have also learned about different unit cultures and how to adapt." This report of "learning" how to adapt is representative of adapting physically to individual environments, but also in relation to relationships/cultural norms.

Other significant outcomes in comparison to the literature was the rise in self-motivation with age in the quantitative data. A study looking at age and motivation found that as respondent age increased, ratings of older workers' intrinsic motivation (personal satisfaction or enjoyment) increased, but older workers' perceived extrinsic motivation (need for reward) did not vary (Calo, Patterson, & Decker, 2014). This finding could relate to the fact that this particular group of ACFP nurses reported high scores in happiness, relationships, optimism, empathy, and self-esteem. Additionally, ACFP nurses generally have more experience and are older than nurses throughout the institution in acute care nursing and thus overall may benefit from higher scores in self-esteem and intrinsic motivation. Inversely, emotion expression and emotional

management mean scores decreased with years of experience as an RN, this finding aligns with Dávila, M. and Díaz-Morales (2009) study that concludes friend making motivations decrease significantly as people age. Emotion expression and emotional management fall under the emotionality and sociability factors, which pertain to sustaining relationships as well as interpersonal social skills and thus may be explained as less important as age advances.

Financial Implications

It is expected that by 2030 there will be a significant shortage of nursing staff due to retirement and overall demand. It is estimated that the turnover rate will reach to 18.2% with the average cost per turned over nurse at nearly $50,000 (Nursing Solutions Inc., 2018). Factoring in this cost and that the ACFP float pool at OHSU has a higher than average turnover rate (See Appendix A and H) efforts must be made to reduce turnover and improve nurse satisfaction. Additionally, float nurses at OHSU and nationally support staffing gaps and thus can potentially reduce burnout as a secondary outcome at the unit-base nurse level.

Good and Bishop (2011) report that, “In order for hospitals to ensure safe staffing in an often unpredictable and dynamic acute care environment, a high-functioning float pool team is considered an economic necessity.” Positively, much of the literature points to simple best practices in relation to retaining satisfied float pool nurses. Straw (2019) suggests retention efforts of floats focus on improved engagement, advocating for shared governance, daily staff rounding, professional development, recognition, creating a sense of community, and assessing the need for strategic redesign. All of these concepts can be supplemented by improvements in emotional intelligence as it is positively related to employee engagement and satisfaction

(Extremera, Mérida-López, Sánchez-Álvarez, & Quintana-Orts, 2018), which is also associated with decreases in employee turnover (Codier et al, 2013; Chao, M., Shih, C., & Hsu, 2016).

Practice Related Implications and Recommendations

Overall this study has multiple implications that can lead to unit-based and system level improvements in relation to float nurses at OHSU and beyond. The mix-method approach allowed for deeper exploration into successful traits of float nurses that may inform development of this group, as well as highlighting additional concepts of improved role clarity, float best practices, and recommendations for improvement in organizational sense of community.

Emotional Intelligence

Findings of this study suggest that float nurses as a whole score high in the EI facets of happiness, relationships, optimism, empathy, and self-esteem. All of the top-rated facets of this particular group of float nurses fall into two categories of well-being and emotionality. Well-being traits are related to dispositional mood and include people who are satisfied, confident, future-focused, and successful (Thomas International, 2018). Additionally, the emotionality factor includes people who are able to express emotions and use them to sustain relationships (Thomas International, 2018). Exploring these traits further, particularly in relation to resilience, float nurses overwhelmingly reported that floating was a way to prevent burnout and turn a difficult career into a positive experience. This optimistic outlook and self-reflective capacity to understand what causes adversity in oneself may be a contributor to resilience. This aligns with a large body of research that discusses how resilience and well-being are fundamentally related and that higher levels of well-being are a precursor to resilience (Kuntz, Näswall, & Malinen, 2016; Harms, Brady, Wood, & Silard, 2018). Resilience can be explained by, “the capacity to

positively and successfully adapt to challenging circumstances or adversity, describing how this capacity manifests at various levels, including individuals, families and communities" (Matsen, 2015). ACFP nurses and nurse leaders at OHSU self-rated float nurses has having adaptability as the most important emotional intelligence trait, however well-being which was the top-rated factor in the formal TEIQue assessment, may prove to be related to the nurse's ability to adapt in the face of adversity. Recommendations from the literature as well as from this study align in that emotional intelligence as an assessment method for resilience growth may ultimately improve workplace culture, workforce sustainability, and patient care (Barratt, 2018). It is recommended, as an outcome of this study in alignment with the literature, that nurse leaders should place focus on educational interventions aimed at increasing emotional intelligence including emphasis on self-reflection and how to use this knowledge to build awareness around managing difficult situations to improve resilience (Nelis, Quoidbach, & Mikolajczak et al, 2009).

Role Clarity

Role clarity is becoming increasingly important in nursing as the profession continues to expand. Understanding unique roles that encompass a complex organization is essential to overall top organizational performance. Bittner (2018) states;

> Unfortunately, when members of the team are unsure of what other team members are accomplishing, it prevents the team from being effective. The lack of role clarity and ambiguity can create confusion and a feeling of professional threat. In turn, there is a reduction in quality and safety that leads to increased errors, burn-out, and turnover. (pp. 345)

Float nurses have a unique range of competencies, knowledge, experience within the organization to provide exceptional care across multiple units, using this broad knowledge base to enhance cares on specialty units. Qualitative data analysis found robust themes aligned with clarifying the float nurse role. Float nurses defined the role focusing on values and personal traits, whereas nurse leaders looked through an organizational lens. However, both participant groups reported an underutilization of float nurses in relation to leveraging their knowledge associated to their system wide view. Straw (2019) mentions that float nurses experience the same challenges of unit-base nurses, while also managing expectations that they perform with a specialized nurses skill set. This expectation is unrealistic as floats should be considered their own specialty unit (Mensik, 2017; Straw, 2019).

