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Using Appreciative Inquiry to Improve RN Retention in a Clinical Float Pool

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Abstract

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MSN, Walden University, 2010

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Submitted in Partial Fulfillment

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Abstract

In an Idaho-based hospital, the registered nurse (RN) turnover rate in the float pool was excessively high. The purpose of this project was to examine the effect of Appreciative Inquiry (AI) on a RN's sense of community (SOC) in a float pool and an RN's intent to stay employed after attending an AI event. Although much had been written about nursing retention, AI, and SOC separately, there was nothing on how AI could be used to increase a RN's SOC or intent to stay employed. AI is a change management framework that has been used to engage employees in a meaningful way. The goal of this project was to engage RN float staff in a 6-hour AI workshop to generate ideas on improving the work environment. The SOC theory by McMillan and Chavis provided the context for measuring RN perception. It was anticipated that participation would lead to an increased SOC and an increased likelihood of staying employed in the float pool. The Sense of Community Index 2 survey was administered pre and postworkshop to a convenience sample of RNs ($n = 22$) recruited from the float pool. Additionally, RNs were asked before and after the workshop how likely they were to leave their current position in the next 12 months. Data analysis was a paired t test based on a 1-group pretest and posttest design. Demographic data were collected to describe the sample population. The results, although not statistically significant, showed both an increased SOC and an increased intent to leave following the AI workshop. The findings show that AI may be useful for increasing SOC. However, as a tool for nursing retention, both AI and SOC require better understanding. It is hoped this study will provide leaders with a starting point for further investigation into how AI and SOC can be used to improve the nursing work experience.

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Section One: Overview of the Evidence-based Project

Introduction

A sense of community on a nursing unit is often reflected in the way staff relates to one another and the interpersonal relationships they form both at work and outside of work. Research suggests that a sense of community at work leads to improved organizational outcomes (Koch, 1999). In a float pool, the culture is different than on a dedicated unit. The float pool centers on self-motivation, independence, and the ability to move on to and off of different units, often in the same shift. The sense of connection that one might feel towards people they work with day in and day out is difficult to achieve in a float pool. Registered Nurses (RN) from the float pool may work alongside each other on any given day and not even know it. RNs may choose to work in the float pool so they do not become involved in politics that inevitably occur on any unit. By moving around, they can be free of the negative culture that may exist on a unit. The downside though is not having a sense of community during times of change when the support of a group can provide the context for innovation, acceptance, and moving forward (Royal & Rossi, 1996).

The Doctorate of Nursing Practice (DNP) project "Using Appreciative Inquiry to Improve RN Retention in a Clinical Float Pool" used Appreciative Inquiry (AI) as a framework to investigate a different approach to developing a sense of community in the workplace. AI was the lens through which staff looked at self-identified aspects of being a float pool nurse that could potentially enhance the work environment. It was hoped that a greater SOC would be achieved through the process of engaging RNs in an AI workshop designed to collaboratively generate ideas to improve the work environment. The fact that AI views the workplace as a

living phenomenon and believes the employees have the potential to envision and create a desired future lends itself to the development of a sense of community. A core tenet of AI is that growth occurs in the direction of where attention is focused (Cooperider, Whitney, & Stavros, 2008; Richer, Ritchie, & Marchionni, 2009). In this case, attention was focused on generating ideas than could potentially improve float pool nursing. Participants had the opportunity to discuss what they found rewarding about float pool nursing and to create a list of change ideas they believed would improve the float pool nursing environment.

Background

The literature is abundant with evidence showing the negative effects of decreased nursing satisfaction, a known predictor of intention to leave (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Jourdain & Chenevert, 2010; Lambert, Hogan, & Barton, 2001). Turnover as an independent variable has been shown to negatively impact care quality. Bae, Mark, and Fried (2010) show that turnover and decreased nursing satisfaction results in increased medication errors and increased falls. Patient mortality has been shown to increase when nurse satisfaction is diminished (Aiken, et al., 2008; Friese, Lake, Aiken, Silber, & Sochalski, 2008). Nursing satisfaction has an inverse relationship to overall quality of care (Aiken, et al., 2008; Van Bogaert, Meulemans, Clarke, Vermeyen, Van de Heyning, 2009) and patient satisfaction suffers when nurse dissatisfaction is present (Bae, et al., 2010; Kutney-Lee, et al., 2009). In addition, replacement costs for a new nurse hire exceeds the mean annual nursing salary (Jones, 2005) and the organization may lose important nurse knowledge, skills, and experience, collectively

referred to as intellectual capital (Covell, 2008). This leads to increased organizational cost at a time when budget management is of prime concern.

Sense of community in the workplace is a complex environment that evolves from robust workplace relationships (Koch, 1999). An increased sense of community leads to greater role innovation in the workplace and a more positive attitude towards change (Royal & Rossi, 1996) along with better coping behaviors (Bachrach & Zautura, 1985). Many attributes symbolize a sense of community, such as a shared vision (Wenger, 1998), shared values (Etzioni, 1993; Royal & Rossi, 1996), respect (McMillan & Chavis, 1986; Royal & Rossi, 1996), workplace diversity (Manion & Bartholomew, 2004; Royal & Rossi, 1996), and teamwork (Royal & Rossi, 1996). Manion & Bartholomew (2004) use the term affective commitment to describe the emotional connection that an employee feels towards the workgroup when a sense of community is present. The authors show a positive effect on turnover related to the presence of affective commitment. McMillan and Chavis (1986) provide a theory of sense of community that includes four components: membership, influence, integration and fulfillment of needs, and shared emotional connection.

Problem Statement

The Clinical Support Unit (CSU), commonly referred to as the "float pool", at St. Luke's Treasure Valley (SLTV) had experienced high nursing turnover for two years with a 2013 turnover rate of 26.78%. The majority of registered RNs who left the unit did so to join another department within the organization. Informal exit surveys identified dissatisfaction with a new electronic scheduling system and career advancement as reasons why some nurses were seeking

positions in other departments. Most nurses, however, did not give a specific reason for leaving. Using AI as a framework to create change, it was hoped that a greater sense of community would be achieved and that the number of nurses who planned to stay employed in the unit for the next twelve months would increase.

Purpose Statement

Nursing turnover has multiple impacts on a unit: increased cost, lower unit morale, and poorer patient outcomes (Aiken et al., 2008; Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Bae, et al., 2010). One measure that has been used to predict turnover is intent to leave (Griffeth & Hom, 1988; Mathieu & Zajac, 1990). The purpose of this project was to measure a float pool RNs' sense of community and intent to stay employed in the float pool both before and after participation in an AI workshop.

