Personal Characteristics, Perception on Nurse Floating Practice and Patient Safety Among Nurses in Cebu City

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ABSTRACT

Nurse floating had been a widely used tool in the nursing profession to address manpower issues. How this concept affects patient safety had been widely studied in the international area. However, there are limited studies at the local level including how it is influenced by personal characteristics. This quantitative research employed a descriptive, correlational research design to assess the interrelationship among personal characteristics, perceptions on nurse floating practice and patient safety among nurses in Cebu City for the first quarter of 2024. Findings of the study revealed that majority of the respondents were coming from private healthcare institutions. The nurses were distributed from the different areas in the hospital, however, almost a quarter of them were assigned in the Medical-Surgical unit. Majority experienced being floated to another unit and over one third had 1 to 3 years of practice in the organization. Majority of the nurses were regular employees and majority had been working in their unit for 1 to 3 years. Over a quarter had a total year of practice of the nursing profession for 1 to 3 years. The perceptions on nurse floating practice were highly practiced. Work area or unit and the hospital were rated as fair while supervisor or manager, communication, patient safety grade, and the frequency of events reported were rated as high. Overall, the patient safety was rated as high. Experience of being floated to another unit is significantly correlated with the perceptions of nurse floating practice. Experienced being floated to another unit was significantly correlated with the perceptions of patient safety. Perceptions on nurse floating practice was significantly correlated with the perceptions on work unit or area of patient safety and overall patient safety. In order to address the findings of the study a patient safety enhancement plan was created.

Keywords: Cebu City; Descriptive, correlational design; Nurses; Nurse Floating; Patient safety.

INTRODUCTION

In the fast-paced, demanding world of healthcare, floating nursing staff has become more widespread as firms deal with staffing shortages, shifting patient loads, and resource allocation. Healthcare facilities employ floating to manage personnel mismatches and cover multiple departments. It entails temporary placement of nurses in clinical areas other than their home unit. The medical community has focused on the impact of floating nurse staff on patient safety, despite its practicality for staffing shortages. Healthcare prioritizes patient safety, and floating nurses' impact on patient safety is complex and warrants greater study. Several factors complicate this issue. If floating nurses are unfamiliar with the clinical setting, patient demographic, and unit-specific protocols, treatment and outcomes may suffer. Disruption of care, communication issues, and the need to adapt quickly to new work situations can also pose patient safety risks.

Global healthcare systems often lack nurses, which may increase the employment of mobile nurses. Demographic developments including an aging population and healthcare demand exceeding labor force capacity highlight this issue. Healthcare quality varies widely, and floating nurse staff may worsen these differences. In low-resource and poor areas, staff shortages can negatively impact patient outcomes and safety (Cho et al., 2019). The impact of mobile nurses on Philippine patient safety are concerning. The country, notorious for exporting many healthcare workers, often has a nursing shortage. As healthcare organizations

maintain workforce levels, floating nursing staff may expand. The high number of Filipino nurses working overseas contributes to the nursing shortage. How overseas deployment affects Philippine healthcare system patient safety and skilled nurse supply is important (Aiken et al., 2018). Differences between public and private healthcare facilities may affect floating nursing workers in the Philippines. Understanding how these disparities affect patient safety and floating nurse care is critical. Philippine regulations regulate nursing staffing and practice. Understanding the local environment entails studying how Philippine laws and policies effect patient safety and floating nurse deployment. The Philippines is bilingual and culturally diverse. Transferring nurses to units where they may not speak the local language or culture may compromise patient safety, communication, and comprehension. The Philippines has public health challenges and natural disasters. According to Cruz and Santos (2019), floating nursing staff may rise during these events, demanding a reconsideration of patient safety during emergencies.
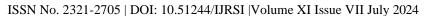
Understanding how floating nurses effect patient safety in urban Cebu healthcare is crucial. Training and orientation must be assessed for Cebu's floating nurses. To guarantee patient safety, floating nurses must get thorough unit and patient demographic orientation. More research is needed to evaluate how floating nurses' experience and expertise affect patient outcomes. Additional measures are needed to maximize floating nurse skill distribution. Healthcare environments must be compared. Many research focused on floating nurses in specific hospitals, limiting applicability. Comparing community hospitals, university hospitals, and long-term care homes helps determine patient safety and floating nurse staff. Comparative research can show how hospital conditions affect floating nurse staff patient safety. This will guide healthcare standards and focused therapies (Lee & Cruz, 2018).

This study also examines floating nurse staff patient safety mitigation measures. Although untested, improved orientation programs, standardized floating processes, and technologically advanced support systems are needed. To increase floating nursing staff patient safety, future studies must examine mitigation tactics, find effective procedures, and build evidence-based guidelines. To raise awareness of floating nursing staff's patient safety impacts, several issues must be addressed. Researching these challenges may assist the medical industry create evidence-based standards and regulations to improve patient care in a changing nursing workforce (Santos & Reyes, 2019).

 The goal of this study is to increase the existing knowledge of how nurse floating affects patient safety. In doing so, the study hopes to provide insightful information that will help to mold evidence-based procedures, guidelines, and interventions—all of which will eventually contribute to an increase in patient safety in healthcare settings. Although having floating nurses on call might help with staffing shortages and guarantee that patients' requirements are addressed, it is crucial to fully comprehend the possible effects of this procedure, especially with regard to patient safety. It is crucial to remember that patient safety is a crucial component of healthcare delivery. One of the most important duties of healthcare organizations and professionals is to make sure that patients are safe while receiving treatment.

Consequently, it is critical to investigate all potential influences on patient safety, including the use of floating nursing personnel. The researcher hopes that the knowledge gained from this research will aid in the creation of tactics that improve patient safety while using floating nursing personnel. In one of the experiences of the researcher, floating was practiced in the hospital, however, there were issues relating to patient safety as nurses assigned in the wards are floated in a special area like the Operating Room. This has caused wariness to the researcher as the nurses do not have competencies in the special area and this is indeed a prevailing issue among hospitals and this practice greatly affects patient safety. This is the triggering factor that convinced the researcher that there is indeed a needed to conduct the study. This is both empirical and methodological gaps of the study. As the study benefits greatly the patient, this study is aligned with the third sustainable development goal on better health and well-being.

In the end, this research is important because it has the potential to improve healthcare systems and nursing management. By expanding the knowledge of how patient safety is impacted by floating nurse personnel, one can enable healthcare organizations to make well-informed decisions that put patients' needs first. By making the findings public, the researcher hopes to spark a more extensive discussion about patient safety and support continuing initiatives to improve the standard of care given in hospital environments.

RESEARCH OBJECTIVES

The main purpose of the study was to assess the interrelationship among personal characteristics, perceived nurse floating practice and patient safety among nurses in Cebu City for the first quarter of 2024.

Specifically, the study answered the following queries:

1. What was the personal characteristics of the nurses in terms of:

    1.1 employment setting;

    1.2 unit of assignment;

    1.3 experience floated to another unit;

    1.4 years of practice;

    1.5 employment classification;

    1.6 years of employment on current unit; and

    1.7 total years of practice?

2. What were the perceived nurse floating practice among nurses?

3. What was the patient safety as perceived by nurses in terms of:

    3.1 work area/unit;

    3.2 supervisor/manager;

    3.3 communication;

    3.4 patient safety grade;

    3.5 the hospital; and

    3.6 frequency of events reported?

4. Was there a significant relationship between:

    4.1 personal characteristics and the perception on nurse floating practice;

    4.3 personal characteristics and patient safety; and

    4.3 perceptions on nurse floating practice and patient safety?

 5. What patient safety enhancement plan was proposed based on the findings of the study?

REVIEW OF RELATED LITERATURE AND STUDIES

Nurse Floating Practice

Floating saves money by using available nurses and avoiding overtime and agency nurses. Float nurses most often experience unfamiliarity, which causes tension, worry, and dissatisfaction. Management must establish tactics and resources to make floating to a different unit less unpleasant for staff. Quality patient care is paramount. The float nurse must be able to care for a diverse patient population, familiar with the unit's routines

and processes, and oriented to the supplies and medication room so they can focus on patient care (Bitanga, 2024). Float pool nurses travel between units and departments to fill staffing needs. They must be exceptional nurses and quick learners who can adapt to each department's needs. Kingsley said float pool nurses earn more than single-unit nurses, which is why many opt to work there. Healthcare firms often provide float nurses extra compensation, benefits, or other incentives due to the role's particular requirements (Flavin, 2023).

By learning about different specialties and situations, floating nurses improve their clinical skills and knowledge. These nurses can improve their skills and knowledge of various clinical procedures by rotating between hospital facilities. This exposure to varied disciplines and environments helps individuals create a well-rounded skill set for their current and future careers. By adapting to new difficulties and learning from diverse experiences, floating nurses improve their clinical skills. This vibrant environment encourages professional progress and patient care understanding across healthcare settings. The diversity of floating nursing promotes nurses' skills and abilities to deliver high-quality care to patients with varying requirements. Floating nurses' experiences help them build professional skills and provide complete treatment in various clinical settings (Blegen & Vaughn, 2018).

Floating nurses foster teamwork and comprehensive patient care with a diverse set of healthcare professionals. Floating nurses interact with doctors, therapists, and support workers by moving between hospital units. This connection promotes collaboration and cross-disciplinary knowledge sharing. Floating nurses improve patient care by encouraging healthcare workers to work together. Floating nurses help provide holistic healthcare by collaborating with other team members. They efficiently meet patient demands by combining interdisciplinary team knowledge and skills. This collaborative setting improves patient outcomes and fosters a supportive and enriching work environment for healthcare professionals. Floating nurses encourage teamwork and cooperation, showing the need of interdisciplinary collaboration in patient care (Bouchoucha & Mokbel, 2023).