Educating to and understanding one's unique nursing responsibilities is a professional standard that all professionals should enact. Float nurses should feel empowered to educate peers on their functional role as identified by the literature and this study. This functional role is not defined by a patient population, but by specific traits, where care is holistic through the lens of generalist knowledge within the entire care trajectory. Floats must be careful however to understand that they are not independent agents, but conduits of best practice that reinforce the professional role by upholding professional and organizational standards. O'Rourke's (2006) work on nursing professional practice explains foundations of the nursing professional role on a broader scope:

> Each and every day nurse leaders work to ensure that patients receive the best possible care in a safe, high quality, effective, and efficient manner. A practical way to address this is through a clearly defined professional model of practice. In this model, role accountability, professional standards of practice, code of ethics,

> and scope of practice serve as the overarching explanation for expected professional role behavior, a role that by design can change the course of events in a patient's life. (p. 28)

Recommendations for nurse leaders and nurse executives are to ensure proper integration of professional practice models into clinical nursing staff including that of float pool nurses. Floats are in a risky position to be forgotten and/or missed due to variability in schedules. Thus, the importance of feedback and accountability becomes a concept that needs strategic focus and planning. Nurse leaders across the care trajectory have to take accountability for this group of nurses and encourage staff members to give in-time feedback for professional growth. Nurse leaders within the float pool can also help by ensuring that assertiveness and self-esteem as emotional intelligence traits are present in all hired float staff.

Sense of Community

Best practices identified within the qualitative data set specifically pointed to the need for increased membership of float staff across the organization. As Straw (2019) discusses, float nurses are often seen as temporary staff, rather than that of a cohesive team. This is likely related to variable exposure to units' teams dependent on staffing needs. This variability can cause a perceived lack of team cohesion and decrease a nurse's ability to form relationships. Nurse leaders identified relationships as one of the top five EI traits needed for float nurses to succeed. Thus, identification on how to best foster relationships across units is an important area consider for future improvement projects.

Sense of community can be defined as, "a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members'

needs will be met through their commitment to be together" (McMillan, 1996). Best practices identified within this study related to building a sense of community include, but are not limited to; leader rounding, shared governance, float education days, inviting floats to unit-base education days, ensuring all float gets to huddles/mid-shift huddles, formalized structure for float/charge nurse check-ins, float tip sheets, ensuring all floats have a "buddy" despite mid-shift floats, formal introductions to the team, and recognition for their work. Many of these best practices are in place within the system, but not consistently. The variability across units can create a clear sense of belonging on one floor, but not on another. Setting clear expectations on how we support floats across a division or organization is integral to improvements in sense of community for all nurses who float.

Additionally, another theme that surfaced in the qualitative data set was the idea of sub-specialties within the float pool. At OHSU, the acute care float pool can float to over 17 different geographical areas. Additionally, ACFP nurses are integral in surge capacity management when the hospital needs to assign patient beds outside traditional unit structures. This large coverage of staffing by float nurses can create extensive variability in float exposure to units. Currently there is not an organized flow that dictates how float nurses are assigned to units. Thus, float nurses may only float to one unit a few times in a year. This lack of exposure can make relationship building, team cohesion, and sense of community difficult to achieve. Creating sub-specialties within the ACFP could be a future discussion between nurse leaders and float nurses as the institution continues to expand. Additionally, for float pools nationally, there should be clear best practices and defined expectations in relation to safety of floating with such variability.

Limitations

Limitations of this study are directly related to small sample size in the quantitative portion of the study. There was a 57% respondent rate for the ACFP nurse participant group in Part I of the study (qualitative), however Part II (quantitative) of the study had a 43.9% respondent rate. Time commitment of this study was a perceived barrier by float staff. Additionally, there was a likelihood for response bias in the qualitative portion as the primary researcher was in a management role over the ACFP nurse participant group. Generalizability could be a limitation as this particular study was specific to the academic healthcare organization OHSU. Additionally, quantitative data analysis was limited due to lack of balance within the demographic groups. To protect individuals, identifying information gathered was limited. However, this created difficulty finding any statistically significant differences between groups.

Summary and Next Steps

In summary, this appreciative inquiry (AI) into float nurse emotional intelligence traits can inform future hiring practices which can aid in overall retention and satisfaction of float staff. Using a strength-based approach to focus on positive aspects of the float nurse role is needed within the literature. Overwhelmingly the literature is negative in relation to the float role, and thus, in order to understand strengths of the role, one must focus on the positive aspects. Rothwell, Stavros, & Sullivan (2016) explain;

> At its heart, AI is about the search for the best in people, their organizations, and the strengths-filled, opportunity-rich world around them. AI is not so much a shift in the methods and models of organizational change, but AI is a fundamental shift in the overall perspective taken throughout the entire change process to ‘see’ the

> wholeness of the human system and to "inquire" into that system's strengths, possibilities, and successes. (p. 96-116)

Using appreciative inquiry and emotional intelligence principles, both linked to decrease turnover and increase satisfaction, may prove to be an essential combination in complex healthcare organizations (Cooperrider, & Whitney, 2008; Challis, 2009; Haviley, 2011; Hong & Lee, 2016). A growing body of literature is looking at the combination of emotional intelligence and appreciative inquiry. This concept is known as "appreciative intelligence." Appreciative intelligence (AQ) is defined as making sense of stress and reframing situations (Enalls-Fenner, 2017). This is especially important for healthcare workers and leaders as we are asking staff to continuously do more with little additional support. Leaders and clinical nurses alike should know how to reframe stressful situations and overall mindset.

Recommendations and next steps of this study will focus on continued work through the 4D appreciative inquiry process with the ACFP nurse participant group. The 4D process of discovery, dream, design, and destiny is not stagnant but a continued process in which you can continue through each step in a continuous fashion (Cooperrider & Whitney, 2008). With the knowledge gained, insights received, and information related to the float nurse role highlighted in this study, future collaboration with nurse leaders and clinical nurses will be needed to inform success of the ACFP unit at OHSU. Overall an increase in nurse engagement scores and a decrease in turnover will be indicators of successful study implementation. Turnover has steadily declined through implementation of this project; however, data overtime will be important to analyze a statistically significant shift (see Appendix H).

Lastly, with support of nurse leaders in the organization, expanding this research study to critical care, pediatric, and procedural float pools would add to the body of knowledge related to float nurse emotional intelligence traits. Publishing of this study with key findings will enhance the body of knowledge in nursing.

Conclusion

As the global healthcare environment becomes increasingly complex, is it imperative that doctoral prepared nurses help lead evidence-based quality improvement and continuously practice systems thinking. This study, although potentially generating new knowledge regarding the float nurse role, is a foundation for translating evidence into practice in relation to appreciative inquiry and emotional intelligence. Leaders throughout healthcare need to use scientific underpinnings to support quality improvement, patient outcomes, and advancements in complex organizations.