Goals and Outcomes

The work environment has been identified as being important to nursing retention (Andrews & Dziegielewski, 2005; Cohen, Stuenkal, & Nguyen, 2009). It has been shown that a perceived lack of supervisor support and a perceived lack of innovation on the unit may cause a nurse to leave (Cohen et al., 2009). AI proposes that, given the opportunity, members of a team can envision and create a desired future through identification of the positive that currently exists and use those insights as the building blocks for moving forward (Cooperider et al., 2008; Richer et al., 2009). The goal of this project was to engage float pool RNs in an AI workshop with the intention of creating positive change in the work environment. The expected outcomes for RNs were a greater sense of community through participation in the AI workshop and an increased

intent to stay employed in the float pool. Figure 1 illustrates the concept of the DNP project. Participation in the workshop had the potential to create a greater sense of community through meeting the community member needs identified by McMillan and Chavis (1986). It was expected the process would result in decreased nursing turnover in the float pool.

Significance and Relevance to Practice

Float pool RNs at St. Luke's Treasure Valley (SLTV) are unique in their ability to support multiple areas while maintaining competencies that are comparable to core nurses on the units. New graduate float pool RNs are required to support ten medical-surgical units for one year before being allowed to move into a specialty service line, i.e. women's services, critical care, or pediatrics. Once a nurse has moved into a specialty service line, they are no longer required to support the medical-surgical units. Limiting the number of units that each nurse supports allows for better maintenance of core competencies. Float pool nurses in this organization experience a high degree of respect for their ability to take nearly any patient assignment that a unit core nurse would be expected to take. The increased turnover rate had resulted in many new float pool nurses who had not yet developed the level of expertise that had historically been evident in this pool of nurses. The ratio of experienced to inexperienced float pool RNs had tipped in an unfavorable direction. The mission of the float pool to provide the right resource to the right unit at the right time had been put at risk by excess nursing turnover.

Project Questions

In June 2013, a group of five float pool RNs volunteered to discuss what they perceived to be the most important aspects of being a float pool nurse. The four hour session was facilitated

by the same person who eventually facilitated the AI workshop. The informal format of the meeting promoted vigorous dialogue about float pool nursing. The facilitator summarized the main concepts that emerged as communication, empowerment, role clarity, advocacy, and professional development. From this list, the group decided on communication and empowerment as the two most significant themes. These two themes were used to generate discussion during the AI workshop. The resulting project questions were (1) will participation in an AI workshop lead to an increased sense of community in the float pool, and (2) does participation in an AI workshop lead to an increased likelihood of staying employed in the float pool for the next twelve months. Pre- and post-test surveys were administered to all participants in an effort to answer the project questions.

Evidence-Based Significance of the Project

The importance of float staff in this organization lies in the ability to maximize human resources by quickly filling core staffing variances on units or by responding to unanticipated spikes in census. The flexibility of this staffing model helps organizations meet daily staffing demands (Linzer, Tilley, & Williamson, 2011). Better staffing has been shown to result in better patient outcomes and improved nursing satisfaction (Aiken, et al., 2008).

The nursing shortage coupled with an aging workforce foretells the importance of retaining qualified staff. High turnover can lead to a frustrating cycle of increasing staff dissatisfaction and even more turnover. From an organizational perspective the cost of onboarding new staff takes money away from other important endeavors. Perhaps most important is the expertise that is lost when a seasoned nurse leaves the unit. The middle-range

theory of nursing intellectual capital (Covell, 2008) conceptualizes the importance of collective

nursing knowledge in organizational performance and patient outcomes. Covell (2008) defines

nursing human capital as the cumulative knowledge and experience a nurse possesses. Nursing

human capital leads to activities that promote quality care such as best-practices or nursing

protocols. It is a product of tenure and continuing professional development, both of which are

lacking in new or inexperienced nurses (Covell, 2008).

Definitions of Terms

Appreciative Inquiry (AI): An organizational framework used for engaging staff in a

process designed to identify and exemplify the best in people and in an organization. AI leads

staff on a journey to identify what is already working well, what organizational or unit attributes

contribute to the positive, and how that understanding can be used to inform, create, and sustain

a future vision (Cooperider, et al., 2008).

Appreciative Inquiry Workshop: Bringing staff together for an opportunity to participate

in some or all of the elements of the AI process. Specifically, these elements are:

1. Discovery - identifying the best of what already exists.

2. Dreaming - imagining opportunities for the ideal future.

3. Designing – mapping a path to the future.

4. Destiny - planning for long term empowerment and performance (Cooperider, et al.,

    2008).

Nursing Turnover: Within the context of this project, turnover relates to nurses who leave

the clinical support unit regardless of whether or not they leave the organization.

St. Luke's Treasure Valley (SLTV): Two hospitals with a combined total bed capacity of 572 that is part of a larger health system supporting southwest Idaho.

St. Luke's Treasure Valley Float Pool: A nursing unit of benefitted and non-benefitted staff who are each able to float to multiple units. The float pool supports all inpatient units and some outpatient units. In this organization, the float pool is referred to as the Clinical Support Unit (CSU).

Sense of Community: Sense of community can be based on geographical location, as well as human interactions and emotional ties (Koch, 1999; Manion & Bartholomew, 2004). In the context of this project, sense of community refers to the Clinical Support Unit and the relational connections that RNs in the float pool have.

Limitations

The application of AI in this project was specific to the RN float pool at SLTV. It was meant to be an intervention aimed at improving RN SOC and retention in this unit population. It was not meant to be generalized beyond this group.

Summary

Appreciative Inquiry is an organizational development tool that has been widely used to approach innovative change. In the setting of this project, it was used to address a high nursing turnover rate in the SLTV float pool. By engaging float pool staff in an AI workshop designed to address communication and empowerment, two themes that float pool nurses had identified as being important to float pool nursing, it was hoped that a sense of community would develop and that RN likelihood of remaining employed in the unit would increase. This, in turn, had the

potential to increase satisfaction and quality care throughout all the units that the float pool

supported.

Section Two: Review of the Scholarly Evidence

Introduction

The purpose of this quality improvement project was to determine if participating in an AI workshop would lead to a better sense of community and an increased RN retention in the float pool. AI has been used as an organizational development tool in many industries, including healthcare. The literature shows that AI has been used to improve the nursing environment in hospitals (Havens, Wood, & Leeman, 2006; Wood, 2004) and as a framework for nursing processes (Yoon, Lowe, Budgell, & Steele, 2011), but there is no indication it has been used in a float pool setting. In addition to appreciative inquiry, this section will examine the literature around float pool characteristics, nursing turnover impact on quality of care, and retention strategies. The Sense of Community framework will be discussed.

Literature Search Strategy

A literature search was conducted using the following databases: CINAHL, Medline, PubMed, EBSCO, and Cochrane Library. Search terms included appreciative inquiry, nursing retention, retention strategies, nursing turnover, nursing quality, float pools, and resource pools. Boolean operators were used to refine the search terms with 'and', 'or', and 'not' applied to narrow results when needed. Bibliographies of selected articles were scanned to locate additional resources.