The variety and challenges of rotating across units make float pool nurses happier and more successful. Float pool nurses enjoy working in different parts of a hospital and facing new challenges. They learn new skills and improve their job satisfaction by working in a variety of therapeutic settings. The variety of work and the possibility to try new things enhances float pool nurses' mood and sense of accomplishment. Float pool nurses take satisfaction in overcoming problems and acquiring new abilities in each unit. Nursing satisfaction improves patient care because nurses bring a positive attitude and a wealth of expertise to each new assignment. The variety of experiences and growth chances in float pool nursing boost job satisfaction and personal development in healthcare professionals (Casey et al., 2019).

Due to frequent unit changes, floating nurses may have trouble making friends with patients and coworkers. Floating nurses may struggle to form enduring relationships with patients and coworkers due to departmental changes. Regular nursing staff rotation may impede trust and connection with patients who benefit from continuity of care. Due to limited time in each unit, it can be difficult to build strong working relationships and good communication channels with coworkers. Floating nurses may struggle to fit into established teams and adjust to new work habits. These relationship-building issues might affect healthcare quality and teamwork. Despite their ephemeral assignments, floating nurses must be proactive, sympathetic, and adaptable in developing connections rapidly to enable effective teamwork and patient-centered care (Cho et al., 2019).

To be competent in various clinical settings, flot pool nurses need extensive orientation and ongoing training. Float pool nurses need extensive onboarding and ongoing training to succeed in various clinical settings because they transfer between healthcare units. Float pool nurses need a thorough orientation program to learn each unit's protocols, procedures, and equipment to provide high-quality treatment from the outset. To stay skilled and adaptive, float pool nurses must receive ongoing training in the latest healthcare practices and advances. Healthcare companies may empower float pool nurses to successfully navigate departments, offer consistent care, and contribute to multidisciplinary teams by investing in comprehensive orientation and ongoing training. Education and development improve float pool nurses' skills, patient outcomes, and the healthcare institution's culture of continuous learning (Clendon & Walker, 2019).

Floating nurses may experience stress and burnout due to changing work environments and patient

demographics. Floating nursing, when nurses move between units and care for different patient populations, can raise stress and weariness in healthcare personnel. Float pool nurses may experience stress and emotional weariness due to frequent changes in settings and patient demands. The continual change in work dynamics and care practices might affect job satisfaction and well-being, raising burnout risk. The necessity to swiftly adapt to new situations and build relationships with unexpected patients and coworkers can drain float pool nurses emotionally. Healthcare organizations must give enough support, resources, and training to enable floating nurses manage their duties and maintain their well-being to reduce burnout (DeKeyser Ganz & Shalev, 2021).

Hospitals float or reassign nursing staff to address staffing shortages. Nurses are moved from their home unit to the understaffed unit. Nurse floating causes job discontent and turnover, which hinders teamwork and patient outcomes (Bitanga, 2017). RNs are dedicated to patient care, but limited resources sap their energy, commitment, and capacity to give excellent care. Many feel helpless and frustrated (Kelly & Poor, 2018).

Nurse floating is related with bad feelings, according to several patterns. Due to supplies being unavailable on new units, nurses reported a hectic work environment. Unfair patient care assignments and new work settings can contribute. Nurses say floating nurses receive the hardest patients and the initial unit admission. The unfamiliar work environment is related to not knowing patient protocols and procedures, such as floating to a surgical unit and not knowing vital sign frequency. Last, nurses consider floating's psychological effects. I feel like I'll have a rough day on this unit. When asked unpleasant questions, nurses get angry (Lafontant et al., 2019).

Philippine private hospitals have a 50% nurse staff shortfall as of 2023, with many leaving for better-paying jobs (Ombay, 2023). Palma et al. (2020) found roughly similar numbers of private and public hospital nurses. Additionally, most nurses were permanent or regular employees with non-supervisory or staff nursing positions and monthly salaries under $300. Most hospital workers have 2–5 years of experience.

Nurses are the largest group of health professionals in the Philippines, and turnover is a problem for the workforce and healthcare system, according to Adajar et al. (2022). Nurses' turnover intention ratings varied by demographic, personal, and job characteristics. The final multiple logistic regression model showed that 'impact of peers to leave,' 'want to try new things,' practice environment, and organizational commitment affected nurses' turnover intention. Practice environment was the main reason staff nurses stayed, while nurse managers cited pay and benefits.

All health care businesses struggle with nurse turnover because it affects client outcomes, job satisfaction, motivation, and patient care. The study found that government hospitals had a lower nurse turnover rate than private hospitals due to low salaries, no fringe benefits, poor/no health insurance coverage, better benefits and compensation packages from other hospitals/countries, and lower patient ratios. Due to increased nurse-client ratio, interpersonal relationship, stressful environment, and millennial nurses' attitudes, health care delivery in the five key areas of nurses' responsibility is still affected by turnover rate (Bisnar & Pegarro, 2018).

Patient Safety

The WHO defines patient safety as "the prevention of errors and adverse effects to patients associated with health care" and "to do no harm to patients". Unsafe medical practices disable, injure, or kill millions of individuals worldwide. This has increased awareness of patient safety, the adoption of patient safety initiatives into health care companies' strategic objectives, and research in this area. Early research on patient safety in primary care has been limited compared to hospital settings. Achieving a culture of safety includes knowing health care organization values, attitudes, beliefs, and norms and what attitudes and actions are anticipated for patient safety (Lawati et al., 2018). Simply said, patient safety is "the prevention of harm to patients" (Institute of Medicine, 2004, p. 5). Early measures to increase patient safety have been advocated by nursing researchers and professionals due to the complexity of nurse work (Ebright et al., 2003). Nurses are responsible for ensuring patient safety and increasing care quality through safety (Vaismoradi et al., 2020) using several interventions. Health systems must extend their patient safety capability and infrastructure to address evolving safety challenges, policy maker and stakeholder suggestions, and new best practices. In certain high-risk domains, scientific progress and evidence-based safety measures and methods have not been implemented. Next, patient safety groups must create and execute tools and methods to continually assess and prevent damage inside and

outside the hospital (Bates & Singh, 2018). Due to their constant presence at patients' bedsides and interaction with families and other healthcare professionals, nurses improve patient safety (Amiri et al., 2018).

Due to growing knowledge of medical errors and their effects on patient outcomes, patient safety has become more important. Medical errors can occur during diagnosis, treatment, prescription administration, and provider communication. These errors can cause complications, injuries, and death, emphasizing the need for systematic patient safety improvement. Patient safety means "the prevention of harm to patients" (Institute of Medicine, 2004, p. 5). Early measures to increase patient safety have been advocated by nursing researchers and professionals due to the complexity of nurse work (Ebright et al., 2003). Nurses are responsible for ensuring patient safety and increasing care quality through safety (Vaismoradi et al., 2020) using several interventions. Patient safety is a major issue nowadays since health professionals provide patient care in addition to system failures, bad organizational processes, and poor management. Changing habits demands better training of these experts because multiple studies show that communication, teamwork, and psychological health issues among health professionals contribute to patient safety failures. The evidence suggests training on clinical practice guidelines, adverse events, service technologies, better working conditions, continuous infection prevention guidance, and better psychological and emotional support for health professionals (Garcia et al., 2019).

Patient safety is a key public concern worldwide, and healthcare professionals' safety culture is one of the main cornerstones of patient safety. Error and adverse effect prevention in healthcare is patient safety. Protecting patients is its goal. Healthcare system safety culture and management depend on human and organizational values, attitudes, perceptions, competences, and behavior patterns. Thus, understanding the need to support frontline personnel in patient care is crucial. This could improve care, especially in busy tertiary hospitals (Sani et al., 2024). He et al. (2023) found clinical managers' perceptions of patient safety culture to be low and suggested important improvement areas. The linked variables of patient safety culture guide future focused treatments. Optimizing clinical managers' patient safety culture should enhance patient safety. In patient safety dimensions, health-care workers have low patient safety culture awareness. Organizational learning and continuous development, error communication, and cooperation had the highest mean scores. Unlike other clinical roles, hospital supervisor and managerial scores are significant. Patient safety rating and number of reported occurrences also strongly affected awareness (A'aqoulah, 2023). Al-Jabrietal (2021) found that healthcare professionals rated patient safety slightly higher than patients.

Personal Characteristics and Nurse Floating Practice

Floating saves money by using available nurses and avoiding overtime and agency nurses. Float nurses most often experience unfamiliarity, which causes tension, worry, and dissatisfaction. Management must establish tactics and resources to make floating to a different unit less unpleasant for staff. Quality patient care is paramount. The float nurse must be able to care for a diverse patient population, familiar with the unit's routines and processes, and oriented to the supplies and medication room so they can focus on patient care (Bitanga, 2024). Float pool nurses travel between units and departments to fill staffing needs. They must be exceptional nurses and quick learners who can adapt to each department's needs. Kingsley said float pool nurses earn more than single-unit nurses, which is why many opt to work there. Healthcare firms often provide float nurses extra compensation, benefits, or other incentives due to the role's particular requirements (Flavin, 2023).

Multiple reviews of research have found that higher hospital registered nurse staffing levels improve patient outcomes and care quality, including lower in-hospital mortality, shorter stays, and fewer care omissions. This research was not about the relationship between personal and professional profile and authentic leadership. This knowledge must be expanded to identify nurses' traits that hinder this leadership model and propose coping techniques to strengthen their health and nursing management skills. The researchers used two instruments to collect data: sex, position, work schedule, other occupation, specialization degree, leadership position already held, and knowledge of behavioral, situational, charismatic, visionary, transformational, and authentic leadership references.

Patient safety is paramount in healthcare, therefore floating nursing staff should be considered. Healthcare organizations and personnel should verify that floating nursing staff are qualified and trained to fulfill their duties in their designated regions, according to their licensure and scope of practice, to guarantee patient safety. Provide

floater staff with full orientation and training on the unit's policies, procedures, patient populations, and care needs. Encourage all staff, whether floating and permanent, to communicate well to promote seamless coordination and continuity of care and patient safety. Maintain legal and ethical standards by ensuring floating staff follow their area of practice and licensure criteria and do not overstep. Healthcare organizations can foster a culture of safety, sustain professional standards, and provide high-quality care regardless of staff assignment by considering these legal, ethical, and patient safety issues (Bouchoucha & Mokbel, 2023).