Float pools are a staffing solution that can take many forms, however are mostly defined by those nurses who work from a specific pool filling temporary needs of units (Kane, 2007). Impacts of temporary staffing models are not well known or studied, particularly in relation to float nurses. However, what is known is that higher levels of non-permanent staff are associated with lower adverse events and fewer medication errors (Aiken, Clarke, & Sloane, 2007; Bae, Mark, & Fried, 2010). Float pool nurses provide a cost-savings and flexible contingency model that adapts to everyday needs. Investing in the future of float pool nurses will provide long term impacts and enhance the culture of safety. The knowledge gained from this study will provide a positive reflection of float nursing and potentially aid in efforts to improve retention and satisfaction of this particular role.

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[1] Cooperrider is a co-founder of AI, the book is a classic in AI theory

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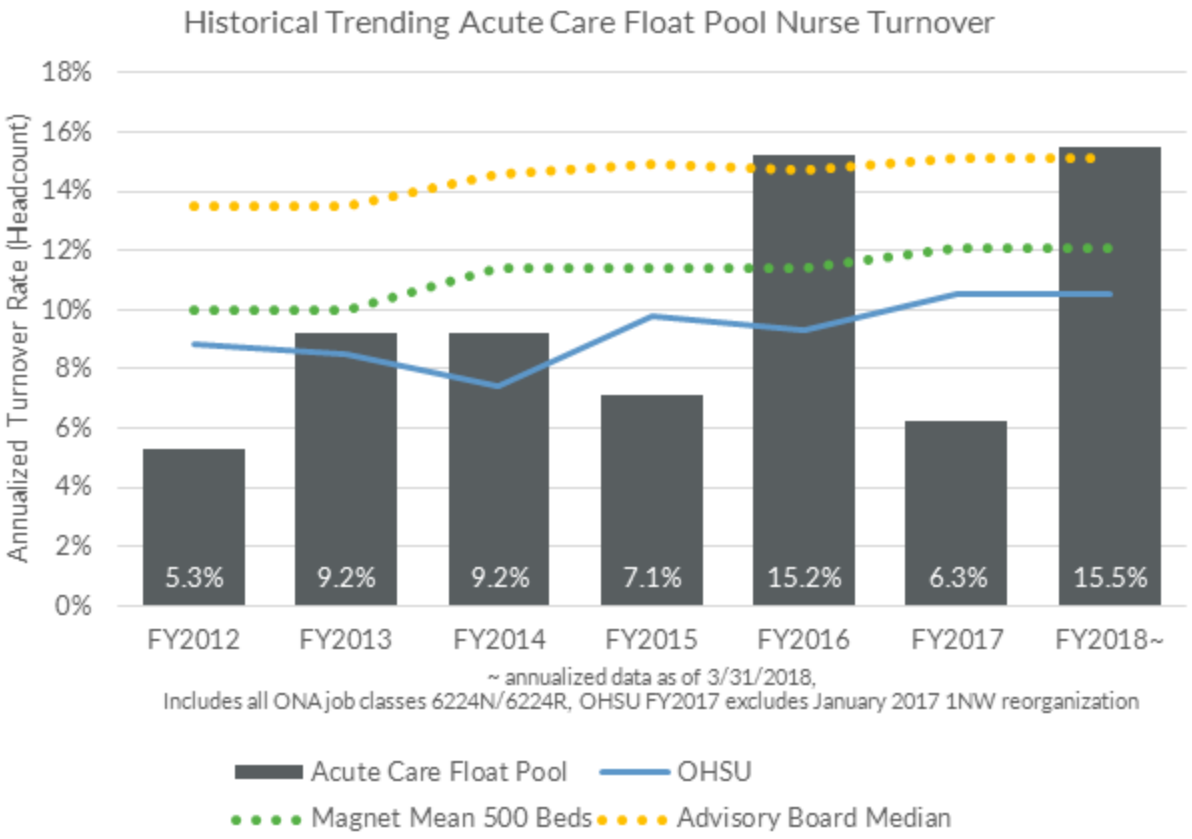
Appendix A


Historical Trending Acute Care Float Pool Nurse Turnover
Annualized Turnover Rate (Headcount)
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
5.3%
9.2%
9.2%
7.1%
15.2%
6.3%
15.5%
FY2012
FY2013
FY2014
FY2015
FY2016
FY2017
FY2018~
~ annualized data as of 3/31/2018,
Includes all ONA job classes 6224N/6224R, OHSU FY2017 excludes January 2017 1NW reorganization
Acute Care Float Pool
OHSU
Magnet Mean 500 Beds
Advisory Board Median

Appendix B

OREGON HEALTH & SCIENCE UNIVERSITY

IRB MEMO

Research Integrity Office
3181 SW Sam Jackson Park Road - L106RI
Portland, OR 97239-3098
(503)494-7887 irb@ohsu.edu

APPROVAL OF SUBMISSION

November 2, 2018

Dear Investigator:

On 11/02/2018, the IRB reviewed the following submission:

IRB ID:	STUDY00019047
Type of Review:	Initial Study
Title of Study:	Improving Satisfaction & Retention: An Appreciative Inquiry into Float Nurse Emotional Intelligence Traits
Principal Investigator:	Kristen Crusoe
Funding:	None
IND, IDE, or HDE:	None
Documents Reviewed:	• Protocol • Example of Excel Data Collection • TEIQue Survey.pdf • Consent - Information Sheet • Qualitative Survey_ACFP RN.docx • PPQ • Recruitment Email.pdf

The IRB granted final approval on 11/2/2018. The study is approved until 11/1/2019.

Review Category: Expedited Category # 7

Copies of all approved documents are available in the study's **Final** Documents (far right column under the documents tab) list in the eIRB.

Ongoing IRB submission requirements:

- Six to ten weeks before the expiration date, you are to submit a continuing review to request continuing approval.
- Any changes to the project must be submitted for IRB approval prior to implementation.
- Reportable New Information must be submitted per OHSU policy.
- You must submit a continuing review to close the study when your research is completed.

Guidelines for Study Conduct

In conducting this study, you are required to follow the guidelines in the document entitled, "Roles and Responsibilities in the Conduct of Research and Administration of Sponsored Projects," as well as all other applicable OHSU IRB Policies and Procedures.

Requirements under HIPAA

If your study involves the collection, use, or disclosure of Protected Health Information (PHI), you must comply with all applicable requirements under HIPAA. See the HIPAA and Research website and the Information Privacy and Security website for more information.