Float Pools

There are many ways that float pools, also referred to in the literature as resource pools, are structured and operationalized. Some organizations have designated float staff on each unit.

Others have a dedicated float department. Within these structures nurses may be expected to float to a few designated departments or many departments. In some cases, nurses are expected to float to any and all departments. Assignments range from tasking to taking a full patient assignment (Dzuiba-Ellis, 2006). The float pool at SLTV is a distinct department. At any given time, there are approximately fifty to sixty nurses in the float pool. Nurses schedule to the float pool and are assigned to a department on the day of operation. Assignments are determined by skill set and the area(s) of greatest need and are made through the staffing office. The nurses have clinical competence in a minimum of three skill sets with the ability to float to multiple departments on two different campuses.

Linzer, et al. (2011) identified personality traits that are specific to float pool nurses. Compared to unit based nurses, float pool nurses scored lower on "Rule-Consciousness" and "Tough-Mindedness" factors indicating that they are more open to change and to trying new things. Float pool nurses scored higher on "Openness to Change" and "Independence" suggesting they are more autonomous and socially comfortable than unit based nurses. Other factors that Linzer, et al. (2011) conclude is present in float pool nurses includes intellectual curiosity, good stress management, and a high frustration tolerance.

The literature is consistent on the reasons for having a float pool. The primary reason is to provide flexible staffing to accommodate staffing needs. Needs may result from sick calls, unfilled vacancies, or increased patient census. Having staff that can be assigned to areas of need provides many benefits for the unit and the organization. Float staff may eliminate or diminish the need to offer incentivized shifts or to pay overtime in order to entice staff to fill core

vacancies. A float pool can also take the place of bringing in costly outside agency help. Since patient quality has been shown to improve with adequate staffing, it stands to reason that having a float nurse, as opposed to being understaffed, is good for patient care. Finally, it is well documented that unit based nurses typically do not like to float (Dzuiba-Ellis, 2006; Rudy & Sions, 2003). Having dedicated float staff may improve nursing satisfaction by reducing or removing the need for unit based staff to float off their unit.

Nurses may receive additional pay and other benefits such as schedule flexibility for working in the float pool. The float nurses at SLTV do not receive a higher rate of pay. In the past, the schedule was significantly more flexible for float pool nurses than for unit based nurses. However, the recent hospital wide implementation of an electronic self-scheduling system has created parity in scheduling. Although CSU leadership tried to find ways to maintain additional schedule flexibility, the main reasons for SLTV float nurses to be employed in the float pool at the time of this project was because they enjoyed the nature of the work and it was a good fit for them personally and professionally.

Nursing Turnover

Some nursing turnover is to be expected especially in a float pool. Nurses working in the float pool are exposed to many different types of nursing and many different nursing units. Not only do these nurses sometimes decide to pursue one specific area of nursing, they are often recruited by the units because of their global perspective and their flexibility.

According to KPMG (2011), the national average turnover rate for general-surgical hospitals is 14%. Nursing turnover can affect a unit both positively and negatively. An influx of

different staff can provide an infusion of new ideas and fresh energy leading to different perspectives and needed change. Turnover becomes dysfunctional and creates a negative influence when nurses leave due to dissatisfaction or other controllable factors (O'Brien-Pallas et al., 2006).

The nursing shortage, which is expected to continue well into the future, dictates that organizations find ways to recruit and retain qualified staff. As experienced nurses leave an organization or a unit to be replaced by new graduates or less experienced nurses, the knowledge that goes with them can be an irreplaceable loss. In addition, money that might be spent on improving an organization is instead spent onboarding new nurses. Jones (2005) calculates the cost of replacing a nurse at 1.2 to 1.3 times the mean annual salary.

Magnet designated organizations, such as this one, are required to calculate and submit nursing turnover data which includes internal transfers, as well as, nurses leaving the organization. The American Nurses Credentialing Center (ANCC) Magnet Commission considers turnover an indication of the adequacy of the nursing workforce. Turnover is considered either controllable or uncontrollable. Uncontrollable turnover includes events such as injury, death, retirement, workforce reduction, and disciplinary reasons. Everything else is considered controllable by the organization (Boyle & Miller, 2008).

There are many reasons why a nurse leaves a unit or an organization. Some of the reasons cited by Andrews and Dziegielewski (2005) include low levels of job satisfaction, failure of nursing to become an autonomous professional practice, low salaries, injury, stress, and understaffing. Lambert, et al. (2001) report that job satisfaction is the most predictive value of

turnover. Cohen et al., (2009) identified poor supervisor support as a statistically significant reason (t = -2.03, P = .04) why nurses report leaving or changing units. The authors also note, however, that managers typically do not have the time to address individual nurse needs and, in fact, have turnover rates that are comparable to the nurses they are expected to help. Cohen et al. (2009) found that a lower perception of innovation was statistically significant for nurses leaving or changing units. Creating opportunity for nurse involvement in unit level improvement efforts is one recommended way to address the issue of innovation.

Impact on Quality of Care

The impact of nursing dissatisfaction and nursing turnover on quality patient care has been well documented. Falls and severe medication errors have been found to increase on units experiencing a higher nursing turnover (Bae et al., 2010. Studies show an inverse relationship between dissatisfaction with the work environment and quality of care (Aiken et al., 2008; Van Bogaert et al., 2009). A 14% increase in 30 day mortality, independent of nurse staffing and nurse education, was found in hospitals with poor care environments (Aiken et al., 2008). Friese et al. (2008) found a relationship between nurses' perception of a poor environment and an increased risk of mortality and failure to rescue. In a multi-state survey by Kutney-Lee et al. (2009), the authors found a positive correlation between perception of the work environment and patient satisfaction scores, indicating that nurse's perception of the work environment impacts the patient experience.

Job burnout is linked to both turnover and poorer quality of care. Role demand is one of the main reasons that Jourdain and Chenevert (2010) find that nurses experience burnout.

Understaffed working conditions place a demand on clinical nurses that can be a cause of low

staff morale. A seminal study by Aiken et al. (2002), found that one additional patient added to a

nurse's assignment resulted in both a 7% increased risk for 30 day patient mortality and the

likelihood that failure-to-rescue would occur.

There has been some speculation that the quality of float pool nursing is not as adequate

as that of a unit based nurse. Aiken, Xue, Clarke, and Sloane (2007) examined the characteristics

of supplemental staff to determine if there were quality differences. Supplemental staff was

defined as float pool staff, unit based staff that floated to units outside their home unit, and

outside agency staff. The authors found that deficits in the patient care environment could

account for any quality difference in patient care. The authors concluded that supplemental staff

did not provide worse care. In fact, they found that units utilizing supplemental staff had better

outcomes, indicating that the root problem may be understaffing.