Personal Characteristics and Patient Safety

Selna et al. (2022) found statistically significant values for unit duration and professional duration for patient safety culture from the nine demographic factor dimensions. The resulting values were statistically significant for IPC dimensions Work area, Workhours/week, and Gender, and for interprofessional collaboration and patient safety culture. Educational level, experience, and patient safety training courses had a substantial effect on nurses' attitude, but age, marital status, gender, and working unit had no significant effect (Salih et al., 2021).Azyabi et al. (2022) found that patient safety culture positively affected patient safety perceptions and incident reporting. Staff position, teaching status, and geographic region also affected patient safety culture, perceptions, and event reporting.

Alsulami et al. (2022) observed moderate patient safety culture awareness among healthcare providers. The data also showed that the "31–40" age group had significantly different awareness levels than the "more than 50 years' age group". This study also indicated that gender and education significantly affect patient safety culture awareness among healthcare personnel, whereas position and work area do not. Healthcare managers should create faster reaction strategies and include them into patient safety.

Nurse Floating Practice and Patient Safety

Nurses floated to units where they are not educationally and experientially equipped or competent lower patient care quality. Inappropriate floating promotes medical errors, delays care, and prevents nurses from noticing patient deterioration (Oregon Nurses Association, 2018). Because floating will always be needed, patient safety precautions must be implemented. Continuous improvements in floating processes, including who floats, how nurses float, and their experiences, will increase nursing satisfaction and patient safety (O'Connor & Dugan, 2017).

Moving nurses to unfamiliar units can increase stress, anxiety, and dissatisfaction, putting patients and healthcare organizations at risk (O'Connor & Dugan, 2017). Nurse fatigue is linked to poor performance, burnout, and medication errors, which can compromise patient safety (Dykstra et al., 2016). Mandatory floating may decrease nurses' satisfaction and retention, affecting practice and patient care (Lafontant, 2017). Clustered float pool nurses improve safety, quality, and overtime in forensic mental health (Cyr & Paradis, 2012). Supplemental nurses help hospitals meet staffing needs, offer safe patient care, and save overtime, enhancing patient safety (Rainess et al., 2015).

Synthesis

Healthcare facilities often use floating nursing personnel to solve staffing shortages and patient acuity changes. Floating is necessary for staffing, but it can compromise patient safety. This literature synthesis examines existing data to determine how floating nurse staff affects patient safety. This synthesis analyzes floating nurse challenges and patient safety methods to help healthcare organizations improve patient care. To provide quality patient care, floating presents obstacles. Floating nursing personnel face communication issues, unfamiliarity with unit protocols, increased workload, and stress, which can endanger patient safety. Healthcare organizations can reduce risks and improve patient safety with floating nursing staff by acknowledging these problems and applying methods including standardized training, real-time assistance, technology use, and staffing optimization. Research is needed to determine the long-term consequences of floating on patient safety and the efficacy of treatments to improve floating nurse care. Studies on the views of healthcare providers and patients on floating nursing personnel can also shed light on how floating affects patient safety and satisfaction.

Floating nurse personnel helps maintain healthcare staffing levels, but it can potentially compromise patient

safety. Training, support, technology use, and staffing can help healthcare institutions create a culture of safety and excellent care for patients in all units. Further study and assessment of solutions in this area are needed to ensure patient safety for floating nursing staff. This review of the research on floating nurse staff and patient safety covers the issues and potential solutions to improve healthcare patient care. Healthcare organizations may offer safe, effective, and patient-centered care to all patients under their supervision regardless of staffing or patient acuity by addressing the complexity of floating and applying evidence-based procedures. Healthcare executives, governments, and stakeholders must emphasize patient safety and quality care, especially in floating nurse staff situations, as the healthcare landscape evolves. Healthcare organizations may balance patient safety and optimal outcomes with floating by promoting teamwork, constant improvement, and innovation.

RESEARCH METHODOLOGY

Design. This quantitative research employed a descriptive, correlational research design.

Environment. The study was conducted in Cebu City.

Respondents. The respondents of the study were 323 nurses from Cebu City.
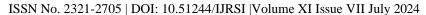
Sampling Design. A quota sampling was employed where a quota of 323 was set within the period of April to May of 2024.

Inclusion Criteria. The study included only registered nurses working in the selected hospitals in Cebu City. This criterion ensured that the participants had the necessary qualifications and experience relevant to the research topic. Only those with direct patient care were included. The study included nurses who were directly involved in providing patient care, such as those working in medical-surgical units, critical care units, emergency departments, and other relevant clinical areas. This criterion ensured that the participants had firsthand experience in caring for patients and were directly impacted by staffing dynamics. The study included both full-time and part-time nursing staff members to capture a diverse range of experiences and perspectives related to patient safety and floating nursing staff. This criterion acknowledged the potential impact of employment status on the experiences of nursing staff. Nurses should be at least 3 months employed in any hospital in Cebu City.

Exclusion Criteria. Excluded from the study were nurses serving as an administrative staff. The study excluded nursing staff members who primarily hold administrative or managerial roles and were not directly involved in providing hands-on patient care. This criterion helped to focus the study on the experiences of frontline care providers. The study excluded nursing staff with limited or no experience in direct patient care to ensure that the participants had relevant experience and insights into the implications of floating nursing staff on patient safety. Those who had submitted their resignations and retirement intentions were also excluded.

Instrument. The primary tool utilized for this study was a three-part questionnaire. Part one pertains to the personal characteristics of the nurses. Part two of the questionnaire is an adopted questionnaire called the Registered Nurses' Perceptions on Nurse Floating (RNPNF) by Hickman (2013). It is a 13-item questionnaire answered using a five-point Likert scale where 1 is strongly disagree, 2 is disagree, 3 is neutral, 4 is agree, and 5 is strongly agree. Part three of the instrument is also an adopted instrument called the AHRQ Hospital Survey on Patient Safety Culture Version 2.0. The multi–tiered tool has specific indicators on patient safety culture in the work area/unit (14 items), supervisor/manager (3 items), communication (7 items), reporting patient safety events (3 items), and hospital (6 items). It contains a single items to assess patient safety rating (1 items). In total, there are 34 questions in the entirety of the tool itself. The tool is measured in a scale of 5 where: 5 is strongly agree/always, 4 is agree/most of the time, 3 is neither/sometime, 2 is disagree/rarely, and 1 is strongly disagree/never. Permission were sought prior to the usage of the questionnaires.

Data Gathering Procedure. Permission letter was submitted to the Dean of the College of Allied Health Sciences, Graduate Studies. Then the study was submitted for a design hearing under a panel of experts. Ethical approval was sought. Once the notice to proceed was issued, this signaled the start of the recruitment process. Recruitment was guided by the sampling design and the inclusion and exclusion criteria. A Google form was used. All data were collated and recorded in excel file. The data were then subjected to appropriate statistical

treatments. Data were presented in tables together with the interpretations, implications, and supporting literature and studies. After the study all answered questionnaires were shredded as well as the raw files were deleted permanently.

Statistical Treatment of Data. The study made use of both descriptive and inferential statistics namely: Frequency Distribution and Simple Percentage, Mean score and Standard Deviation, Eta Squared Statistics, and Pearson r.

Ethical Considerations. During the implementation of the study, ethical principles were rigorously adhered to in order to protect the respondents' welfare. The study sought approval from the ethics committee prior to gathering data.

RESULTS AND DISCUSSION

Table 1. Personal Characteristics of the Nurses

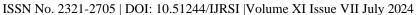| Personal Characteristics	*f*	*%*
Employment Setting		
Public	97	30.00
Private	226	70.00
Unit of Assignment		
Dialysis unit	2	.60
Delivery Room	1	.30
Emergency Room	48	14.90
Intensive Care Unit	23	7.10
Labor and Delivery Room	23	7.10
Medical Ward	27	8.40
Medical-Surgical Ward	70	21.70
Neonatal Intensive Care Unit	19	5.90
Obstetrics Ward	10	3.10
Out Patient Department	13	4.00
Operating Room	40	12.40
Orthopedics Ward	2	.60
Post Anesthesia Care Unit	22	6.80
Pediatric Ward	5	1.50
Recovery Room	18	5.60
Surgical Ward	2	.60
Personal Characteristics	*f*	*%*
Experience Floated to Another Unit		
No	39	12.10
Yes	284	87.90
Years of Practice		

1 to 3 years	112	34.70
4 to 6 years	76	23.50
7 to 9 years	45	13.90
10 to 12 years	40	12.40
13 years and above	50	15.50
Employment Classification		
Regular	296	91.60
Probationary	11	3.40
Contractual	11	3.40
Job Order	5	1.50
Years of Employment on Current Unit		
1 to 3 years	207	64.10
4 to 6 years	65	20.10
7 to 9 years	36	11.10
10 to 12 years	9	2.80
13 years and above	6	1.90
Total Years of Practice		
1 to 3 years	90	27.90
4 to 6 years	78	24.10
7 to 9 years	53	16.40
10 to 12 years	41	12.70
13 years and above	61	18.90

Note: *n=323.*

As presented in the table, in terms of employment setting, majority of the respondents coming from private healthcare institutions, only one third of them are coming from government healthcare institution. The nurses are distributed from the different areas in the hospital, however, almost a quarter of them are assigned in the Medical-Surgical unit. Some were assigned in the Emergency Room, Operating Room, Medical Ward, Intensive Care Unit, and Labor and Delivery Room. Few nurses were distributed in the areas or units of Post Anesthesia Care Unit, Neonatal Intensive Care Unit, Recovery Room, Out Patient Department, Obstetrics Ward, Pediatric Ward, Dialysis unit, Orthopedics Ward, Surgical Ward, and Delivery Room. This finding really proves that in almost all areas of the hospital, nurses are really assigned. For every ward there is a nurse assigned to care for patients.