IRB Compliance

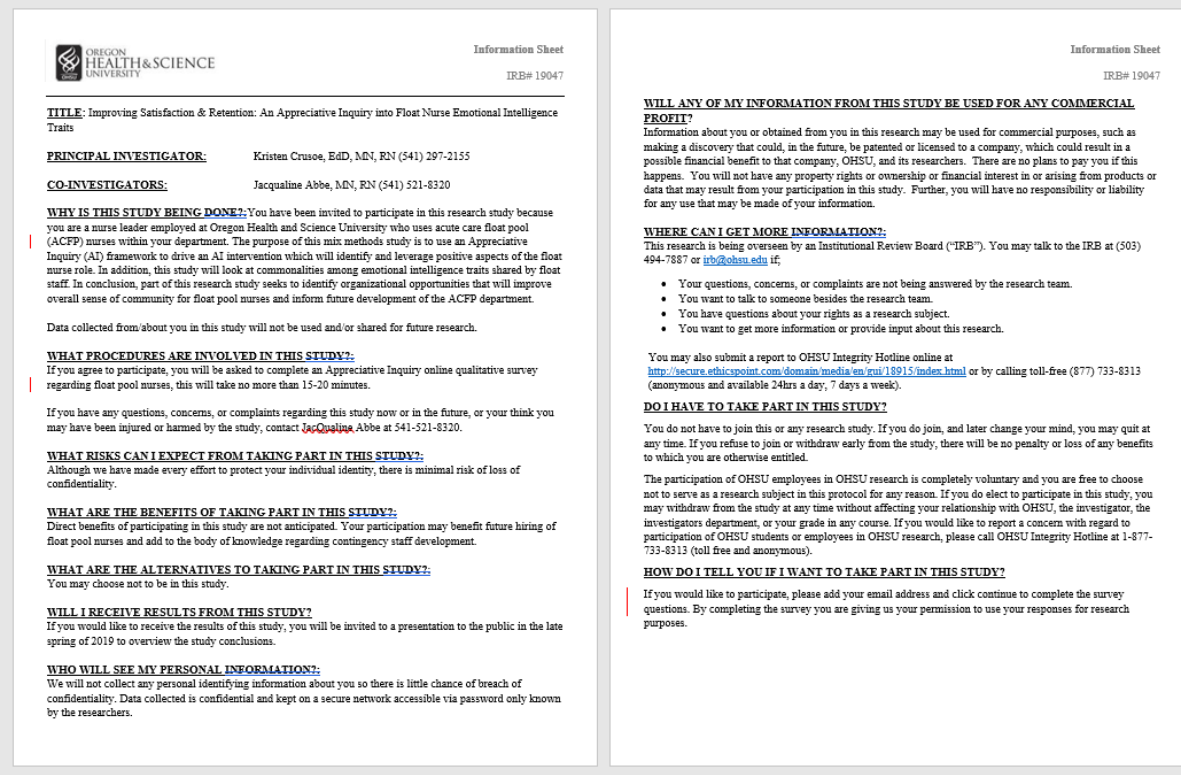
The OHSU IRB (FWA00000161; IRB00000471) complies with 45 CFR Part 46, 21 CFR Parts 50 and 56, and other federal and Oregon laws and regulations, as applicable, as well as ICH-GCP codes 3.1-3.4, which outline Responsibilities, Composition, Functions, and Operations, Procedures, and Records of the IRB.

Sincerely,

The OHSU IRB Office

Appendix C

Nurse Leader Information Sheet



OREGON HEALTH & SCIENCE UNIVERSITY

Information Sheet

IRB# 19047

TITLE: Improving Satisfaction & Retention: An Appreciative Inquiry into Float Nurse Emotional Intelligence Traits

PRINCIPAL INVESTIGATOR: Kristen Crusoe, EdD, MN, RN (541) 297-2155

CO-INVESTIGATORS: Jacqualine Abbe, MN, RN (541) 521-8320

WHY IS THIS STUDY BEING DONE?: You have been invited to participate in this research study because you are a nurse leader employed at Oregon Health and Science University who uses acute care float pool (ACFP) nurses within your department. The purpose of this mix methods study is to use an Appreciative Inquiry (AI) framework to drive an AI intervention which will identify and leverage positive aspects of the float nurse role. In addition, this study will look at commonalities among emotional intelligence traits shared by float staff. In conclusion, part of this research study seeks to identify organizational opportunities that will improve overall sense of community for float pool nurses and inform future development of the ACFP department.

Data collected from/about you in this study will not be used and/or shared for future research.

WHAT PROCEDURES ARE INVOLVED IN THIS STUDY?:
If you agree to participate, you will be asked to complete an Appreciative Inquiry online qualitative survey regarding float pool nurses, this will take no more than 15-20 minutes.

If you have any questions, concerns, or complaints regarding this study now or in the future, or your think you may have been injured or harmed by the study, contact JacQualine Abbe at 541-521-8320.

WHAT RISKS CAN I EXPECT FROM TAKING PART IN THIS STUDY?:
Although we have made every effort to protect your individual identity, there is minimal risk of loss of confidentiality.

WHAT ARE THE BENEFITS OF TAKING PART IN THIS STUDY?:
Direct benefits of participating in this study are not anticipated. Your participation may benefit future hiring of float pool nurses and add to the body of knowledge regarding contingency staff development.

WHAT ARE THE ALTERNATIVES TO TAKING PART IN THIS STUDY?:
You may choose not to be in this study.

WILL I RECEIVE RESULTS FROM THIS STUDY?
If you would like to receive the results of this study, you will be invited to a presentation to the public in the late spring of 2019 to overview the study conclusions.

WHO WILL SEE MY PERSONAL INFORMATION?:
We will not collect any personal identifying information about you so there is little chance of breach of confidentiality. Data collected is confidential and kept on a secure network accessible via password only known by the researchers.

Information Sheet

IRB# 19047

WILL ANY OF MY INFORMATION FROM THIS STUDY BE USED FOR ANY COMMERCIAL PROFIT?
Information about you or obtained from you in this research may be used for commercial purposes, such as making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company, OHSU, and its researchers. There are no plans to pay you if this happens. You will not have any property rights or ownership or financial interest in or arising from products or data that may result from your participation in this study. Further, you will have no responsibility or liability for any use that may be made of your information.

WHERE CAN I GET MORE INFORMATION?:
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if;

- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get more information or provide input about this research.

You may also submit a report to OHSU Integrity Hotline online at http://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24hrs a day, 7 days a week).

DO I HAVE TO TAKE PART IN THIS STUDY?