Retention strategies

Self-scheduling, career development opportunities, participation in decision making, and

employment in a Magnet designated facility are some of the factors that research has shown to

improve nurses' perception of the work environment (Gormley, 2011; Ulrich, Buerhaus,

Donelan, Norman, & Dittus, 2007; Wilson, Squires, Widger, Cranley, & Tourangeau, 2008).

SLTV is comprised of a 572 bed hospital system that spans two campuses. The organization has

been Magnet designated since 2001. There is a robust shared governance structure in which the

float pool participates. Flexible self-scheduling, variable shift lengths, and leadership support for

career growth are part of the float pool structure. Experienced nurses are able to specialize and

are not required to support all units. New graduate hires are given an extensive orientation to the medical-surgical units and are enrolled in a nurse residency program for the first year. After the first year they are allowed to add specialty skill sets. Even though the float pool work environment embraces many of the recommended practices to improve nursing satisfaction, the 2013 turnover rate was 26.78%.

Appreciative Inquiry

Appreciative Inquiry is an organizational development tool that taps into the existing capital of what is already working. AI engages staff to identify things in the work environment that are currently good and to use those insights as a foundation for envisioning a desired future. Approaching change from a positive perspective unleashes an infinite capacity to dream big and to innovate from a place that is free of negativity. Placing attention on the dreamed future will move the unit in a desirable direction. Staff engagement at this level has the ability to positively change attitudes and behaviors (Fry, 2008; Mae et al., 2011) resulting in a more satisfied workforce.

AI approaches change by engaging staff in the development of ideas to promote positive change. In the case of this project, it allowed staff an opportunity to exchange ideas and build a shared vision for the future. Richer et al. (2009) discuss the proposition that individuals are capable of delivering innovative ideas that arise from transformation aligned with values and belief. AI is a change process that recognizes the power of employees to draw on past positive experiences in order to dream a desired future and create positive solutions for moving forward.

AI rejects the usual response of identifying a problem and trying to fix it. Instead, it proposes that change begins from positive strengths, using optimism to focus on creating a shared vision of the future. Problem solving, because it focuses on the negative, limits creativity and leads to fragmentation rather than collaboration (Mae et al., 2011). AI views the workplace as a living system with members of the system representing unexplored potential for innovation based on existing strengths and lived values (Cooperider et al., 2008; Richer, et al., 2009). Although most literature on the use of AI is outside of healthcare, there is an emerging body of work that shows AI has a place at the bedside (Lazic, Radenovic, Arnfield, & Janic, 2011; Richer et al., 2009; Yoon et al., 2011).

The purpose of having an AI workshop was to engage staff in developing innovative ideas to create a more desirable work environment. Richer et al. (2009) used AI as a framework to engage staff in change at an outpatient cancer center. The authors found that nurses, using the AI framework, proposed new ideas around work flow and interdisciplinary collaboration.

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Theoretical Frameworks

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Sense of Community Framework

Durkheim (1964) noted that community is based more often on interests and skills than it is on locale. Gusfield (1975), building on this notion, distinguished the idea of relational community as being separate and distinct from geographical community. Community at work is an extension of the concept of community based on relationships.

A framework for community, both territorial and relational, that evolved from these and other prior works is the Sense of Community Theory developed by McMillan and Chavis (1986).

The authors propose that community is based on four distinct concepts: membership, influence, integration and fulfillment of needs, and shared emotional connection. A better understanding of each attribute aids in understanding the concept as a whole.

       Membership. Membership includes the attributes of group boundaries, emotional safety, a sense of belonging, investment, and common symbols that define group norms and meaning. Attributes work together to create a synergistic quality of membership. Together they define who is a member of the community.

       Influence. Influence includes a member having some control over what the group does and the group having some control over what the member does. Although these two concepts may at first seem in opposition, when working together they create a sense of cohesiveness. Members want to feel they are influential in the community while, at the same time, community influence on individuals leads to conformity and closeness of community members.

       Integration and Fulfillment of Needs. This simply implies that association with the community is rewarding. Examples of rewards include status of membership, community success, and association with other competent members. Understanding the shared values of the membership allows the community to help meet the needs of the constituents.

       Shared Emotional Connection. In part, history is the foundation of shared emotional connection. It is important to note that it is not necessary to have participated in a community's history in order to identify with it. The more community members interact, the more they share the history. It is important for a community to create opportunities for members to have shared

experiences, ways in which members experience important events, a process for positively

resolving issues, and opportunities to honor others and invest in the community.

Participation in an AI workshop can lead to a greater SOC through an alignment with,

and a promotion of, the four concepts proposed by McMillan and Chavis (1986). Through peer

collaboration at the AI workshop, participants had the opportunity to feel a greater sense of

belonging and greater emotional security through a deeper connection with other float pool

members. In addition, during the workshop, staff worked together to define important aspects of

being a float pool nurse. All of this had the potential of creating a sense of membership within

the float pool community.

As participants shared stories and ideas, they were influencing the course of the

discussion. In the same way, participants were influenced by the thoughts and ideas of others.

Through the process of sharing, it was hoped that participants would begin to create a sense of

group cohesiveness and a feeling of influence within the group.

The purpose of the AI workshop was to identify those things that participants valued the

most about being a float pool nurse and to use the positive feedback for creating a vision of a

desirable future. By accomplishing this, float pool nurses successfully created a future vision that

met the needs of this particular community.

As already noted, history is a strong component of shared emotional connection. History

does not have to be lived, it can be shared. One of the exercises in the AI workshop was to share

past CSU experiences that had been most valuable and that could be used to inform a vision for

the future. Through storytelling, participants shared the history of CSU with those who had not lived it.

According to McMillan and Chavis (1986), the four elements of SOC are dynamically interactive and can be purposefully introduced into a group setting. Figure 2 shows how the phases of AI support the elements of SOC while providing a framework for exploring the dynamics of the float pool.

The workshop was held onsite and was be led by a trained and experienced AI facilitator. The room was arranged so that participants sat in pods of six to eight people to promote engagement during small group discussions. The agenda was structured to focus on the discovery, dream, and design phases of AI (Table 1). The final product was an actionable list of changes meant to improve the float pool nursing environment.

Summary

Float pools are dynamic in nature. Even though some nursing turnover is to be expected, a nursing unit can be negatively affected by too much turnover. The literature clearly shows that dissatisfaction with the environment and nursing turnover can negatively impact the quality of patient care, patient outcomes, and the patient experience. Appreciative Inquiry is an approach to including staff in the creation of a desirable environment based on existing attributes that are deemed positive and successful. Participation in an AI workshop can contribute to the four components of community. Feeling a sense of community in the work environment may lead to better nursing retention.