Majority of the respondents experienced being floated to another unit while very few were not. Nurse floating is practiced in almost all hospitals to address manpower issues. To those who have not experience nurse floating, this could be attributed to the fact that they are still new to the organization. Over one third of the respondents had 1 to 3 years of practice in the organization while almost a quarter had been working for 4 to 6 years. Few had been working for 13 years and above and 7 to 9 years. The least were those nurses working for 10 to 12 years. This finding could have been an effect of nurses leaving the country seeking for greener pastures that turnover intention is high leaving a majority of the nurses being new. Majority of the nurses were regular employees in their respective organizations while very few were on probationary, under a contract and were on job order category. Being regular means that a lot of nurses have secured their tenure and this is somehow a good sign that their employment is protected by being regular. In terms of the number of years of employment
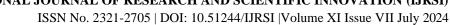
on current unit, majority have been working in their unit for 1 to 3 years while almost a quarter had been working for 4 to 6 years. Few were working for 7 to 9 years and very few had been working for 10 to 12 years and 13 years and above. Over a quarter had a total years of practice of the nursing profession for 1 to 3 years while almost a quarter had been practicing for 4 to 6 years. Few had been in the nursing profession for 13 years, above and 7 to 9 years, and 10 to 12 years. It is possible that the nurses departing for other countries had an effect on these numbers.

Table 2 Perceived on Nurse Floating Practice

Statements	Mean score	SD	Interpretation
1. I feel registered nurses should be competent to provide care for patients in any area in the acute care setting.	4.88	.390	Strongly agree
2. I feel registered nurses floated to a unit different than their primary unit provides safe care to their patients.	3.74	1.25	Agree
3. I feel registered nurses should receive special training prior to being floated to a unit other than their primary unit.	4.76	.531	Strongly agree
4. I feel registered nurses should be monetarily compensated for being floated to a unit other than their primary unit.	4.29	.864	Strongly agree
5. I feel registered nurses floated to a unit different from their primary unit provide satisfactory patient care.	3.91	1.09	Agree
6. I feel registered nurses floated to a unit different from their primary unit should have a minimum of two years of registered nurse experience.	4.15	.897	Agree
7. I feel the ability of registered nurses to float to a unit different from their primary unit should be recognized on the clinical ladder.	4.39	.729	Strongly agree
8. I feel registered nurses should be floated to a unit different from their primary unit.	3.39	1.19	Neither agree nor disagree
9. I am satisfied with my work experience when I am floated to a unit different from their primary unit.	3.54	1.19	Agree
10. I am satisfied with the level of care provided by registered nurses who are floated to my unit.	3.44	.993	Agree
11. I provide extra support to registered nurses who are floated to my unit.	4.44	.807	Strongly agree
12. I feel registered nurses floated to a unit different from their primary unit should be given lighter patient assignments.	4.26	.785	Strongly agree

13. I feel registered nurses should not be floated to a unit requiring different competencies than their primary unit.	4.16	1.00	Agree
Grand mean	4.10	.421	Highly Practiced

Note: *n=323.*

Legend: A score of 4.21 - 5.00 is very highly practiced (Strongly agree); 3.41 – 4.20 is highly practiced (Agree); 2.61 – 3.40 is fairly practiced (Neither agree nor disagree); 1.81 – 2.60 is lowly practiced (Disagree); and 1.00 – 1.80 is not practiced (Strongly disagree).

Based on the table, the perceived nurse floating practice was highly practiced. Supporting this finding, they strongly agree that registered nurses should be competent to provide care for patients in any area in the acute care setting. They also strongly agree that registered nurses should receive special training prior to being floated to a unit other than their primary unit. Further, they strongly agree that registered nurses should be monetarily compensated for being floated to a unit other than their primary unit and that the ability of registered nurses to float to a unit different from their primary unit should be recognized on the clinical ladder. Furthermore, they strongly agree that organizations should provide extra support to registered nurses who are floated to their unit and that registered nurses floated to a unit different from their primary unit should be given lighter patient assignments.

However, nurses only agree that nurses floated to a unit different than their primary unit provides safe care to their patients, that nurses floated to a unit different from their primary unit provide satisfactory patient care, and that nurses floated to a unit different from their primary unit should have a minimum of two years of registered nurse experience. Also, they only agree that they were satisfied with their work experience when they were floated to a unit different from their primary unit, they were satisfied with the level of care provided by registered nurses who are floated to their unit, and that nurses should not be floated to a unit requiring different competencies than their primary unit. Lastly, they neither agree nor disagree that registered nurses should be floated to a unit different from their primary unit.

Supporting this conclusion, floating nursing, also known as float pool nursing, includes nurses moving between healthcare institutions' units or departments based on staffing needs. Healthcare organizations are using this method to optimize workforce, flexibility, and patient care. Variations in patient volume and acuity, staff illness, vacations, departures, and attrition cause staffing shortages. Nurse managers must monitor and correlate low staffing levels with poor patient outcomes and find ways to boost efficiency, competency, and productivity to address staffing shortages without compromising patient safety. First proposed in 1981, "float pools" are now widely acknowledged as a permanent solution to shifting staffing needs across specializations, clinical settings, and patient groups. An organization's view of value and intrinsic variance may affect float pool capacity, productivity, utilization, skill mix, and worker engagement. A well-functioning float pool team is an economic necessity for hospitals to maintain safe staffing in an unpredictable and dynamic acute care setting (Straw et al., 2018).

Also, floating nursing helps healthcare organizations maintain optimal staffing levels across units, ensuring patients receive sufficient care even when demand changes. Move nurses between units based on facility needs to ensure all areas have enough staff to provide appropriate care. Healthcare institutions can adjust to patient volume changes without sacrificing treatment by using floating nurses. This flexible staffing model balances workloads, prevents understaffing, and improves patient outcomes. Healthcare businesses can quickly change and efficiently distribute resources to fulfill patient care needs. Floating nursing encourages teamwork, flexibility, and collaboration among healthcare providers. This technique ensures patients receive constant care, resulting in high-quality healthcare (Aiken et al., 2018). Indeed nurse float is not something new. In fact for some institutions they have long practiced nurse float. The nurse floating is indeed being practiced in hospitals to address some manpower issues.
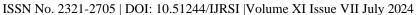
Table 3 Patient Safety as Perceived by the Nurses

Dimensions	Mean score	SD	Interpretation
Work Area / Unit	3.28	.650	Fair
Supervisor / Manager	3.56	.800	High
Communication	3.87	.646	High
Patient Safety Grade	3.95	.831	High
Hospital	3.30	.662	Fair
Frequency of Events Reported	3.32	.878	High
Overall Patient Safety	3.55	.519	High

Note: *n=323.*

Legend: A score of 4.21 - 5.00 is very high (Strongly agree); 3.41 – 4.20 is high (Agree); 2.61 – 3.40 is fair (Neither agree nor disagree); 1.81 – 2.60 is low (Disagree); and 1.00 – 1.80 is very low (Strongly Disagree).

In terms of work area or unit, this was rated as fair. They strongly agree that during busy times, staff in their unit help each other, that when staff make errors, their unit focuses on learning rather than blaming individuals, and that in their unit, changes to improve patient safety are evaluated to see how well they worked. Also, they agree that in their unit, they work together as an effective team and their unit regularly reviews work processes to determine if changes are needed to improve patient safety. However, they neither agree nor disagree that they have enough staff to handle the workload, that the staff work longer hours than is best for patient care, that their unit relies too much on temporary, float, or PRN staff, and that in their unit, staff feel like their mistakes are held against them. Further, they neither agree nor disagree that when an event is reported in their unit, it feels like the person is being written up, not the problem, and that there is a problem with disrespectful behavior by those working in the unit. Furthermore, they neither agree nor disagree that the work pace in their unit is so rushed that it negatively affects patient safety and that in their unit, there is a lack of support for staff involved in patient safety errors. Lastly, they disagree that their unit lets the same patient safety problems keep happening. This comes to show that there is a need to improve the work area of the nurses. Especially that they are on the middle ground. Administrators should be able to craft specific measures to increase a rating on the work area or unit. Rules and policies should be well documented and established and nurses should be well-informed of these rules, regulations, and policies to have uniformity in their applications. Constant reminders and activities should be done to promote patient safety and putting it in the pedestal.

Patient safety is a major issue nowadays since health professionals provide patient care in addition to system failures, bad organizational processes, and poor management. Changing habits demands better training of these experts because multiple studies show that communication, teamwork, and psychological health issues among health professionals contribute to patient safety failures. The evidence suggests training on clinical practice guidelines, adverse events, service technologies, better working conditions, continuous infection prevention guidance, and better psychological and emotional support for health professionals (Garcia et al., 2019).

In terms of supervisor or manager this was rated also high. They agree that their supervisor, manager, or clinical leader seriously considers staff suggestions for improving patient safety and their supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention. However, they neither agree or disagree that their supervisor, manager, or clinical leader wants us to work faster during busy times, even if it means taking shortcuts. While the findings is already high, this can still be further improved. By rating this dimension as high, the respondents are allowing a room for improvement for it to become very high. Managers and supervisors should be leading the nurses in achieving patient safety. They should be given enough

trainings and capacitate them to lead the team in achieving higher levels of patient safety. Indeed, nurses are called upon to play a leading role in insuring patients' safety and in improving patients' care quality through safety (Vaismoradi et al., 2020), and to do so through various interventions (Kalisch, 2006; Mitchell et al., 2010).

Communication was also high. Supporting this finding, most of time the nurses were informed about errors that happen in the unit, when errors happen in the unit, they discuss ways to prevent them from happening again. Also, most of the time, they are informed about changes that are made based on event reports, the staff speak up if they see something that may negatively affect patient care, and staff in the unit see someone with more authority doing something unsafe for patients, they speak up. Lastly, most of the time, those with more authority are open to their patient safety concerns. However, it is only observed sometimes where staff are afraid to ask questions when something does not seem right. Also, the finding is high, this allows nurses a room for improvement. Communication if very essential in this multidisciplinary and collaborative nature of health care. And for effective collaboration and teamwork to happen, communication is essential. In the researcher's experience, there is always collaboration and communication among health care professionals in order to effect patient positive outcomes.

