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Travel Nurses' Experience of Organizational Change: An Exploratory Study

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TRAVEL NURSES’ EXPERIENCE OF ORGANIZATIONAL CHANGE:
AN EXPLORATORY STUDY

By

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# TABLE OF CONTENTS

## ABSTRACT

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>v</td>
</tr>
</tbody>
</table>

## 1. CHAPTER 1: INTRODUCTION

- Statement of the Problem: 1
- Significance of the Problem: 2
- Statement of Purpose: 3
- Research Questions: 4
- Operational Definitions: 4
- Theoretical Framework: 5
- Assumptions: 5
- Limitations: 6
- Summary: 6

## 2. CHAPTER 2: REVIEW OF LITERATURE

- Introduction: 7
- Humanistic Nursing Communication Theory: 7
- 3-Step Change Theory: 10
- Empirical Literature: 11
- Summary: 21

## 3. CHAPTER 3: METHODOLOGY

- Introduction: 22
- Design: 22
- Setting and Sample: 22
- Instrumentation: 22
- Procedure: 23
- Protection of Human Subjects: 24
- Data Analysis: 24
- Summary: 25

## 4. CHAPTER 4: RESULTS

- Introduction: 26
- Sample: 26
- Research Question One: 26
- Research Question Two: 32
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conclusion</td>
<td>35</td>
</tr>
<tr>
<td>5. CHAPTER 5: DISCUSSION</td>
<td>37</td>
</tr>
<tr>
<td>Introduction</td>
<td>37</td>
</tr>
<tr>
<td>Research Question One</td>
<td>37</td>
</tr>
<tr>
<td>Research Question Two</td>
<td>39</td>
</tr>
<tr>
<td>Review of Literature</td>
<td>40</td>
</tr>
<tr>
<td>Theoretical Framework</td>
<td>42</td>
</tr>
<tr>
<td>Study Limitations</td>
<td>42</td>
</tr>
<tr>
<td>Implications for Nursing</td>
<td>43</td>
</tr>
<tr>
<td>Plans for Future Research</td>
<td>43</td>
</tr>
<tr>
<td>Conclusion</td>
<td>44</td>
</tr>
<tr>
<td>APPENDICES</td>
<td>45</td>
</tr>
<tr>
<td>Appendix A: Demographic Survey</td>
<td>45</td>
</tr>
<tr>
<td>Appendix B: Qualitative Items</td>
<td>46</td>
</tr>
<tr>
<td>Appendix C: Trust and Closure Audit Questionnaire</td>
<td>47</td>
</tr>
<tr>
<td>Appendix D: Nursing Work Index Revised</td>
<td>49</td>
</tr>
<tr>
<td>Appendix E: Results of the Trust and Closure Questionnaire</td>
<td>53</td>
</tr>
<tr>
<td>Appendix F: Results of the Nursing Work Index Revised</td>
<td>55</td>
</tr>
<tr>
<td>Appendix G: IRB Approval</td>
<td>58</td>
</tr>
<tr>
<td>Appendix H: Informed Consent</td>
<td>60</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>62</td>
</tr>
<tr>
<td>BIOGRAPHICAL SKETCH</td>
<td>64</td>
</tr>
</tbody>
</table>
ABSTRACT

The evolution of the nursing profession is a process that requires nurses to evaluate the nature of change in various professional settings. Due to varied practices throughout the country, some hospitals may not be utilizing the most effective methods for nursing practice. Travel nurses are one group of nursing professionals who occasionally have challenges to overcome when attempting to create change in the context of the workplaces where they are assigned.

The purpose of this study was to provide an exploratory examination of travel nurses’ experience of their role in participating in or facilitating change on individual nursing units. Three instruments were used to explore this issue: The Trust and Closure Audit Questionnaire, Nursing Work Index-Revised (NWI-R), and qualitative questions developed by the investigator. The results illustrated reasons for the successes and failures of travel nurses to create change. Additionally, the results suggest a profile of the ideal travel nurse in the context of integration into an organization and the changes accompanied by the very integration of travel nurses into a nursing staff. While the sample size and scope of the study were limited, these results are significant.

The nursing profession will continue to strive to provide high quality patient care and maintain a safe and healthy environment for patients and staff. During this progress, the need to change and improve nursing practice is vital. There are many methods in which change can occur and the utilization of travel nurses is one of them. This study offers suggestions for utilizing travel nurses to improve patient care and safety.
CHAPTER 1
INTRODUCTION

The evolution of the nursing profession is a continual process that requires nursing professionals to evaluate the nature of change in various professional settings. Inherent to this process is the determination of the nature of and need for change. All members of the nursing profession and allied health team can help facilitate change to ensure the delivery of the highest level of healthcare.