Section Three: Approach

Introduction

The purpose of this project was to do a comparison of float pool RNs' SOC and float

pool RNs' likelihood of staying employed in the CSU before and after participation in an AI

workshop. This section will describe the design and method used for the project, the target

population, and how sampling occurred. Data collection and data analysis will be described and

an evaluation/dissemination plan will be highlighted.

Design and Methods

An AI workshop was offered to all RN staff working in the float pool. Inclusion was any

RN working in the float pool at the time of the Workshop. There were no exclusions. Specific

steps for recruiting participants were:

1. Float pool staff were identified through an electronic report that was routinely
    generated through the human resources department at this organization.

2. Three weeks prior to the AI workshop, an email was sent to all float pool RNs work
    email address informing them of the event, details on the time and date, and inviting
    them to voluntarily sign up and participate in the workshop. No emails were returned
    "undeliverable", indicating that all eligible participants received an email invitation.

3. Two weeks prior to the workshop, the same email was sent to all float pool RNs
    reminding them of the workshop and inviting them to voluntarily sign up.

4. One week prior to the workshop, an email was sent to all RNs who had signed up
    reminding them of the time, date, and location.

The workshop was scheduled in a room located on the hospital campus. The workshop facilitator was a SLTV employee from a different department with training and experience in Appreciative Inquiry. Clinical RNs and RN leadership from the float pool were invited to attend the workshop as participants.

Population and Sampling

A convenience sample was recruited from the float pool. At the time there were 69 RNs employed in the float pool. Because a certain number of staff was required to work the night before and the day of the workshop, the maximum staff available for participation was 54. A power analysis showed that a sample size of 40 would be needed to detect likelihood of remaining employed with 83% confidence. The project was specific to the sense of community that nurses felt in the float pool and the RN likelihood of staying employed in SLTV float pool without any intent to generalize beyond this population or this unit.

Data Collection

The Sense of Community Index 2 (SCI-2) survey was administered to RNs pre- and post-workshop (figure 3). The pre-survey was administered on paper at the beginning of the workshop with an assistant facilitating the process. The post-survey was administered electronically. The SCI-2 is based on the sense of community theory developed by McMillan and Chavis (1986) and is available for free use. The author, David Chavis, was notified by email (to www.communityscience.com) of the intent to use the survey for this project. The instrument uses a Likert type of response to measure the four elements of sense of community described by McMillan and Chavis: membership, influence, meeting needs, and a shared emotional

connection. Results have shown the SCI-2 to be a reliable measure of sense of community (coefficient alpha = .94) with individual subscale reliability (coefficient alpha scores of .79 to .86) (Chavis, Lee, & Acosta, 2008).

As each RN entered the workshop, they were given a numbered survey to complete. The assistant listed the staff name and their survey number on a log that only she had access to and she kept in a locked drawer. The log was used to inform staff who had lost their survey number, needed for the post-survey. Once the post-survey was closed, the log was destroyed by the assistant.

The surveys, once logged by the assistant, were placed in a security envelope, sealed, and stored in a collection receptacle. Following that, the pre-workshop survey results were kept in a locked drawer accessible only to me. The survey data were managed by me with results input into a spreadsheet for the statistician to use.

Demographic information obtained included (a) gender, (b) nursing education level, (c) number of years employed as a RN in CSU, and (d) total years of RN experience. Participants were asked how likely they were to leave their current position in the next twelve months and were given a five-point Likert scale response ranging from very unlikely to very likely. If they answered likely or very likely, they were asked to identify one main reason. Choices provided were (a) career change or progression, (b) retirement, (c) family or personal reason, and (d) job or unit dissatisfaction.

RNs were notified at the workshop that they would be receiving an anonymous post workshop survey (the same survey tool minus the demographic data were used) via email five

days following the workshop. At five days post-workshop, a link to an anonymous online survey was sent to all RN participants. The online survey was through Survey Monkey, a survey management service utilized within this organization.

A reminder to complete the online survey was sent to all workshop participants eight days following the workshop. A second reminder was sent at eleven days. Collection of survey responses stopped two weeks after the workshop. Electronic survey data were kept in a password protected file.

The DNP student held the position of director for the float pool at the time of the AI workshop. In order to avoid a conflict of interest and to protect the participants, my role as a student and project coordinator was clearly stated. Participants were informed that participation or non-participation would not impact their standing in the float pool or on their annual evaluation. Employees were paid their hourly wage for attending the workshop since participation benefitted the department. Survey information was anonymous and only reported in aggregate. Results of the workshop and survey information were shared with all float pool staff, including non-RNs and those who did not participate in the workshop.

During the workshop, no participants experienced discomfort or distress. If they had, they would have been allowed to leave and to be excluded from the surveys. Information on the Employee Assistance Program would have been offered so the staff member could receive free counselling for any issues that had arisen during the course of the workshop.

All participants were entered into a drawing for prizes. These consisted of a $50 gift certificate (x1), 2 movie tickets (x2), and a $10 coffee bar coupon (x1). Each RN who completed

the post-workshop survey could contact the assistant to have their name added a second time for the drawing, doubling their chance to win. The assistant did not share post-survey participation information with anyone.

Data Analysis

Demographic data were used to describe the sample population. A statistician employed by the organization evaluated the data using the Statistical Package for the Social Sciences (SPSS). A paired *t* test was employed to evaluate statistical differences in the means. The *t* test is particularly useful when the sample size is expected to be small as it was in this project. The SCI-2 subscales were evaluated independently, as well as compared to the participant response about likelihood of leaving, in an effort to determine if a correlation could be observed.

Project Evaluation Plan and Dissemination

The results of this project were presented at a staff meeting following the AI workshop. At that time participants had the opportunity to provide input on the experience and how beneficial they thought it was. All CSU staff, including those who did not participate, were included in a discussion on the project results and were given the opportunity to participate in decision making about what action plans would be developed. Updates on any action plans developed will be provided at subsequent staff meetings.

Summary

The float pool is part of a Magnet designated hospital system that had implemented many best practices aimed at improving RN retention. Despite this, the float pool had a 26.78% nursing turnover rate. A high turnover rate can lead to low staff morale, staff dissatisfaction, and poorer

patient care. The loss of intellectual capital put the unit mission to provide the right resource at the right time in jeopardy. The cost of nursing turnover was of great concern as the organization attempted to provide better care with better outcomes at lower costs. Addressing this issue was an important component of reaching organizational and unit level goals.

Employing a different strategy to engage staff at the unit level provided an avenue for changing the current trend. Appreciative Inquiry is an organizational development tool that engages staff in innovative thinking and change at the unit level. Through participation in an AI workshop, staff were able to collaborate, exchange ideas, and create a future vision for the float pool. It was hoped that collaborative engagement in this process would help create a sense of community within the float pool and that a greater sense of community would lead to greater retention of nursing staff. Pre- and post-survey data were used to ascertain if nurses felt a greater sense of community and if the goal of increasing RN intent to stay employed in the unit was achieved.