Contrarily, He et al. (2023) found clinical managers' perceptions of patient safety culture to be low and identified important areas for development. The linked variables of patient safety culture guide future focused treatments. Optimizing clinical managers' patient safety culture should enhance patient safety.

In terms of patient safety grade this was rated as high considering that the patient safety in their unit or work area was very good. This means that different hospitals take patient safety seriously. Perhaps rules and policies have been established already in their respective institutions to rate this are as high. Contrary to the findings, the results showed a low level of patient safety culture awareness among health-care workers in the dimensions of patient safety. Participants assigned the highest mean scores to organisational learning and continuous improvement, communication about error, and teamwork. Interestingly, the scores for hospital supervisor and managerial positions are significant compared to other clinical positions. Moreover, the patient safety rating and the number of reported events were significantly related to the overall level of awareness, respectively (A'aqoulah, 2023).

In terms of the hospital, this was rated as fair. They agree that the actions of hospital management show that patient safety is a top priority, that hospital management provides adequate resources to improve patient safety, and that during shift changes, there is adequate time to exchange all key patient care information. However, they neither agree nor disagree that hospital management seems interested in patient safety only after an adverse event happens. Further, they disagree that when transferring patients from one unit to another, important information is often left out and during shift changes, important patient care information is often left out. The respondents were able to appreciate the work being done by hospital administrators in giving priority to patent safety. Just like in the experience of the researcher where he was connected before, from time to time, the hospital introduces trainings and seminars about patient safety. Patient safety is always a priority.

Patient safety is a key public concern worldwide, and healthcare professionals' safety culture is one of the main cornerstones of patient safety. Error and adverse effect prevention in healthcare is patient safety. Protecting patients is its goal. Healthcare system safety culture and management depend on human and organizational values, attitudes, perceptions, competences, and behavior patterns. Thus, understanding the need to support frontline personnel in patient care is crucial. This could improve care, especially in busy tertiary hospitals (Sani et al., 2024).

In terms of the frequency of events reported this was rated as high. This is supported by the findings that the nurses most of the time it is reported when a mistake is caught and corrected before reaching the patient and when a mistake reaches the patient and could have harmed the patient, but did not. However, when a mistake reaches the patient and could have harmed the patient, but did not, this is reported 3 to 5 times. This implies that different hospitals have established policies already about error reporting. This is a way of documenting errors and learning from errors committed and for them not to happen again. Perhaps, these hospitals have established their policies along time already. Just like in the previous work of the researcher where error reporting is very

well-established. Supporting this finding, in the study of Al-Jabrietal (2021), overall, patient safety were perceived as high, with the healthcare professionals rating patient safety slightly higher than the patients did.

Overall, the patient safety culture of the respondents were rated as high. In all aspects of patient care, patient safety should be a priority. And this can only happen if there is a good working area, support from the managers, communication, good safety practices in the hospital and standard operating procedures on error reporting.

Table 4 Relationship between Personal Characteristics and Perceived Nurse Floating Practice

Independent variables	Eta squared value	*p* value	Decision	Interpretation
Employment setting	.007	.133	Failed to reject Ho	Not significant
Unit of assignment	.021	.948	Failed to reject Ho	Not significant
Experience floated to another unit	.038	.000	Reject Ho	Significant
Years of practice	.002	.962	Failed to reject Ho	Not significant
Employment classification	.007	.502	Failed to reject Ho	Not significant
Years of employment on current unit	.008	.613	Failed to reject Ho	Not significant
Total years of practice	.012	.424	Failed to reject Ho	Not significant

Legend: Significant if *p* value is $\leq$ .05. Dependent variable: Perceptions on Nursing Floating Practice. Eta squared value = .01 is small effect; .06 is moderate effect; and .14 is large effect.

Based on the table, the *p* value for the personal characteristics of having experienced being floated to another unit was lesser than the significant value of .05. This value was interpreted as significant, which led to the decision of rejecting the null hypothesis. This implies that having an experience of being floated to another unit is significantly correlated with the perceptions of nurse floating practice. Further, the correlation was positive and only had a small effect as reflected in the eta squared value. Thus, experiencing being floated allows higher perceptions on nurse floating practice. This is simply because they experienced being floated to another area and therefore they can really tell about the variable being examined. Through their experience they will be able to give their insights based on the different items being mentioned in the questionnaire. So, there is no doubt that these two variables are significantly correlated.

Float pool nurses travel between units and departments to fill staffing needs. They must be exceptional nurses and quick learners who can adapt to each department's needs. Kingsley said float pool nurses earn more than single-unit nurses, which is why many opt to work there. Healthcare firms often provide float nurses extra compensation, benefits, or other incentives due to the role's particular requirements (Flavin, 2023).

However, the *p* values for employment setting, unit of assignment, years of practice, employment classification, years of employment on current unit, and total years of practice were greater than the significant value of .05. These values were interpreted as not significant, which led to the decision of failing to reject the null hypothesis. Thus, employment setting, unit of assignment, years of practice, employment classification, years of employment on current unit, and total years of practice were not associated with the perceptions on nursing floating practice. There can still be a high perception on nurse floating practice despite being employed in the government institution, no matter what unit of assignment, no matter what the number of years of practice, employment classification, years of employment on current unit, and total years of practice.

Floating saves money by using available nurses and avoiding overtime and agency nurses. Float nurses most often experience unfamiliarity, which causes tension, worry, and dissatisfaction. Management must establish tactics and resources to make floating to a different unit less unpleasant for staff. Quality patient care is paramount. The float nurse must be able to care for a diverse patient population, familiar with the unit's routines and processes, and oriented to the supplies and medication room so they can focus on patient care (Bitanga, 2024).

Table 5 Relationship between Personal Characteristics and Patient Safety

Independent variables	Eta squared value	*p* value	Decision	Interpretation
Employment setting	.001	.624	Failed to reject Ho	Not significant
Unit of assignment	.020	.958	Failed to reject Ho	Not significant
Experience floated to another unit	.018	.016	Reject Ho	Significant
Years of practice	.018	.203	Failed to reject Ho	Not significant
Employment classification	.004	.716	Failed to reject Ho	Not significant
Years of employment on current unit	.007	.719	Failed to reject Ho	Not significant
Total years of practice	.005	.811	Failed to reject Ho	Not significant

Legend: Significant if *p* value is $\leq$ .05. Dependent variable: Patient Safety. Per dimension correlation is attached in the appendices. Eta squared value = .01 is small effect; .06 is moderate effect; and .14 is large effect.

Based on the table, the *p* value for the personal characteristics of having experienced being floated to another unit was lesser than the significant value of .05. This value was interpreted as significant, which led to the decision of rejecting the null hypothesis. This implies that having an experience of being floated to another unit is significantly correlated with the perceptions of patient safety. Further, the correlation was positive and only had a small effect as reflected in the eta squared value. Thus, experiencing being floated allows higher perceptions on patient safety. By being floated, the nurses experiences another area which may have different established protocols. Being floated may be equated with versatility being tested. By being floated, this serves as a test of the flexibility of the nurse and by this, patient safety should not be compromised. Floating should not compromise patient safety in fact it should heighten it. Patient safety should always be upheld in all areas of the hospital. Thus, this gives nurses better appreciation of patient safety every time they are being floated to another area.

A literature analysis on float nurses and patient safety contradicted the findings. Six research articles were rigorously reviewed. 3 of 6 studies found no indication that float nurses decrease patient safety. When nurses are moved to units where they are not educationally and experientially prepared or have not maintained competency, patient care suffers. Inappropriate floating promotes medical errors, delays care, and prevents nurses from noticing patient deterioration (Oregon Nurses Association, 2018).

However, the *p* values for employment setting, unit of assignment, years of practice, employment classification, years of employment on current unit, and total years of practice were greater than the significant value of .05. These values were interpreted as not significant, which led to the decision of failing to reject the null hypothesis. Thus, employment setting, unit of assignment, years of practice, employment classification, years of employment on current unit, and total years of practice were not associated with patient safety. There can still be a high

perceptions on patient safety despite being employed in the government institution, no matter what unit of assignment, no matter what the number of years of practice, employment classification, years of employment on current unit, and total years of practice.

Educational level, experience, and patient safety training courses had a high effect on nurses' attitude, while age, marital status, gender, and working unit had no significant effect (Salih et al., 2021). In addition, Azyabi et al. (2022) found that patient safety culture positively affected patient safety views and incident reporting. Staff position, teaching status, and geographic region also affected patient safety culture, perceptions, and event reporting.

Table 6 Relationship between Perceived on Nurse Floating Practice and Patient Safety

Nurse Floating Practice (Independent variable) vs. Patient Safety (Dependent Variable)	r value	*p* value	Decision	Interpretation
Work area/unit	.169	.002	Reject Ho	Significant
Supervisor/manager	.050	.367	Failed to reject Ho	Not significant
Communication	.045	.423	Failed to reject Ho	Not significant
Patient safety grade	.091	.103	Failed to reject Ho	Not significant
Hospital	.102	.068	Failed to reject Ho	Not significant
Frequency of events reported	.091	.103	Failed to reject Ho	Not significant
Overall Patient Safety	.125	.025	Reject Ho	Significant

Legend: Significant if *p* value is $\leq$ .05. Dependent variable: Patient Safety. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

Based on the table, the *p* value for the correlation between perceived nurse floating practice and work unit or area was lesser than the significant value of .05. This value was interpreted as significant, which led to the decision of rejecting the null hypothesis. This implies that perceptions on nurse floating practice is significantly correlated with the perceptions on work unit or area of patient safety. Further, the correlation was weak positive as reflected in the r value. Thus, a high perception on nurse floating practice causes a high perception on work unit or area. Nurse floating means that nurses are being floated to different area. By going through different areas, the nurse always keeps in mind that patient safety will always be a priority. Each area will always have the same rules and policies on patient safety and the nurse had to always keep in mind to be always cautious and observe patient safety.