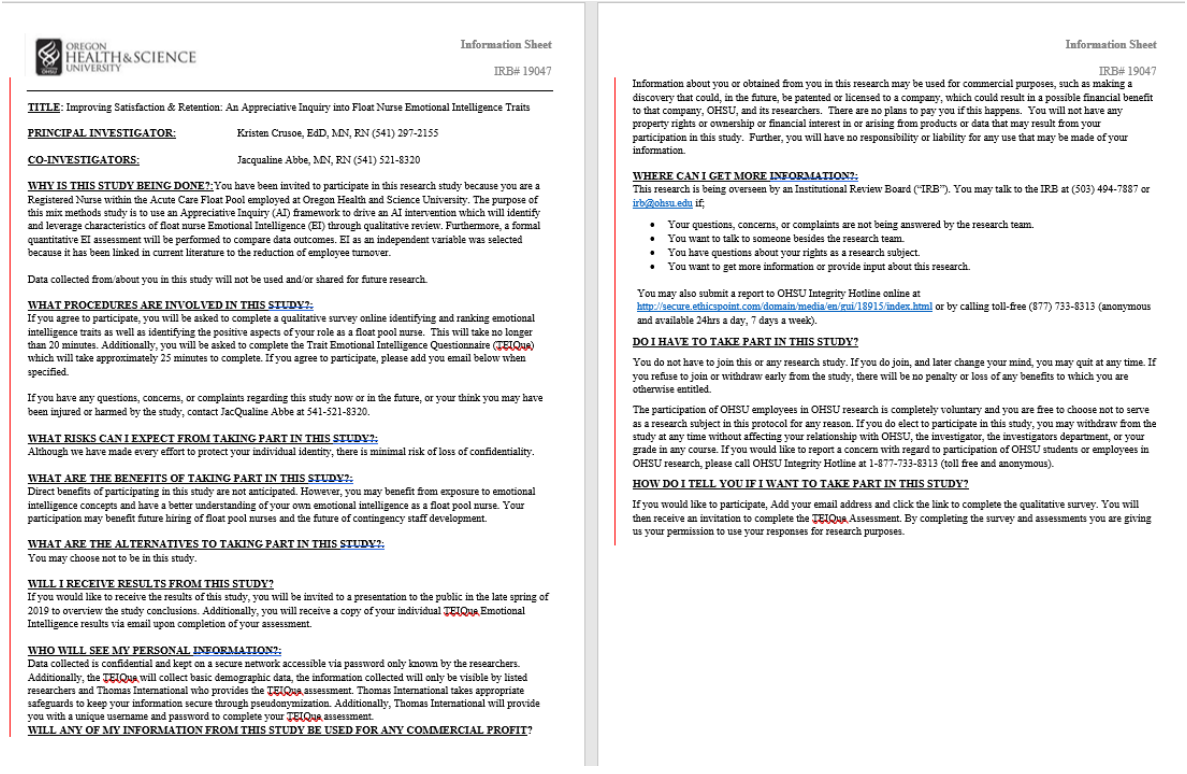
You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled.

The participation of OHSU employees in OHSU research is completely voluntary and you are free to choose not to serve as a research subject in this protocol for any reason. If you do elect to participate in this study, you may withdraw from the study at any time without affecting your relationship with OHSU, the investigator, the investigators department, or your grade in any course. If you would like to report a concern with regard to participation of OHSU students or employees in OHSU research, please call OHSU Integrity Hotline at 1-877-733-8313 (toll free and anonymous).

HOW DO I TELL YOU IF I WANT TO TAKE PART IN THIS STUDY?

If you would like to participate, please add your email address and click continue to complete the survey questions. By completing the survey you are giving us your permission to use your responses for research purposes.

ACFP Nurse Information Sheet



OREGON HEALTH & SCIENCE UNIVERSITY

Information Sheet

IRB# 19047

TITLE: Improving Satisfaction & Retention: An Appreciative Inquiry into Float Nurse Emotional Intelligence Traits

PRINCIPAL INVESTIGATOR: Kristen Crusoe, EdD, MN, RN (541) 297-2155

CO-INVESTIGATORS: Jacqualine Abbe, MN, RN (541) 521-8320

WHY IS THIS STUDY BEING DONE?: You have been invited to participate in this research study because you are a Registered Nurse within the Acute Care Float Pool employed at Oregon Health and Science University. The purpose of this mix methods study is to use an Appreciative Inquiry (AI) framework to drive an AI intervention which will identify and leverage characteristics of float nurse Emotional Intelligence (EI) through qualitative review. Furthermore, a formal quantitative EI assessment will be performed to compare data outcomes. EI as an independent variable was selected because it has been linked in current literature to the reduction of employee turnover.

Data collected from/about you in this study will not be used and/or shared for future research.

WHAT PROCEDURES ARE INVOLVED IN THIS STUDY?:
If you agree to participate, you will be asked to complete a qualitative survey online identifying and ranking emotional intelligence traits as well as identifying the positive aspects of your role as a float pool nurse. This will take no longer than 20 minutes. Additionally, you will be asked to complete the Trait Emotional Intelligence Questionnaire (~~TEIQue~~) which will take approximately 25 minutes to complete. If you agree to participate, please add you email below when specified.

If you have any questions, concerns, or complaints regarding this study now or in the future, or your think you may have been injured or harmed by the study, contact JacQualine Abbe at 541-521-8320.

WHAT RISKS CAN I EXPECT FROM TAKING PART IN THIS STUDY?:
Although we have made every effort to protect your individual identity, there is minimal risk of loss of confidentiality.

WHAT ARE THE BENEFITS OF TAKING PART IN THIS STUDY?:
Direct benefits of participating in this study are not anticipated. However, you may benefit from exposure to emotional intelligence concepts and have a better understanding of your own emotional intelligence as a float pool nurse. Your participation may benefit future hiring of float pool nurses and the future of contingency staff development.

WHAT ARE THE ALTERNATIVES TO TAKING PART IN THIS STUDY?:
You may choose not to be in this study.

WILL I RECEIVE RESULTS FROM THIS STUDY?
If you would like to receive the results of this study, you will be invited to a presentation to the public in the late spring of 2019 to overview the study conclusions. Additionally, you will receive a copy of your individual ~~TEIQue~~ Emotional Intelligence results via email upon completion of your assessment.