Section Four: Findings, Discussion, and Implications

Nursing turnover has a substantial negative impact on quality of care and on organizational costs. The current nursing shortage coupled with an aging workforce indicate the need to find innovative ways to retain experienced staff. The goal of this project was to engage float pool RNs in an AI workshop with the intention of creating positive change in the work environment. The expected outcomes for RNs was a greater sense of community through participation in the AI workshop and an increased intent to stay employed in the float pool. The purpose of the project was to measure a float pool RNs' sense of community and likelihood of staying employed in the float pool both before and after participation in an AI workshop.

The findings, although not statistically significant, showed an increased sense of community and an increased likelihood of leaving the unit after attending the AI workshop. These results indicate the need to further explore the relationship between sense of community at work and intent to stay employed.

Summary of Findings

A pre- and post-AI workshop survey was used to measure sense of community and intent to stay employed in the float pool for the next twelve months. A total of twenty three nurses participated in the pre-survey. One did not complete the post-survey, leaving twenty two cases to be analyzed. Most nurses were female and had a Bachelors of Science in Nursing (BSN) degree. Nearly half of the participants had been in the float pool for more than five years. Total years as a nurse ranged from 0.5 to 30 with a mean of 6.6 years.

The initial question on the survey asked how important it was for the individual to feel a sense of community with other community members. The question is meant to be used as a validating question in interpreting the survey results. Only eleven nurses completed the question in the pre-workshop survey so it was not possible to compare the perceived importance of sense of community with actual sense of community as measured by the survey questions. Because this question is only used to determine the individual's perception of the importance of sense of community, overall and subscale scoring of the responses was not affected.

Pre- and post-scores measuring sense of community are shown in Table 2, along with the p value from the paired *t* test comparing the pre- and post-mean scores. In addition to the total score, the four sense of community subscales were individually scored. The post-workshop means for the sense of community total score and three of the four subscales increased after the AI workshop. Although not statistically significant, the scores indicate an improved sense of community after participation in the AI workshop. The largest positive differences in means were seen in the Total Score (Sense of Community [43.5 to 44.6]) and in the Influence sub-score (11.6 to 12.5). The only subscale mean that was lower in the post-survey response was Reinforcement of Needs (11.2 to 10.9).

In responding to how likely they were to leave the unit in the next twelve months, the mean showed a greater likelihood of leaving after attending the AI workshop (Table 3). Out of the 22 respondents, 1 nurse changed their intent from "unlikely" to "likely" and 1 nurse changed from "unlikely" to "very likely". In all instances, the reason given was "career progression/change".

There are several possible explanations for the results showing an increased sense of community but also an increased intent to leave the unit in the next twelve months. The first and most probable explanation is that the small sample size may not be representative of the results that would be seen in a larger sample size. A power analysis showed that a sample size of 40 would be needed to detect likelihood of remaining employed with 83% confidence. Another consideration for the results may be that the questions themselves were not ones the nurses had considered prior to getting the pre-survey, but the pre-survey may have started them thinking about these questions resulting in post-workshop responses that were not really comparable to their responses in the beginning. Finally, participation in the workshop may have led to the post-responses observed.

Discussion of Findings

Appreciative Inquiry is an organizational development tool that has been widely used to approach innovative change. In the setting of this project, it was used to influence SOC in the SLTV float pool. While the findings did not support the hoped for outcomes, the participants indicated they benefitted from participating in this process.

During the workshop, there was vigorous discussion and engagement amongst the participants. Throughout the workshop, the participants displayed enthusiasm and positivism when discussing possible ways to improve the work environment. After the workshop, I had several float pool staff approach with comments such as "I feel so much more optimistic now" and "we should do this every year". Nearly every participant thanked me, and a few hugged me,

as they were leaving the workshop. Additionally, participants gave overall good feedback about the experience during a subsequent staff meeting.

The participants identified over 25 interventions they believed would improve the float pool work environment and, in many cases, volunteered to take the lead on initiating the interventions. All agreed that the results of the workshop should be discussed with all staff at the next scheduled staff meeting and addressed at quarterly staff meetings thereafter to provide updates on the progress being made towards implementing the interventions.

The nursing shortage coupled with the increased role that nurses play in patient outcomes requires organizations to find innovative ways of engaging nurses in the work environment. Sense of community in the work environment may provide an insight into additional workforce needs that could lead to greater nursing satisfaction and greater nurse engagement. Whether in the framework of Appreciative Inquiry or not, SOC deserves more attention in the nursing work environment.

Implications of Findings

Practice

The consequences of dissatisfied nurses and high nursing turnover are well documented in the literature. In order to support quality patient outcomes, it is vital that organizations find ways to improve nursing retention and engage nurses in improving the work environment. Although the data from this project did not indicate a significant change in sense of community or intention to stay employed, the staff who attended the AI workshop expressed gratitude and

optimism about being part of this process. By engaging staff in a positive way it may lead to better relationships in the float pool and an increased optimism about the float pool environment.

Future Research

There is little in the literature about float pool nursing and nothing that relates to staff retention specific to a float pool unit. Because of a float pool's ability to maximize human resources in a flexible manner to support unanticipated staffing needs, it is a nursing unit that can have a profound impact on staffing levels which can, in turn, impact overall staff satisfaction and quality of patient care. Future research focusing on float pool nursing satisfaction and retention should include a larger sample size and should track the participants for a longer period of time.

Sense of Community is a concept that has not been widely applied to the nursing work environment but has the potential to shine light on additional aspects of nursing satisfaction that could lead to better retention. This is an area that deserves further investigation in terms of potential impact on nursing satisfaction and nursing retention.

Appreciative Inquiry continues to be widely used as a framework for positive change. In terms of the nursing work environment, AI should be studied as a tool for creating and implementing positive changes in the work environment with special attention placed on how this might affect nursing satisfaction and nursing retention.

Social Change

Nurses in the float pool typically do not have the opportunity to develop the same types of close relationships that other nurses may enjoy when they work in a solo department. Float pool nurses have always been valued for their ability to work independently and to flex onto and

off of multiple units. However, there may be some benefit to creating a sense of community within this group of nurses. The potential benefits could include better adaptability during times of change (Royal & Rossi, 1996) that might eventually result in greater work satisfaction.

Projects Strengths and Limitations

Strengths

Appreciative Inquiry has been well studied and applied in a variety of settings. Sense of Community is a widely accepted theory and suitable for use in a group setting. The Sense of Community survey instrument is a validated tool with proven reliability.

Limitations

The main limitation to this project was the small sample size. Another limitation was only having one post-survey data point. It may be possible that as the participants continue implementing the projects identified in the AI workshop, they will develop better relationships with one another resulting in a greater sense of community. This could only be measured through a series of data collections. Finally, the timeline for the project eliminates the possibility of following each individual participant in the float pool for retention which would be the only way to truly measure the one year retention rate for this group.