Floating nurses to unfamiliar units can put patients and healthcare organizations at risk, as it can evoke stress, anxiety, and frustration for nurses, ultimately threatening patient safety (O'Connor & Dugan, 2017). Occupational fatigue in nurses is associated with decreased nurse performance, high burnout rates, and increased medication errors, all of which can impact patient safety (Dykstra et al., 2016). Mandatory floating can have an impact on nurses' satisfaction and retention, which could affect nursing practice and patient care (Lafontant, 2017). The use of clustered float pool nurses in forensic mental health has been shown to promote safer, high-quality care and reduce overtime costs (Cyr & Paradis, 2012). Float staff members, such as supplemental nurses, provide a flexible way for hospitals to meet staffing needs, maintain safe patient care, and reduce overtime, thus improving patient safety (Rainess et al., 2015).

Also, the *p* value for the correlation between perceptions on nurse floating practice and overall perceptions on patient safety was lesser than the significant value of .05. This value was interpreted as significant, which led to the decision of rejecting the null hypothesis. This implies that perceptions on nurse floating practice is significantly correlated with the overall perceptions on patient safety. Further, the correlation was weak positive as reflected in the r value. Thus, a high perception on nurse floating practice causes an high perception on patient safety. Throughout the process of floating through the various areas, the nurse always keeps in mind that the safety of the patient will always be the first concern. There will always be the same rules and policies about patient safety in each and every unit, and the nurse was required to always bear in mind that she needed to be cautious and follow patient safety constantly. Because the need for floating will never disappear, strategies to keep patients safe need to be put in place. Continued improvements in floating procedures, including who's chosen to float, how nurses float, and their experiences, will have a positive impact on both nursing satisfaction and patient safety (O'Connor & Dugan, 2017).

However, the *p* values for supervisor/manager, communication, patient safety grade, hospital, and frequency of events reported were greater than the significant value of .05. These values were interpreted as not significant, which led to the decision of failing to reject the null hypothesis. Thus, perceptions on nurse floating practice is not significantly correlated with supervisor/manager, communication, patient safety grade, hospital, and frequency of events reported. There can still be a high perceptions on supervisor/manager, communication, patient safety grade, hospital, and frequency of events reported of patient safety despite being a low perception on nurse floating practice.

When nurses are floated to units for which they have not been educationally and experientially prepared or have not maintained competency, it negatively impacts quality patient care. This practice of inappropriate floating increases the risk of medical errors, and often means delayed care or nurses not recognizing a decline in patient wellbeing (Oregon Nurses Association, 2018).

Patient safety is paramount in healthcare, therefore floating nursing staff should be considered. Healthcare organizations and personnel should verify that floating nursing staff are qualified and trained to fulfill their duties in their designated regions, according to their licensure and scope of practice, to guarantee patient safety. Provide floater staff with full orientation and training on the unit's policies, procedures, patient populations, and care needs. Encourage all staff, whether floating and permanent, to communicate well to promote seamless coordination and continuity of care and patient safety. Maintain legal and ethical standards by ensuring floating staff follow their area of practice and licensure criteria and do not overstep. Healthcare organizations can foster a culture of safety, sustain professional standards, and provide high-quality care regardless of staff assignment by considering these legal, ethical, and patient safety issues (Bouchoucha & Mokbel, 2023). While floating nurses addresses an issue on manpower, appropriate measures and standards should be in place as it impacts patient safety.

CONCLUSION AND RECOMMENDATIONS

Conclusion

In conclusion, experience of being floated to another unit influences perceived nurse floating practice and perceptions of patient safety. When a person has an experience of being floated to other units this allows the person to gain higher levels of perceived nurse floating practice and patient safety. Further, perceived nurse floating practice influences overall patient safety. This means that a high level of perceived nurse floating causes a high level of perception on patient safety. The research findings were aligned with the Human Factors Theory and Nursing Workload Theory with nurse floating being a factor of patient safety as evidenced by their correlation. And according to the High Reliability Organisation Theory, the different organizations being high reliability organizations place high importance to patient safety as evidenced by the high levels of patient safety. In order to address the findings of the study a patient safety enhancement plan was created.

Recommendations

Based on the findings of the study, the following recommendations were given:

Practice. As part of the research utilization, the findings of the study will be communicated to all the Nursing Service Administrators and the different hospitals in Cebu City. The researcher will recommend to the different hospitals in Cebu City and the Nursing Service Administrator organization to discuss the findings of the study. The discussion shall include the presentation of the patient safety enhancement plan giving the different hospitals the option to adopt it.

Policy. The study findings will greatly help the nursing service administrators (ANSAP) organization to create a standardized policy on patient safety and standards for nurse floating in hospitals. The standard will serve as a guide for all hospitals adopting the nurse floating.

Education. The study findings can greatly help as a reference in studies conducted in relation to nurse floating and patient safety. Along with this, the study methodology can also serve as a reference and as an educational material that can be used in discussing research concepts and statistical treatments. The ethical consideration can also serve as a reference in discussing ethics in research.

Research. As part of research dissemination, the study will be submitted for possible oral or poster presentation in any local or international research congress. It is also planned that the researcher will be submitted for publication, in any local or international refereed journal.

The following research titles are also suggested for future undertakings, to wit:

a. Impact or outcomes of the nurse floating practice: A policy development;

b. A phenomenological exploration on the lived experiences on nurse floating among nurses in Cebu City; and

c. Nurse floating and patient safety among nurses: A convergent parallel method

PATIENT SAFETY ENHANCEMENT PLAN

Rationale

A beneficial influence on health outcomes, a reduction in expenses connected to patient harm, an improvement in system efficiency, and assist in reassuring communities and rebuilding their trust in health care systems are all outcomes that can be achieved by investments in patient safety. The measurement of the culture of patient safety permits the identification of areas of strength as well as areas that could use development. This information can be utilized in the process of developing therapies that are suitable. It is also possible to utilize patient safety culture measurements to evaluate new safety programs by comparing the outcomes with those obtained before and after the implementation of the program.

As found out in the study the nurse floating has an influence over patient safety. Other factors influencing patient safety included having experienced being floated. On the other, having an experience of being floated also influences nurse floating practice perceptions. There was a high level of perception on the nurse floating practice and high levels of patient safety. With these findings, this enhancement plan is created.
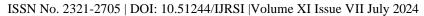
General Objectives

This plan is primarily aimed at further increasing or enhancing the levels of perceived nursing floating practice and patient safety among nurses.

Specific Objectives

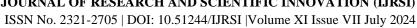Specifically, this enhancement plan aims to achieve the following specific objectives:

a. To further increase the perceived nurse floating practice from high to very high;

b. To further increase the high levels of perceived patient safety in terms of work area, the hospital, supervisor, communication patient safety grade, and the frequency of events reported; and

c. To maintain very high levels of perceived nurse floating and patient safety.

Concern	Specific Objectives	Activities	Persons Responsible	Resources	Time frame	Success Indicators
The perceived nurse floating practice was highly practiced.	• To further increase the perceived nurse floating practice from high to very high.	**Personally-initiated activities:** • Read articles or view videos online about nurse floating. • Attend webinars or seminars about nurse floating. **Hospital-initiated activities:** • Review, revisit and revise the staff development plan. • Tie-up with the Accredited Professional Organization for Nurses (PNA) on the different continuing professional development for nurses with CPD units. • Provide an updated bulletin of the upcoming CPDs.	• Nurses • Nurse Managers or Supervisors • Chief Nurses • HRDM Director • Hospital Administrators	• Internet connectivity. • Desktop, laptops, tablets, or android phone • Staff Development plan. • MOU with PNA. • Bulletin board. • Guidelines and SOPP on nurse floating. • Budget for the training (Php 10,000.00 per training). • Budget for the compensation of nurses who will float or being floated. • Instrument for satisfaction on nurse floating.	Fourth quarter of 2024	• Saved articles and videos. • Certificate of attendance or participation on the seminars or webinars. • Updated Staff Development plan. • Signed MOU with the PNA. • Updated bulletin. • Updated Guidelines and SOPP on nurse floating. • Certificate of completion on the training. • Approved proposal for payment of the nurse floating staff. • Survey results on

		• Create a comprehensive Guidelines and SOPP for nurse floating and disseminate to include mentoring. • Conduct a training on nurse floating. • Revisit monetary compensation for nurse floating and recommend to the hospital administration. • Conduct satisfaction survey on nurse floating. • Conduct periodic departmental meetings to discuss issues relating to nurse floating. • Re-assess the nurse floating practice perceptions, 6 months following the implementation of this plan.				the satisfaction on nurse floating. • Minutes of meetings. • Survey on the re-assessment of nurse floating practice (very high).