WHO WILL SEE MY PERSONAL INFORMATION?:
Data collected is confidential and kept on a secure network accessible via password only known by the researchers. Additionally, the ~~TEIQue~~ will collect basic demographic data, the information collected will only be visible by listed researchers and Thomas International who provides the ~~TEIQue~~ assessment. Thomas International takes appropriate safeguards to keep your information secure through pseudonymization. Additionally, Thomas International will provide you with a unique username and password to complete your ~~TEIQue~~ assessment.

WILL ANY OF MY INFORMATION FROM THIS STUDY BE USED FOR ANY COMMERCIAL PROFIT?

Information Sheet

IRB# 19047

Information about you or obtained from you in this research may be used for commercial purposes, such as making a discovery that could, in the future, be patented or licensed to a company, which could result in a possible financial benefit to that company, OHSU, and its researchers. There are no plans to pay you if this happens. You will not have any property rights or ownership or financial interest in or arising from products or data that may result from your participation in this study. Further, you will have no responsibility or liability for any use that may be made of your information.

WHERE CAN I GET MORE INFORMATION?:
This research is being overseen by an Institutional Review Board ("IRB"). You may talk to the IRB at (503) 494-7887 or irb@ohsu.edu if;

- Your questions, concerns, or complaints are not being answered by the research team.
- You want to talk to someone besides the research team.
- You have questions about your rights as a research subject.
- You want to get more information or provide input about this research.

You may also submit a report to OHSU Integrity Hotline online at http://secure.ethicspoint.com/domain/media/en/gui/18915/index.html or by calling toll-free (877) 733-8313 (anonymous and available 24hrs a day, 7 days a week).

DO I HAVE TO TAKE PART IN THIS STUDY?

You do not have to join this or any research study. If you do join, and later change your mind, you may quit at any time. If you refuse to join or withdraw early from the study, there will be no penalty or loss of any benefits to which you are otherwise entitled.

The participation of OHSU employees in OHSU research is completely voluntary and you are free to choose not to serve as a research subject in this protocol for any reason. If you do elect to participate in this study, you may withdraw from the study at any time without affecting your relationship with OHSU, the investigator, the investigators department, or your grade in any course. If you would like to report a concern with regard to participation of OHSU students or employees in OHSU research, please call OHSU Integrity Hotline at 1-877-733-8313 (toll free and anonymous).

HOW DO I TELL YOU IF I WANT TO TAKE PART IN THIS STUDY?

If you would like to participate, Add your email address and click the link to complete the qualitative survey. You will then receive an invitation to complete the ~~TEIQue~~ Assessment. By completing the survey and assessments you are giving us your permission to use your responses for research purposes.

Appendix D

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NURSE LEADER

This survey will take no longer than 20 minutes.

This survey has a 'save and return later' option. When using this option please make sure you write down your unique code. Return to the survey by clicking the link in the original email and insert the code.

If you have any questions please e-mail abbe@ohsu.edu

How long have you been a nurse?

- ◯ 0-2 years
- ◯ 2-4 years
- ◯ 4-6 years
- ◯ 6-10 years
- ◯ 10+ years

How long have you been a nurse leader?

- ◯ 0-2 years
- ◯ 2-4 years
- ◯ 4-6 years
- ◯ 6-10 years
- ◯ 10+ years

Rate the importance of emotional intelligence traits you believe are required to be a successful float pool nurse.

	Not Important At All	Of Little Importance	Of Average Importance	Very Important	Absolutely Essential
Adaptability	◯	◯	◯	◯	◯
Assertiveness	◯	◯	◯	◯	◯
Emotion Control	◯	◯	◯	◯	◯
Emotion Expression	◯	◯	◯	◯	◯
Emotion Management	◯	◯	◯	◯	◯
Emotion Perception	◯	◯	◯	◯	◯
Empathy	◯	◯	◯	◯	◯
Happiness	◯	◯	◯	◯	◯
Impulse Control	◯	◯	◯	◯	◯
Motivation	◯	◯	◯	◯	◯
Optimism	◯	◯	◯	◯	◯
Relationships	◯	◯	◯	◯	◯
Self-esteem	◯	◯	◯	◯	◯
Social Awareness	◯	◯	◯	◯	◯
Stress Management	◯	◯	◯	◯	◯

Appendix D Continued

Confidential

Page 2 of 3

Rate the importance of emotional intelligence traits you believe are required to be successful and comfortable floating off a unit of core competency.

[example, nurse floating from 13A to 14K]

	Not Important at all	Of Little Importance	Of Average Importance	Very Important	Absolutely Essential
Adaptability	○	○	○	○	○
Assertiveness	○	○	○	○	○
Emotion Control	○	○	○	○	○
Emotion Expression	○	○	○	○	○
Emotion Management	○	○	○	○	○
Emotion Perception	○	○	○	○	○
Empathy	○	○	○	○	○
Happiness	○	○	○	○	○
Impulse Control	○	○	○	○	○
Motivation	○	○	○	○	○
Optimism	○	○	○	○	○
Relationships	○	○	○	○	○
Self Esteem	○	○	○	○	○
Social Awareness	○	○	○	○	○
Stress Management	○	○	○	○	○

Floating Environment & Sense of Community

What do you appreciate most about nurses from the float pool?

What aspects of your unit foster a positive floating environment?

Describe 1 best practice your team currently uses to include float nurses into your units unique culture.

Describe 1 way your team can improve sense of community for float nurses in the future.

Describe 1 way our system currently fosters the professional development and/or success of float nurses across the organization.

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Page 3 of 3

Describe 1 way our system can improve float nurse professional development and/or success of float nurses across the organization.

Appendix E

Confidential

Page 1 of 3

Part I: ACFP Qualitative Survey

Improving Satisfaction & Retention: An Appreciative Inquiry into Float Nurse Emotional Intelligence Traits

This survey will take no longer than 20 minutes.

This survey has a 'save and return later' option. When using this option please make sure you write down your unique code. Return to the survey by clicking the link in the original email and insert the code.

If you have any questions please e-mail abbe@ohsu.edu

1 How long have you been a nurse?

- ◯ 0-2 years
- ◯ 2-4 years
- ◯ 4-6 years
- ◯ 6-10 years
- ◯ 10+ years

2 How long have you been a float pool nurse?

- ◯ 0-2 years
- ◯ 2-4 years
- ◯ 4-6 years
- ◯ 6-10 years
- ◯ 10+ years

Defining the Specialty of Float Nursing

3 What initially drew you to float pool?

4 Why do you stay in the float pool?

5 What do you value most about yourself as a float pool nurse?

6 Describe a high-light of nursing that could only be experienced as a float pool nurse.

7 As a float pool nurse, when were you the most engaged? Provide an example.

Appendix E- Continued

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8 What have you gained overall from your float experience that you could not have gained as a unit-based nurse?