Recommendations for Remediation of Limitations in Future Work

Both Appreciative Inquiry and Sense of Community deserve further study in the context of the nursing work environment. A larger sample size is needed to determine if either of these independently, or combined, have the potential to positively impact nursing retention. Retention rates of the participants should be monitored for long term trends and compared to the unit

baseline retention rates to determine if there is an actual difference in retention following the workshop.

Summary and Conclusions

The purpose of this project was to implement an Appreciative Inquiry workshop with the goal of increasing Sense of Community and Intent to Stay Employed for the RN staff in a float pool. Turnover and retention have become focus areas as organizations try to improve quality of care while, at the same time, decreasing costs. In this particular float pool unit, the high nursing turnover rate was costly and had resulted in a loss of experienced staff.

There is existing literature that defines certain elements of the work environment that improve staff satisfaction which can, in turn, improve retention rates. However, as in the case of this unit, having those elements in place does not always translate to improved retention rates. Sense of Community has been shown in other settings to have a positive impact on those who experience a strong SOC. It was hoped that participation in a team building Appreciative Inquiry Workshop would result in an increased SOC. Although the data results were insignificant, SOC did show an overall increase following the AI Workshop. Surprisingly, the increased SOC did not result in an increased intent to stay employed. These unexpected results show the need for further clarification on how Appreciative Inquiry and Sense of Community, either separate or in tandem, may influence the nursing workforce and, specifically, nursing retention.
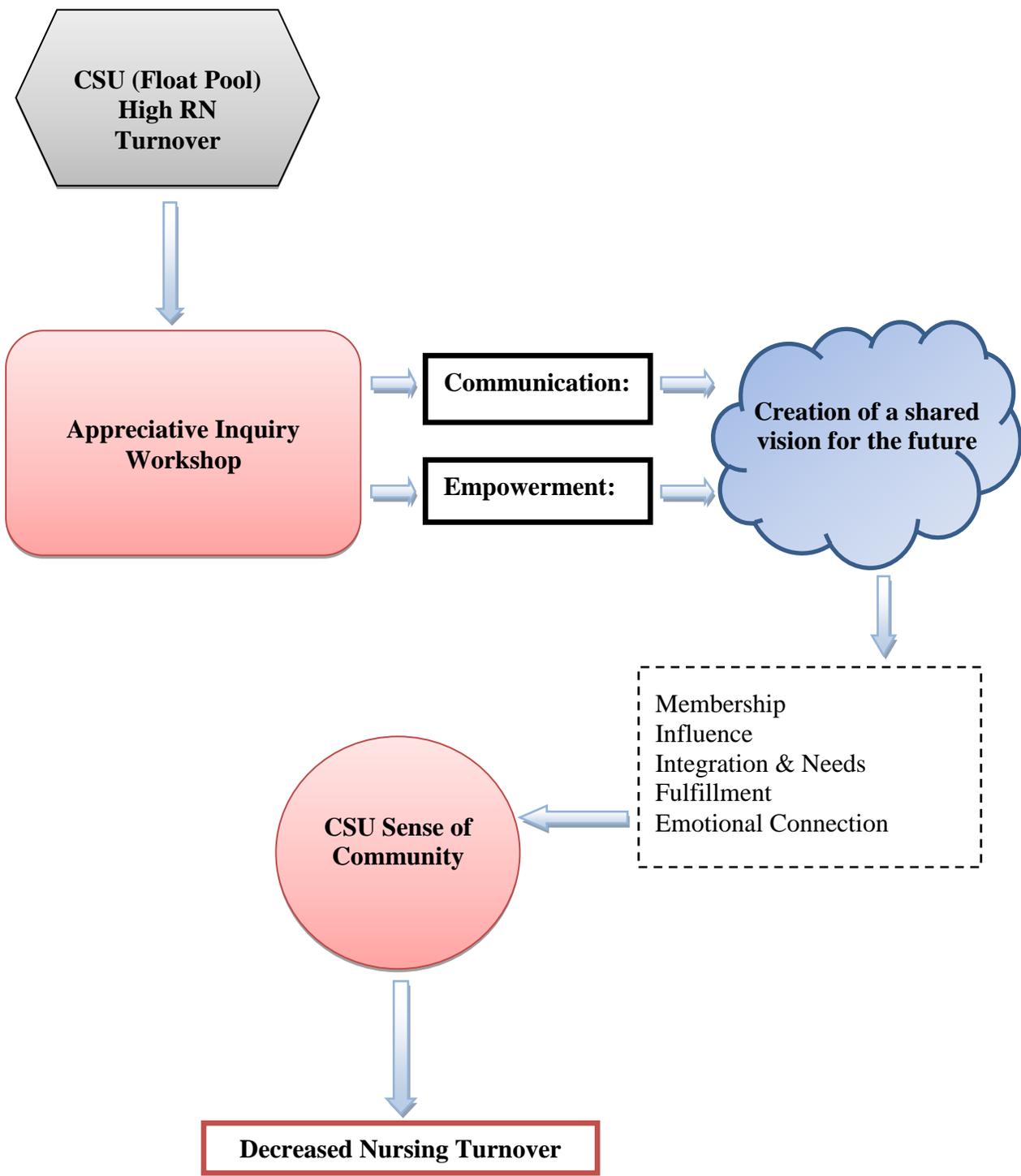
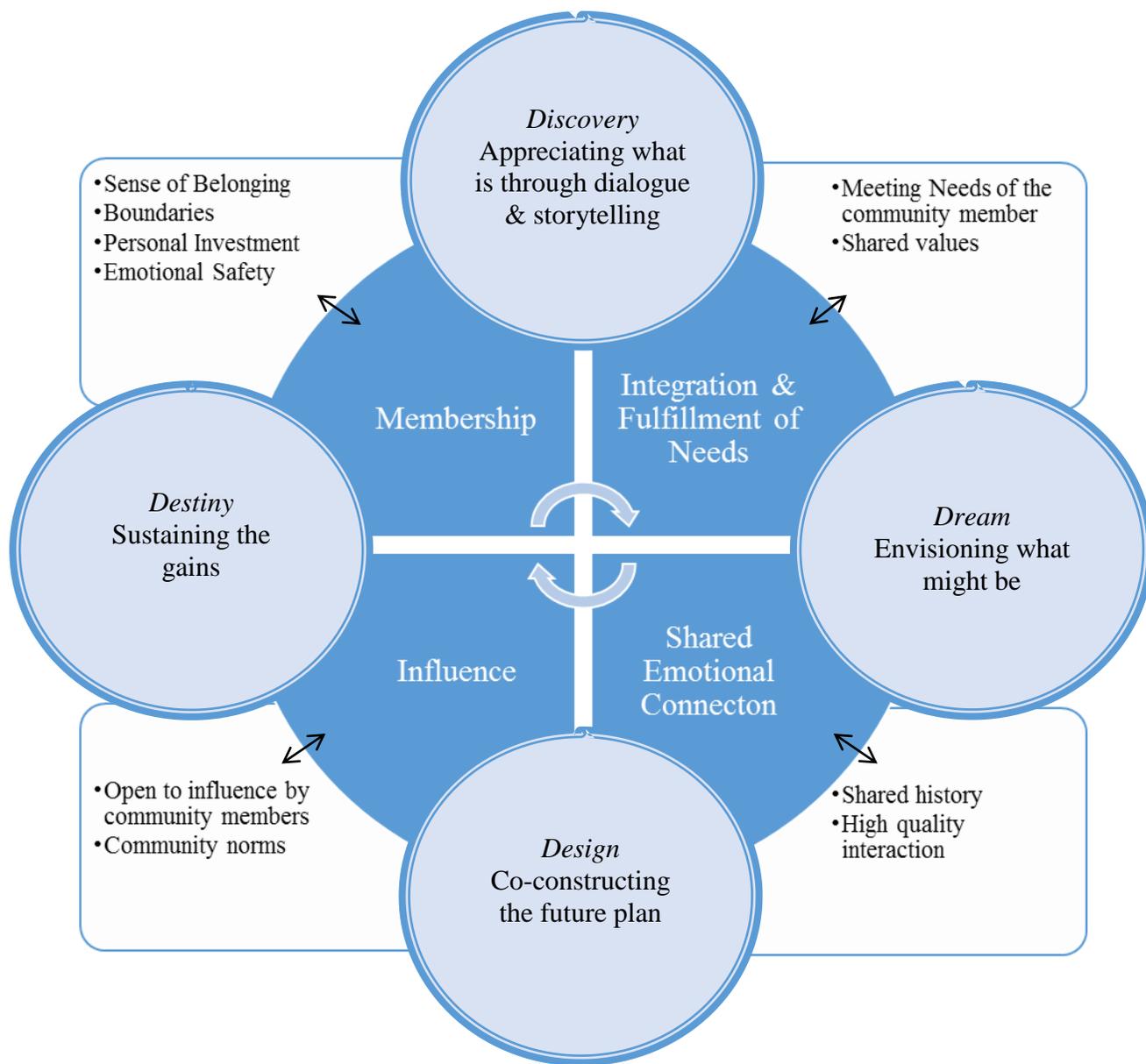*Figure 1.* DNP Project Concept Map.