Overall, the patient safety of the respondents was rated as high. In terms of work area or unit and the hospital, these were rated as fair while in terms of supervisor or manager, communication, patient safety grade, and the frequency of events reported these were rated as high.	• To further increase the high levels of perceptions on patient safety in terms of work area, the hospital, supervisor, communication patient safety grade, and the frequency of events reported.	**Personally-initiated activities:** • Read articles or view videos online about patient safety. • Attend webinars or seminars about patient safety. • Maintain competency by attending to continuing professional development activities **Hospital-initiated activities:** **Work Area** • Review manpower requirements and request if needed. • Conduct regular reviews of work processes and SOPPs to determine if changes are needed to improve patient safety. • Develop an SOPP on	• Nurses • Nurse Managers or Supervisors • Chief Nurses • HRDM Director • Hospital Administrators	• Internet connectivity. • Desktop, laptop, android phones or tablets. • Budgetary requirements for the employment of new staff nurses. • Minutes of the reviews. • Work processes and SOPPs on nurse floating, events reporting and forms. • Operational, Strategic and Staff Development plans. • Budget for seminar (Php 10,000.00 per seminar). • Instrument to assess patient safety among patients and nurses. • Memorandum and	Fourth quarter of 2024	• Saved articles and videos • Approved manpower request. • Revised work processes and SOPPs. • Updated SOPP on nurse floating, SOPP on events reporting. • Certificates of attendance or participation in the seminar. • Assessment results on patient safety among patients and nurses. • Re-orient attendance. • Issued memorandum and posted infographics in the hospital bulletin and official website and

		nurse floating • Develop an SOPP on events reporting • Conduct seminar on Teamwork and Collaboration • Conduct seminar on Work Ethics • Periodic assessment of patient safety among patients and nurses. **Supervisor or Manager** • Create an environment where staff are free to give their suggestions especially during the conduct of meetings. • Conduct a seminar or training on Handling Errors or Events • Inclusion in the SOPP of taking action immediately within 24 hours after an event has occurred.		infographics. • Hospital Bulletin. • Employee Manual. • Instrument to re-assess patient safety.		Facebook account. • Updated operational, strategic, and staff development plan. • Created a Patient Safety Committee. • Revised Employee Manual. • Minutes of meetings. • Results of the re-assessment (very high level of perception on patient safety).

		Communication • Create an SOPP on what to be done after an error occurs or somewhat a post-debriefing activity to include meetings and methods of informing employees. • Conduct periodic meetings to include errors as one of the agendum. • Re-orient staff about proper channeling and the SOPP on reporting events. **Patient Safety Grade** • Conduct a periodic survey on the rating of the employees and patients on the patient safety practice of the hospital. **Hospital** • Provide a memorandum and post				

		an infographics in the hospital bulletin and official website and Facebook account about patient safety being a top priority in the hospital. • Develop a proactive stance by allocating a space in the hospital bulletin about updates on patient safety. • Develop an SOPP and a form in transferring patients from one unit to another. • Develop an SOPP on handovers to include specific forms to be used for handovers **Frequency of Events Reported** • Develop a standard operating procedure and policies (SOPP) on events				

		reporting including the Committee who handles, the process flow, and the forms necessary. If already available, revisit, review, and revise to adopt to the recent developments and trends in health care.				
		• Consequently revisit, review and revise Employee Manual to include penalties for commission of errors or events.				
		• Revisit, review, and revise thee operational and strategic plans and staff development plan to include activities that would provide awareness and capacitate nurses about				

		patient safety. • Conduct periodic departmental meetings to discuss issues relating to patient safety. • Re-assess the patient safety perceptions, 6 months following the implementation of this plan.				
Having experience with being floated influences bot the perceived nurse floating practice and patient safety	• To maintain very high levels of perceptions on nurse floating and patient safety.	• Note: All activities mentioned in the first two concerns are applicable here.	• Nurses • Nurse Managers or Supervisors • Chief Nurses • HRDM Director • Hospital Administrators	• Note: All resources mentioned in the first two concerns are applicable here.	Fourth quarter of 2024	• Note: All success indicators mentioned in the first two concerns are applicable here.
Perceived nurse floating influencing patient safety.	• To maintain very high levels of perceptions on nurse floating and patient safety.	• Note: All activities mentioned in the first two concerns are applicable here.	• Nurses • Nurse Managers or Supervisors • Chief Nurses • HRDM Director • Hospital Administrators	• Note: All resources mentioned in the first two concerns are applicable here.	Fourth quarter of 2024	• Note: All success indicators mentioned in the first two concerns are applicable here.

REFERENCES

1. Adajar, G. R. M., De Torres, R. Q., & Tuazon, J. A. (2022). Determinants of anticipated turnover of nurses in selected hospitals in Metro Manila. Philippine Journal of Health Research and Development, 26(4).
2. Alsulami, A., A'aqoulah, A., & Almutairi, N. (2022). Patient safety culture awareness among healthcare providers in a tertiary hospital in Riyadh, Saudi Arabia. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.953393.
3. Aiken, L. H., Freund, D. A., Noyes, K., & Xue, Y. (2012). Quality outcomes of hospital supplemental nurse staffing. The Journal of Nursing, 12(32), 580-585. https://doi.org/10.1097/NNA.0b013e318274b5bc
4. Aiken, L. H., Sloane, D. M., & Cimiotti, J. P. (2018). Implications of nurse staffing for patient and staff safety. In Patient safety and quality: An evidence-based handbook for nurses (2-3). Agency for Healthcare Research and Quality.
5. Aiken, L. H., Sloane, D. M., & Cimiotti, J. P. (2018). Implications of nurse staffing for patient and staff safety: A study in Philippine healthcare settings. Philippine Journal of Nursing, 88(2), 45-51.
6. Al-Jabri, F., Kvist, T., Sund, R. et al. (2021). Quality of care and patient safety at healthcare institutions in Oman: quantitative study of the perspectives of patients and healthcare professionals. BMC Health Services and Research, 21, 1109. https://doi.org/10.1186/s12913-021-07152-2
7. Albaalharith, T., & A'aqoulah, A. (2023). Level of patient safety culture awareness among healthcare workers. Journal of Multidisciplinary Healthcare, 16, 321-332. https://doi.org/10.2147/JMDH.S376623.
8. Atkins, P. M., & Roberts, J. A. (2019). Nurse float pool: Legal and ethical implications for patient safety. Journal of Nursing Regulation, 9(4), 35-41.
9. Azyabi, A., Karwowski, W., Hancock, P., Wan, T. T. H., & Elshennawy, A. (2022). Assessing patient safety culture in United States hospitals. International Journal of Environmental Research and Public Health, 19(4), 2353. https://doi.org/10.3390/ijerph19042353.
10. Bhat, A. (2024). Descriptive correlational: Descriptive versus correlational research. Question Pro. https://www.questionpro.com/blog/descriptive-research-vs-correlationalresearch/#:~:text=6%20 Conclusion-,What%20is%20descriptive%20correlational%20research%3F,claims%20about%20cause% 20and% 20effect.
11. Bisnar, J. C., & Pegarro, K. N. (2018). Nurse turnover: Implication on health care delivery. JPAIR Multidisciplinary Research Journal, 34(1).
12. Bitanga, M. E. (2024). What are the effects of floating to nurses and patient care. https://rn-journal.com/journal-of-nursing/effects-of-floating-to-nurses-and-patient-care
13. Blegen, M. A., & Vaughn, T. (2018). Ethical and legal considerations for floating nurses and patient safety. Journal of Nursing Administration, 48(6), 303-307.
14. Blegen, M. A., Gearhart, S., O'Brien, R., Sehgal, N. L., & Alldredge, B. K. (2009). AHRQ's hospital survey on patient safety culture: psychometric analyses. Journal of Patient Safety, 5(3), 139-44. https://doi.org/10.1097/PTS.0b013e3181b53f6e.
15. Bouchoucha, S. L., & Mokbel, C. (2023). Legal and ethical dilemmas of floating nurses and patient safety: A conceptual framework. Nursing Ethics, 30(3), 428-437.
16. Casey, D., Fink, R., Jayasekara, R., & Post, J. (2019). The role of nurse managers in new graduate nurse transition: A scoping review. International Journal of Nursing Studies, 94, 139-157.
17. Cho, E., Lee, N. J., & Kim, E. Y. (2019). Implications of floating nurses for the safety of medical-surgical patients. Journal of Nursing Management, 27(3), 593-600. https://doi.org/10.1111/jonm.12720
18. Clendon, J., & Walker, L. (2019). Preceptorship: An integrative review of the literature. Nurse Education Today, 75, 80-88.
19. Cruz, A. K., & Santos, M. A. (2019). Patient safety implications of floating nursing staff in a Philippine tertiary hospital. Journal of Philippine Healthcare, 12(3), 112-120.
20. Cyr, J. J., & Paradis, J. (2012). The forensic float nurse: a new concept in the effective management of service delivery in a forensic program. Journal of Forensic Nursing, 8(4), 188-194. https://doi.org/10.1111/J.1939-3938.2012.01145.X.
21. DeKeyser Ganz, F., & Shalev, C. (2021). The ethical dilemma of floating nurses and patient safety: An integrative review. Nursing Ethics, 28(3), 293-306.

22. De Gagne, J. C., & Kang, H. S. (2018). Hyun-Young Yoon's transition theory applied to preceptorship in clinical nursing education. Nursing Forum, 53(2), 257-263.

23. Dela Cruz, R. M., & Reyes, J. L. (2020). The impact of floating nursing staff on patient safety in Philippine community hospitals. Philippine Journal of Health Sciences, 35(1), 23-31.

24. Delgado, C., Upton, D., Ranse, K., Furness, T., & Foster, K. (2021). The effectiveness of preceptorship in supporting newly qualified nurses in developing competence and confidence: A systematic review. JBI Evidence Synthesis, 19(3), 520-567.

25. Dykstra, J. G., Sendelbach, D., & Steege, L. M. (2016). Fatigue in float nurses: Patient, nurse, task, and environmental factors across unit work systems. Proceedings of the Human Factors and Ergonomics Society Annual Meeting, 60(1), 623-627. https://doi.org/10.1177/1541931213601142.

26. Faller, M. (2017). A single-hospital study of travel nurses and quality: What is their impact on the patients experience? Nurse Leader. https://doi.org/10.1016/j.mnl.2017.03.016.

27. Fink, R. M., & Krugman, M. (2018). Enhancing new graduate nurse transition: A role for preceptors. Journal for Nurses in Professional Development, 34(2), E1-E5.