Organizational Support

9 In what environments do you feel most supported? What are the characteristics of these environments that enable your success as a float nurse?

10 Specific to OHSU, in what ways do you feel the organization supports you distinctly as a float nurse?

Rate the importance of emotional intelligence traits you believe are required to be a successful float pool nurse.

	Not Important At All	Of Little Importance	Of Average Importance	Very Important	Absolutely Essential
Adaptability	○	○	○	○	○
Assertiveness	○	○	○	○	○
Emotion Control	○	○	○	○	○
Emotion Expression	○	○	○	○	○
Emotion Management	○	○	○	○	○
Emotion Perception	○	○	○	○	○
Empathy	○	○	○	○	○
Happiness	○	○	○	○	○
Impulse Control	○	○	○	○	○
Motivation	○	○	○	○	○
Optimism	○	○	○	○	○
Relationships	○	○	○	○	○
Self-Esteem	○	○	○	○	○
Social Awareness	○	○	○	○	○
Stress Management	○	○	○	○	○

Appendix E- Continued

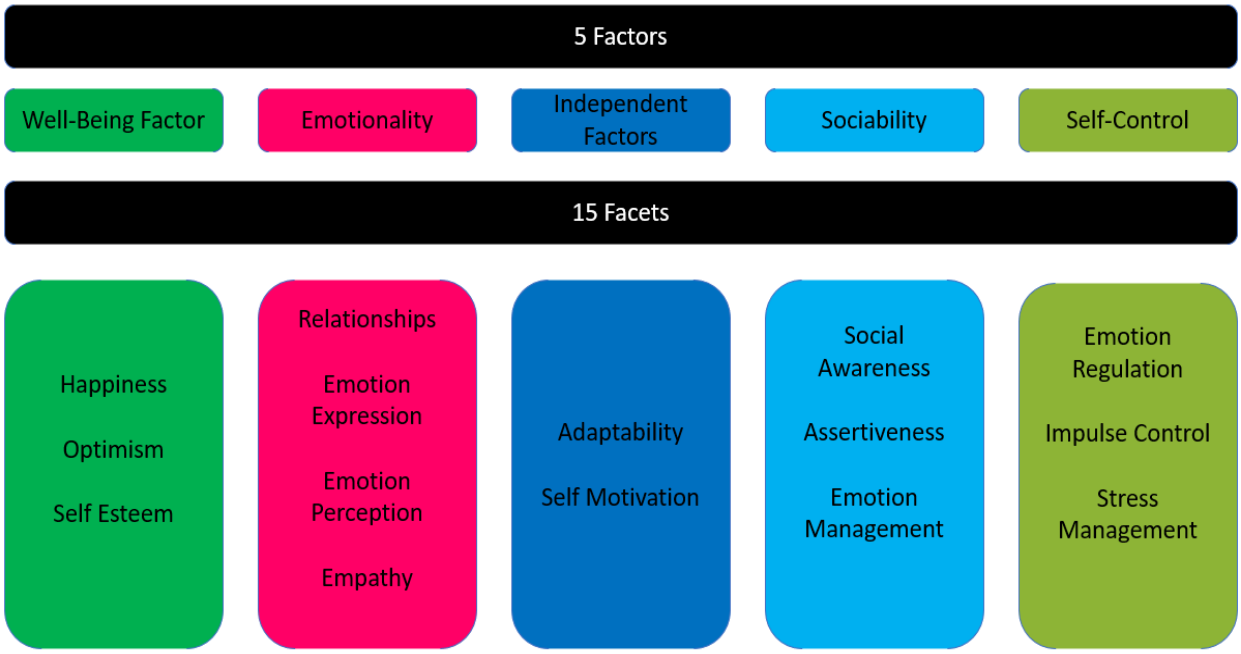
Pick the top five emotional intelligence traits you believe that you are the best at. [1 being most important, 5 being least important]					
	1	2	3	4	5
Adaptability	○	○	○	○	○
Assertiveness	○	○	○	○	○
Emotion Control	○	○	○	○	○
Emotion Expression	○	○	○	○	○
Emotion Management	○	○	○	○	○
Emotion Perception	○	○	○	○	○
Empathy	○	○	○	○	○
Happiness	○	○	○	○	○
Impulse Control	○	○	○	○	○
Motivation	○	○	○	○	○
Optimism	○	○	○	○	○
Relationships	○	○	○	○	○
Self-esteem	○	○	○	○	○
Social Awareness	○	○	○	○	○
Stress Management	○	○	○	○	○

Sense of Community

Think about how you define a community. Does the float pool have a unique community? If so, what are the characteristics that define this community?

Does float pool have specific norms and values unique from that of other units and/or departments?

Appendix F

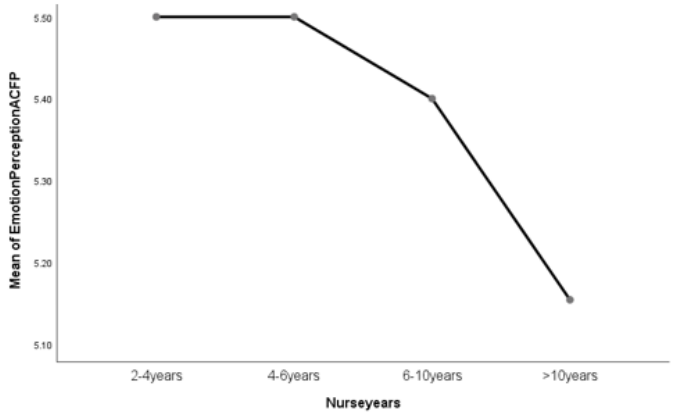


Factor	*Facet*	*Description*
Well-Being		
	Happiness	Cheerful, satisfied with life
	Optimism	Confident, looks at the bright side
	Self Esteem	Successful and self-confident
Emotionality		
	Relationships	Capable of having personal fulfilling relationship
	Emotion Expression	Capable of communicating feelings
	Emotion Perception	Clear about their own and other people's feelings
	Empathy	Capable of taking someone else's perspective
Sociability		
	Social Awareness	Accomplished networkers with excellent social skills
	Assertiveness	Forthright, frank, willing to stand up for rights
	Emotion Management	Capable of influencing other people's feelings
Self-Control		
	Emotion Regulation	Capable of controlling personal emotions
	Impulse Control	Reflective, less likely to give into urges
	Stress Management	Capable of withstanding pressure and regulating stress
Independent Factors		
	Adaptability	Flexible, willing to adapt to new situations
	Self-Motivation	Driven, unlikely to give up in the face of adversity