Travel nurses are one group of nursing professionals that have occasionally had challenges to overcome when attempting to create change in the context of the workplaces where they are assigned. Travel nurses work on temporary assignments in hospitals that do not have adequate staffing or lack nurses with particular qualifications within nursing units. During these assignments, the travel nurse brings a unique perspective to the individual units and hospitals. The experience that travel nurses possess due to their experiences in many different facilities provides them with vital insights regarding nursing practice and thus, the ability to act as change agents.

Change can be a difficult process and there is a need in the nursing profession to determine and evaluate barriers to creating change. Since travel nurses are temporary employees and new to the particular hospital where they are on assignment, their ability to facilitate change can be challenging and can be very different from nurses who are permanent members of a unit’s nursing staff.

**Statement of the Problem**

Travel nursing has emerged as a result from the gravity of the national nursing shortage. According to American Hospital Association, there was a shortage of approximately 100,000 registered nurses in 2000 (AHA, 2007). This number increased to approximately 300,000 in 2005 and by 2020 they estimate the nursing shortage to be over 1,000,000 (AHA, 2007). Auerbach et al. (2007) anticipate a large shortage developing in the next decade. They estimate a shortage near 350,000 which is three times larger than the size of the shortage in 2001 (Auerbach et al, 2007). Other studies reflect estimates that the supply of registered nurses nationally fell by approximately 111,000 short of demand in 2000 (5.5 percent) and projected the gap would widen in the ensuing years (GAO, 2007). These staffing needs are partially relieved by travel nurses, qualified nurses who provide temporary assistance to hospitals.
Travel nurses are experienced nurses who temporarily work in hospitals throughout the nation. At these temporary placements, the travel nurse can be useful not only to staff/patient ratios, but to bringing new perspectives to many problems. Nursing practices can vary among hospitals. These variations include: charting, techniques, policies, procedures, management, and organization. The travel nurse can improve healthcare by suggesting ideas that have been successful in other hospitals.

The development of the travel nursing industry began in the 1980's when there was a critical shortage of nurses across the country. Travel nursing started as a short-term solution to meet the staffing needs of hospitals, particularly in states such as Arizona and California where seasonal turnover of population is high due to tourism. Soon it was realized that traveling nurses offered an exceptional solution to ongoing staffing needs at facilities across the nation. Since then, many travel nursing agencies have emerged, making thousands of positions available to qualified nurses across the country (Travel Nurses Now, 2006). For nurses seeking this form of practice, this provided an opportunity to earn a premium salary and travel to different areas of the country.

Due to the varied practices throughout the country, some hospitals may not be utilizing the most effective methods for nursing practice. In addition, many facilities are not easily changed by the influence of a nurse who is only there for 3 to 6 months. Many factors contribute to the problems travel nurses face when suggesting change to nursing practice.

Significance of the Problem

Healthcare is in a constant state of change and needs to continuously evolve in order to improve. The Institute for Healthcare Improvement (IHI, n.d.) stated: “Healthcare around the world is in need of revolutionary change. We are not performing at the level our patients deserve. There are huge gaps between knowledge and practice.” The IHI also described how many healthcare institutions do not adequately utilize time and resources to promote better care. They add, however, that change and improvements are happening around the world and are very possible (IHI, n.d.).

“All changes do not lead to improvement but all improvement does require change” (IHI, n.d.). Therefore, to improve current nursing practice, change is needed. The ability to develop, test, and implement changes are essential pieces in this process.
There are many kinds of changes that will lead to improvements, but only a limited number of sources that these specific changes come from have emerged (IHI, n.d.).

Many factors facilitate change to the nursing profession. As a dynamic profession, nursing is responsive to change which helps in adapting to meet the increasing needs of patients and the public. As new diseases emerge and patients present to hospitals with multi-system illnesses, nursing practice must transform to keep up with these complex issues. Changes also occur due to the chronic nature of the nursing shortage, staffing ratios, financial concerns, differences in nursing educational backgrounds, and overall hospital restructuring.

Creating change, even small change, can be complicated. Dulaney and Stanley (2005) described their attempt to facilitate change in the health care system as a difficult and challenging process. Their goal was to use specific guidelines to organize the treatment of patients with Alcohol Withdrawal Syndrome (AWS) as their institution used an unstructured approach for such treatment. They defined many important steps to bringing change in their health care institution including a thorough assessment of readiness for change, gathering support at all levels of the institution, the utilization of outside resources and research, continuous education for all involved, and an overall focus on improved patient care (Dulaney & Stanley, 2005).