28. Flavin, B. (2023). Float pool nurse: The pros and cons of being a roving RN. https://www.rasmussen.edu/degrees/nursing/blog/float-pool-nurse-pros-and-cons/

29. Friese, C. R., Kalisch, B. J., & Lee, K. H. (2020). Implications of floating staff on patient safety outcomes in the neonatal intensive care unit. Journal of Perinatal & Neonatal Nursing, 34(3), 260-267. https://doi.org/10.1097/jpn.000000000000048

30. Fung, O. W. M., Loke, A. Y., & Lai, C. K. Y. (2021). The implications of floating nurses on patient safety in pediatric settings. Journal of Pediatric Nursing, 56, 79-84. https://doi.org/10.1016/j.pedn.2021.05.010

31. Garcia, S. R., & Lopez, M. T. (2021). Floating nursing staff and patient safety in the context of Philippine public hospitals. Philippine Journal of Nursing Research, 15(2), 67-74.

32. Gaudine, A., LeFort, S. M., & Lamb, M. (2018). The impact of floating nurses on patient safety in acute care hospital settings. Journal of Nursing Administration, 48(7/8), 387-392. https://doi.org/10.1097/NNA.0000000000000632

33. Grady, C., & Danis, M. (2019). Floating nurses and patient safety: Ethical and legal considerations. Hastings Center Report, 49(1), 27-35.

34. He, H., Chen, X., Tian, L., Long, Y., Li, L., Yang. N., & Tang, S. (2023). Perceived patient safety culture and its associated factors among clinical managers of tertiary hospitals: a cross-sectional survey. BMC Nursing, 22, 329. https://doi.org/10.1186/s12912-023-01494-4

35. Henderson, A., Rowe, J., Watson, K., Hitchen-Holmes, D., & Lal, M. (2019). The effectiveness of pre-registration nurse and midwifery education in clinical decision making: A systematic review and meta-analysis. Journal of Advanced Nursing, 75(2), 273-289.

36. Hernandez, A. B., & Ramos, C. D. (2022). Exploring the implications of floating nursing staff on patient safety in a Philippine healthcare system. Asia Pacific Journal of Nursing, 6(1), 34-42.

37. Hickman, D. S. (2013). Floating nurses to specialty areas. [Published Type, Nursing Theses and Capstone Projects], Gardner-Webb University, 64. https://digitalcommons.gardner-webb.edu/nursing_etd/64.

38. Johnson, M., Cowin, L. S., & Wilson, I. (2018). Young people's perceptions of pre-registration nursing education: A review of the literature. Journal of Clinical Nursing, 27(13-14), 2508-2520.

39. Kajander-Unkuri, S., Meretoja, R., Katajisto, J., & Saarikoski, M. (2019). The nursing education context and its impact on graduate competence: A scoping review. Nurse Education Today, 79, 128-135.

40. Kergoat, M. J., & Dupuis, S. (2019). The role of preceptorship in the development of expertise in gerontological nursing. Journal of Gerontological Nursing, 45(5), 7-14.

41. Kocan, M. J., & Calzone, K. A. (2018). Legal and ethical issues of floating nurses and patient safety: A case study. Journal of Professional Nursing, 34(2), 145-152.

42. Kutney-Lee, A., & Aiken, L. H. (2018). The implications of nurse staffing and skill mix on patient safety and quality of care. In P. D. Hughes (Ed.), Patient safety and quality: An evidence-based handbook for nurses (1-21). Agency for Healthcare Research and Quality.

43. Lachman, V. D. (2019). Legal and ethical implications of floating nurses and patient safety. MEDSURG Nursing, 28(4), 249-252.

44. Lafontant, M-P., M. (2017). Exploring nurses' feelings on floating: A phenomenological study. Creating healthy work environments. Nursing & Health Sciences Research Journal, 2(1).

45. Lake, E. T., & Friese, C. R. (2020). Implications of nurse staffing and work environments on patient

safety and satisfaction. Journal of Nursing Administration, 50(10), 507-513. https://doi.org/10.1097/NNA.0000000000000939.

46. Larson, N., Sendelbach, S., Missal, B., Fliss, J., & Gaillard, P. (2012). Staffing patterns of scheduled unit staff nurses vs. float pool nurses: A pilot study. Medical Surgical Nursing, 21(1), 27-32. https://www.amsn.org/sites/default/files/documents/practice-resources/healthy-work-environment/resources/MSNJ-Larson-21-01.pdf

47. Lavoie-Tremblay, M., & Leclerc, M. M. (2022). Floating nurses and patient safety: legal and ethical perspectives. Canadian Journal of Nursing Research, 54(2), 45-53.

48. Lee, J. M., & Cruz, E. S. (2018). The effects of floating nursing staff on patient safety outcomes in Philippine private hospitals. Philippine Healthcare Management Journal, 25(4), 187-194.

49. Levett-Jones, T., Andersen, P., Bogossian, F., Cooper, S., McKenna, L., & Slark, J. (2019). A cross-sectional survey of nurse preceptor characteristics and the professional development resources and support available to them in the Australian context. Nurse Education Today, 79, 12-17.

50. Leino-Kilpi, H., & Välimäki, M. (2020). Floating nurses and patient safety: Legal and ethical challenges. Nursing Ethics, 27(5), 1477-1489.

51. Lundy, K. S., & Janes, S. (2023). Ethical and legal analysis of floating nurses and Patient safety: A systematic review. Journal of Nursing Law, 22(2), 67-76.

52. Mollart, L., & Skinner, V. (2019). The experiences of preceptors in nursing: A meta-synthesis. Journal of Clinical Nursing, 28(21-22), 3851-3869.

53. Murray, M., Sundin, D., & Cope, V. (2020). A qualitative systematic review of internal and external influences on preceptor development and support. Nurse Education in Practice, 44, 102749.

54. Makar off, K. S., & Storch, J. L. (2021). Floating nurses and patient safety: Legal and ethical considerations in nursing practice. Nursing Ethics, 29(1), 83-92.

55. Nielsen, A. (2018). A systematic review of preceptorship and preceptors. Nurse Education in Practice, 29, 122-128.

56. O' Connor, K., & Dugan, J. L. (2017). Addressing floating and patient safety. Nursing, 47(2), 57-58. https://doi.org/10.1097/01.NURSE.0000511820.95903.78.

57. Ombay, G. (2023). PHAPI: Private hospitals in need of 50% more nurses due to brain drain. GMA News. https://www.gmanetwork.com/news/topstories/nation/874069/phapi-private-hospitals-in-need-of-50-more-nurses-due-to-brain-drain/story/

58. Oregon Nurses Association (2018). Nurse floating and patient safety. https://cdn.ymaws.com/www.oregonrn.org/resource/resmgr/stc-b/STC-B_NL_2018-11-29.pdf

59. Palma, J. A. F., Oducado, R. M., & Palma, B. (2020). Continuing professional development: Awareness, attitude, facilitators and barriers among nurses in the Philippines. Nursing Practice Today, 7. https://doi.org/10.18502/npt.v7i3.3348.

60. Park, S. H., & Blegen, M. A. (2019). The implications of floating nurses for patient safety and quality of care in the intensive care unit. Nursing Outlook, 67(5), 566-573. https://doi.org/10.1016/j.outlook.2019.04.001.

61. Rainess, M., Archer, W., Hofmann, L., & Nottingham, E. (2015). Empowering float nurses. Nursing Management, 46(2), 15-19. https://doi.org/10.1097/01.NUMA.0000460046.94309.D0.

62. Raso, R. (2018). Legal and ethical implications of floating nurses and patient safety: An international perspective. International Nursing Review, 65(2), 201-209.

63. Reis, C. T., & Amaro, M. M. (2022). Floating nurses and patient safety: Legal and ethical frameworks in healthcare organizations. Journal of Healthcare Law and Ethics, 12(3).

64. Rochlin, G. I., La Porte, Todd R., & Roberts, K. H. (1998). The self-designing high-reliability organisation. Naval War College Review, 51(3). https://digital-commons.usnwc.edu/nwc-review/vol51/iss3/8.

65. Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2018). Best practices of formal new graduate nurse transition programs: An integrative review. International Journal of Nursing Studies, 77, 87-108.

66. Salih, S. A., Abdelkader Reshia, F. A., Bashir, W. A. H., Omar, A. M., & Elwasefy, S. A. (2021). Patient safety attitude and associated factors among nurses at Mansoura University Hospital: A cross sectional study. International Journal of Africa Nursing Sciences, 14, 100287. https://doi.org/10.1016/j.ijans.2021.100287.

67. Santos, R. L., & Reyes, P. F. (2019). Nurse staffing and patient safety: A focus on floating nursing staff in the Philippines. Journal of Philippine Nursing, 44(3), 88-95.

68. Selna, A., Zulhabri-Othman, Tham, J., K.P.M., B., & Yoosuf, A. K. (2022). Assessing the Impact of demographic factors on interprofessional collaboration for patient safety culture among nurses in hospitals of Maldives. Journal of Positive School Psychology, 6(5), 9028–9038.

69. Squires, A., & Juarez, A. (2022). The implications of floating nursing staff on patient safety and adverse events in acute care settings. Journal of Nursing Care Quality, 37(1), 18-23. https://doi.org/10.1097/NCQ.0000000000000592.

70. Stenhouse, R., & Tapp, D. (2019). Preceptorship for newly qualified nurses: A review of the literature. Nurse Education in Practice, 34, 52-56.

71. Tan, C. L., & Lim, M. S. (2020). Implications of floating nursing staff for patient safety in Philippine rural healthcare facilities. Philippine Journal of Hospital Administration, 34(2), 56-63.

72. Villanueva, G. R., & Cruz, L. N. (2021). The impact of floating nurses on patient safety in Philippine urban hospitals. Philippine Journal of Medical Care, 17(1), 12-19.

73. Yap, A. V., & Garcia, J. M. (2023). Floating nursing staff and its implications for patient safety in the Philippines: A retrospective analysis. Philippine Journal of Health Services, 38(3), 145-152.

74. Younas, A. (2019). Re: How can we determine the sample size from an unknown population? https://www.researchgate.net/post/How-can-we-determine-the-sample-size-from-an-unknown-population2/5caf21caf8ea52b1e3756076/citation/download.