Figure 2. The Influence of Appreciative Inquiry on the Four Elements of Sense of Community.

Table 1

Appreciative Inquiry Workshop Agenda

Time	Agenda Item	Description
8:00 – 8:45	Sign In Survey	Assistant to facilitate consent and survey Light breakfast provided
8:45 – 9:30	Purpose of Workshop "Discovery"	Explain Appreciative Inquiry Define the goal for today Provide history of how we got to this point
9:30 – 9:45	Break	
9:45 – 10:45	Dialogue for the Future "Dream"	Group visualization of a preferred future Pairing at tables for sharing and dialoging about the future (20 minutes) Table review of pairing discussions (40 minutes) Assign report-out person for table
10:45 – 11:45	Collective Review	Each table reports out Facilitator writes main themes on wall pad
11:45 – 12:30	Lunch and Vote	Lunch provided Each person has three colored dots to use in voting for their 1st, 2nd, and 3rd choices of themes to focus on
12:30 – 2:00	Ideas for the Future "Design"	Review of votes – choice of themes Discussion of top themes and generation of ideas for improvement Facilitator to track the name of the person responsible and the timeline for implementation of ideas
2:00 – 2:30	Closing	Review of action items Closing remarks and observation

The following questions about community refer to the Clinical Support Unit (CSU)

How important is it to you to feel a sense of community with other community (CSU) members?

1	2	3	4	5	6
Prefer Not to be Part of This Community	Not Important at All	Not Very Important	Somewhat Important	Important	Very Important

How well do each of the following statements represent how you *feel* about this community?

		Not at All	Somewhat	Mostly	Completely
1.	I get important needs of mine met because I am part of this community.	O	O	O	O
2.	Community members and I value the same things.	O	O	O	O
3.	This community has been successful in getting the needs of its members met.	O	O	O	O
4.	Being a member of this community makes me feel good.	O	O	O	O
5.	When I have a problem, I can talk about it with members of this community.	O	O	O	O
6.	People in this community have similar needs, priorities, and goals.	O	O	O	O
7.	I can trust people in this community.	O	O	O	O
8.	I can recognize most of the members of this community.	O	O	O	O
9.	Most community members know me.	O	O	O	O
10.	This community has symbols and expressions of membership such as clothes, signs, art, architecture, logos, landmarks, and flags that people can recognize.	O	O	O	O
		Not at All	Somewhat	Mostly	Completely

11.	I put a lot of time and effort into being part of this community.	O	O	O	O
12.	Being a member of this community is a part of my identity.	O	O	O	O
13.	Fitting into this community is important to me.	O	O	O	O
14.	This community can influence other communities.	O	O	O	O
15.	I care about what other community members think of me.	O	O	O	O
16.	I have influence over what this community is like.	O	O	O	O
17.	If there is a problem in this community, members can get it solved.	O	O	O	O
18.	This community has good leaders.	O	O	O	O
19.	It is very important to me to be a part of this community.	O	O	O	O
20.	I am with other community members a lot and enjoy being with them.	O	O	O	O
21.	I expect to be a part of this community for a long time.	O	O	O	O
22.	Members of this community have shared important events together, such as holidays, celebrations, or disasters.	O	O	O	O
23.	I feel hopeful about the future of this community.	O	O	O	O
24.	Members of this community care about each other.	O	O	O	O

Figure 3. The Sense of Community Index 2 is used to collect data about sense of community. *Note.* Adapted from the "Sense of Community Index 2 (SCI-2):© Background, Instrument, and Scoring Instructions by Community Science, www.communityscience.com. Reprinted with permission.

Table 2

Mean Survey Scores and p-Values

	Pre-Mean	Post-Mean	p-Value
Total Score	43.5	44.6	0.36
Reinforcement of Needs	11.2	10.9	0.53
Membership	9.5	9.7	0.78
Influence	11.6	12.5	0.11
Shared Emotional Connection	11.1	11.5	0.41

n=22

Table 3

Likelihood of Leaving Before and After the Appreciative Inquiry Workshop

	Pre	Post	Change
Very Unlikely	10	10	0
Unlikely	8	6	-2
Neutral	2	2	0
Likely	2	3	+1
Very Likely	0	1	+1

n=22

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