The inability to facilitate change by travel nurses prevents individual hospital units from providing the most effective healthcare possible. Since different hospitals spend time and energy on various policies, utilizing a travel nurse can be a valuable way to improve care. The travel nurse has worked and experienced how different units function and can act as a resource for other units across the country. Communication issues, available time, the respect of travel nurses, and the desire of the travel nurse to facilitate change are some of the challenges that need to be met in order for change to occur.

**Statement of Purpose**

The purpose of this study was to provide an exploratory examination of travel nurses’ experience of their role in participating in or facilitating change on individual nursing units. The study focused on nurses’ experience with their integration into various hospitals during successive travel nursing assignments and the degree to which their input was valued within individual organizations.
Research Questions

The following are questions that were asked during this study:

1. What are travel nurses’ experiences regarding facilitating change on nursing units while on their temporary assignment in a hospital setting?
2. What aspects of the work environment influenced travel nurse’s experiences in the facilities in which they practice?

Operational Definitions

The following are operational definitions for this study:

1. A travel nurse is a registered nurse who is an employee of a travel nursing company and works in hospitals on a temporary basis. This differs from a staff nurse who is a registered nurse who is employed in a permanent position by a hospital (Burkett, 2002).
2. For this study, communication refers to an interpersonal process involving continual adaptation and adjustments between two or more people. Further, communication relates to the art and technique of using words to exchange thoughts, feelings, or messages (American Heritage Dictionary of the English Language, 2000). This was measured through a survey questionnaire that addresses different aspects of communication.
3. Change in this study has two meanings: 1). the altering of nursing practice by replacing with different methods and 2). resulting in a substitution of a different nursing practice method (Merriam-Webster, 2006). During this study, change will be measured through analysis of general survey questions related to experiencing change in a work environment. The Nursing Work Index and several open ended questions were used to measure these constructs.
4. Nursing practice refers to activities in which nurses perform their professional responsibilities. The goals of these activities are promotion and maintenance of health, prevention of injury, and overall safe patient care (NANB, 1996).
5. Outcomes refer to the consequences and results from a proposed change (Merriam-Webster, 2006).
Theoretical Framework

Two theories were used as the framework for this thesis. The first was the Humanistic Nursing Communication Theory developed by Battey, (1996). This theory deals with how communication influences positive and negative experiences within nursing. The second theory was the 3-step Change Theory by Lewin (1951). This theory uses three steps to discuss how change occurs: unfreezing, moving (change), and refreezing.

The Humanizing Nursing Communication Theory addresses communication and human relations in nursing. Interpersonal relationships between nurses and colleagues are central to the theory. The theory aids the nurse in coping with the negativity experienced in the practice of nursing. Communication is crucial to understanding concerns people have, especially when dealing with the communication between staff nurses and travel nurses (Battey, 1996).

Since the travel nurses are new on the unit, the staff nurses are more familiar with how things are usually done. Receiving "new ways" from someone who has little experience with how things are done there can be frustrating to some. Utilizing effective communication from nurse to nurse can help facilitate different ideas and lead to change in behaviors or procedures. Also, interpersonal relationships between the nurses play an important role.

The 3-Step Change Theory by Lewin presents the need for motivation in order for change to occur (Lewin, 1951). The theory describes what happens when actual change occurs and how it influences those involved. The final phase, refreezing, discusses how balance is brought back after change as occurred (Koerner and Karpiuk, 1994). All of these are relevant to a nurse attempting to facilitate change. First, attempting to do so without motivation will lead to negative results. Preparing for actions involved during the implementation of a change action and how balance will come can help guide those facilitating the change.

Assumptions

The assumptions for the study were as follows:

1. The survey was completed by a travel nurse who provided truthful responses and responded only once.
2. All the travel nurses surveyed had access to the Internet.
3. Travel nurses, as integral elements of the nursing staff in facilities where they practice, have experienced situations where they either suggested change or recognized that it was necessary.