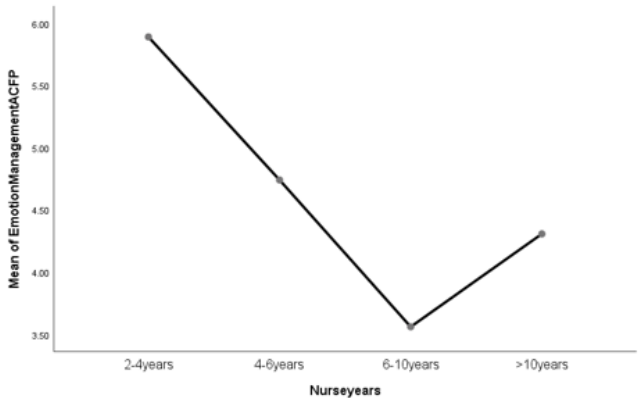
(Petrides, 2009)

Appendix G

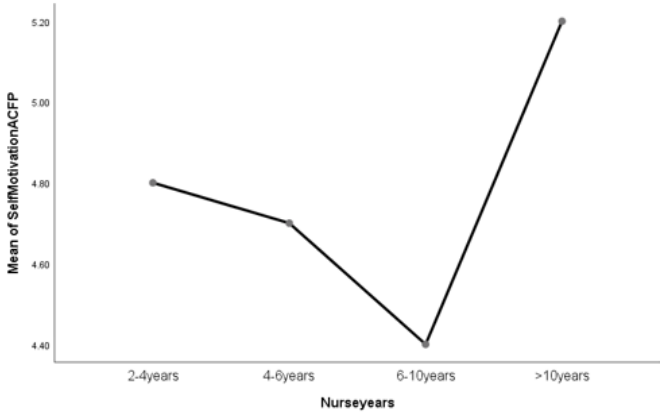
Emotion Expression decreases with nurse experience



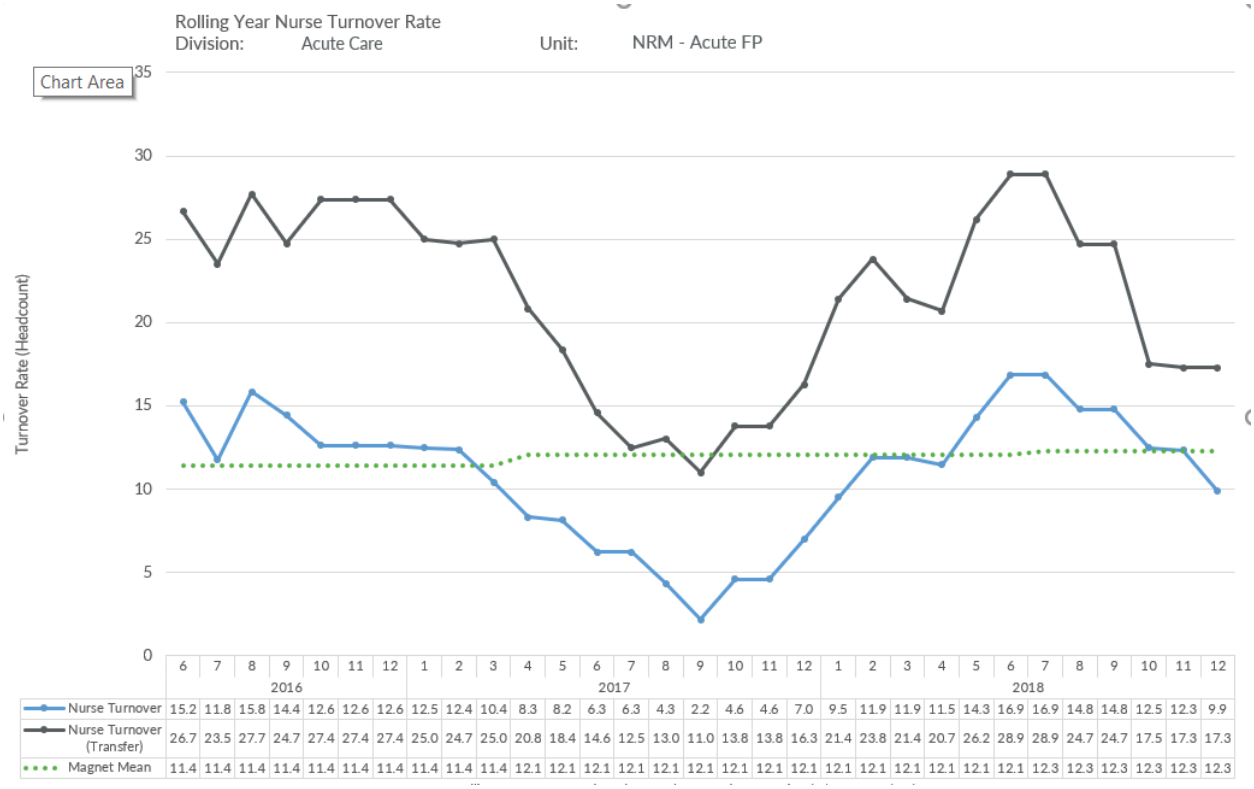
Emotion Management decreases with nurse experience



Self-Motivation increases with age



Appendix H



	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12
	2016							2017												2018											
Nurse Turnover	15.2	11.8	15.8	14.4	12.6	12.6	12.6	12.5	12.4	10.4	8.3	8.2	6.3	6.3	4.3	2.2	4.6	4.6	7.0	9.5	11.9	11.9	11.5	14.3	16.9	16.9	14.8	14.8	12.5	12.3	9.9
Nurse Turnover (Transfer)	26.7	23.5	27.7	24.7	27.4	27.4	27.4	25.0	24.7	25.0	20.8	18.4	14.6	12.5	13.0	11.0	13.8	13.8	16.3	21.4	23.8	21.4	20.7	26.2	28.9	28.9	24.7	24.7	17.5	17.3	17.3
Magnet Mean	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	11.4	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.1	12.3	12.3	12.3	12.3	12.3	12.3