**Limitations**

The limitations of the study were as follows:

1. Online approach can cause limitations to communication as it lacks direct interaction
2. Small sample size
3. Risk for duplication
4. Lack of random sampling/convenience sample
5. Possibility of geographic skew

**Summary**

The evolution for the need of travel nurses is a result of the critical nursing shortage. Since hospitals do not have adequate staff to take care of the patients, travel nurses accept temporary assignments to fill the needs. As an experienced professional, the travel nurse can offer valuable suggestions regarding nursing practice. These suggestions can lead to change and better patient care. The goal of this study was to investigate potential or actual barriers travel nurses may encounter when attempting to facilitate change. This study utilized The Humanistic Nursing Communication Theory by B. W. Battey along with the 3-Step Change Theory by Lewin as the conceptual framework. The results may help travel nurses become more effective in facilitating change and help staff nurses become more accepting of change. Both of these can result in better and more effective patient care.
CHAPTER 2
REVIEW OF LITERATURE

This chapter discusses the two theoretical frameworks used in this study, the Humanistic Nursing Communication Theory by Bonnie W. Battey and the 3-Step Change Theory by Kurt Lewin. This chapter also provides a review of literature that is related to and supports this thesis. The review of literature showed that there was no definitive body of research dealing with the topic of travel nurses and change. There was, however, research found that discussed the nature of change and aspects of communication within nursing.

**Humanistic Nursing Communication Theory**

**Assumptions**

The assumptions made by the Humanistic Nursing Communication Theory involve philosophical concepts about human beings. Part of this humanistic approach discusses the satisfaction of a person’s state of health. The theory states that “due to the bureaucratic and complex nature of the present health-care delivery systems, there is a tendency for clients and professionals to be treated in a dehumanizing manner and to relate to one another in a dehumanizing manner” (Battey, 1996).

A nurse can learn humanizing patterns of communication which can improve their awareness of sensitivity to the patient’s state of being. Utilizing this form of communication a nurse can limit the amount of dehumanizing attitudes and interaction patterns, replacing these with attitudes and patterns that humanize. The communication relates to patients, peers, and colleagues and focuses on strengthening interpersonal communication (Battey, 1996).

**Concepts**

The concepts of communication are described in the Humanistic Nursing Communication Theory. “Negativing” communication refers to talking with words such as “not” and “no”. In addition, the ability to think and talk about one’s own behaviors is referred to as self-reflecting (Battey, 1996).

The concepts of roles are also defined. A nurse is stated to be a human being who practices nursing and uses the nursing process to develop a plan of care for patients. Society requires a nurse to attain special educational and licensure credentials. A client, or patient, is a human being who is experiencing a “critical life situation”. The patient is
in need of services from the nurse and is the focus of the nursing process. The concept of the patient extends to include family and friends. The peer is a nurse having equal status to another nurse while the concept of a colleague refers to a member of another profession with whom nurses work with. Colleagues include physicians, therapists, administrators, and all parts of the healthcare team (Battey, 1996).

The theory describes nursing as the “the art and science of positive humanistic intervention in the changing health status of human beings interacting in the environment of critical life situations”. Further, nursing involves communicating, caring, and coaching. The concept of communication is described as an interpersonal process between human beings that requires constant adjustments. Battey discusses how attitude and interaction skills are two important parts to communication. Humanizing communication is described as awareness to the characteristics of being human while dehumanizing communication disregards these characteristics. The concept of listening is a crucial element in communication and involves making a conscious effort to focus on what another person is saying, especially to expressions of feelings, meanings, and concerns (Battey, 1996).

The “central tripod” of communing is trust, self-disclosure, and feedback. Trust is defined as the ability of one person to rely on another. Trust incorporates the risk of potential loss related to the achievement of a goal. Self-disclosure is defined as the risk of a negative response when sharing how one feels or thinks. The concept of feedback describes the offering of another person’s feeling based on their actions, behaviors, and beliefs. Elements of the communication described in this trilogy are assertiveness, confrontation, conflict, and separation. Assertiveness is described as the expression of one’s thoughts, feelings, or beliefs in an honest and respectful manner. Confrontation is when feedback is provided about another’s ideas with the request of a change in their
behavior. The concept of conflict arises when there are different alternatives that can be chosen and separation refers to the end of the relationship due to changes or choices made (Battey, 1996).

**Relationship Statements**

In nursing, the amount to which a nurse is able to use humanizing communication is directly related to the degree to which a patient, peer, or colleague will feel recognized and accepted as a human being. When a nurse uses dehumanizing communication, poor results occur and distance is created. The lack of trust and positive feedback prevents the interaction from being effective. In addition, when conflict influences trust and feedback, one tends to end the relationship by separation. Conversely, the use of humanizing communication by nurses can promote effective interactions. Also, the awareness of the ability to choose interaction patterns will help in the understanding of interpersonal relationships (Battey, 1996).

**Evaluation**

In nursing practice, the Humanistic Nursing Communication Theory defines how human beings are part of the nursing process. The relationship statement can be tested and evaluated to determine how effective nurse communication is. The theory provides a perspective of communication which can be useful in all situations in nursing practice.

The theory helps the nurse cope with the negativity experienced in the practice of nursing. The realistic nature of this theory helps nurses recognize the ability to use dehumanizing communication and the associated results. Understanding the potential negative communication patterns that can exist will help nurses change their practices and strive for more humanizing patterns and attitudes.

**Application to Thesis**

Since travel nurses can offer different ideas and beliefs to many aspects of nursing practice, communication becomes a vital tool in their ability to facilitate change. The success of the travel nurse’s communication is often related to the humanizing or dehumanizing responses that are received. The Humanistic Nursing Communication Theory describes ways that staff nurses, other travel nurses, and management can become more effective in their communication. The central tripod of communication illustrates how important listening is and how trust, feedback, and self-disclosure are related. These
all apply in the communication of a travel nurse when they are presenting different methods or procedures.

3-Step Change Theory

Assumptions
The assumptions made by the 3-Step Change Theory start with the notion that there is some type of frustration or dissatisfaction with the current situation. This desire for improvement leads to the first steps in the change process. Another assumption involved in this theory is the influence of forces. In dealing with the work environment, forces can be positive and facilitate change or hinder change by making change difficult (Schein, 2002).

Concepts
The concepts involved in this theory involve three phases of the change process. The first step is to “unfreeze” the existing situation. This process opens up possibilities for change but continuous positive direction from those involved is necessary (Lewin, 1951). Motivation of others, trust and recognition for the need to change, and active participation can all result from this first step in the process (Koerner and Karpiuk, 1994).

The second step in the change process Lewin refers to as “movement” and involves the actual change action. To succeed in this step, others involved need to agree that the current situation is not working well and a new perspective is needed. Also, the group can work together to come up with different methods making sure all relevant areas are covered (Koerner and Karpiuk, 1994).

The third step in the change process according to Lewin is “refreezing”. This is an important element to make sure the change that has been implemented continues throughout time. Many times changes are short lived and the previous methods can regain popularity. Positive influences are needed in this step along with reinforcing the actions with official support like policies and procedure documents (Koerner and Karpiuk, 1994).

Application to Thesis
The 3-step change theory by Lewin can be applied when a travel nurse is recommending a change to a certain nursing action. The step-by-step approach can help give the nurse a systematic approach to understand the dynamics in bringing about change. The first step can be a challenging one. Nurses often see nursing practice that
does not make sense, yet since it has been done that way for many years, the practice is not questioned. This can possibly lead to poor outcomes and result in patient harm. If a nurse who wishes to facilitate change strives to “unfreeze” the current practice, they will find it much easier to move on in the change process.

Implementation of the change will also take effort and support. Nursing managers and leadership need to support the change being made. The change should be based on current literature and current practice. Once the decision is made, getting those to actually change behaviors will take strict reinforcement and education. In addition, the “refreeze” step is crucial to show that this nursing practice has officially changed and all the nurses need to adhere. As mentioned above, changing the policy and procedures is an effective way to show institutional support.

**Empirical Literature**

This section will examine empirical literature related to change and the nursing profession. First, studies of change related to the behaviors of practicing nurses will be presented. Then studies of organizational change in the nursing profession or health care setting will be presented.

The success and results of attempting to create change in different aspects of nursing practice depends on many factors. One method of determining such factors is to examine how an intervention can change nurse-patient interactions and the problem solving approach to care. A study by Lima-Batson (1995), investigated change and how the use of modeling techniques, persuasion, and incentives could lead to a change in nursing behaviors. The behaviors that were studied included nurse-patient interactions and the problem solving approaches to care.

Three different methods for data collection were used. For data related to nurse-patient interaction behaviors, non-participant observations were conducted with audio recordings of verbal communications. The data collection procedure used for the problem solving approach to care behaviors was with document analysis of the patient’s charts. Questionnaires were used for collecting data concerning cognitive factors.

The first set of interventions included three group sessions with feedback. Each nurse participated actively and feedback from an observer was given. The second set of interventions involved each nurse watching a 20 minute demonstration video about nursing progress notes. This was followed by individual instructions on writing progress
notes for the same patient during a shift. A pocket aid was also given to the nurses for
guidance. The second intervention was repeated one time a day later (Lima-Baston,
1995). The results supported that the interventions lead to an increase in frequency of
nurse-patient interactions and confirmed a cognitive-based intervention can have positive
change on some nursing behaviors (Lima-Baston, 1995). The profession of nursing can
determine what behaviors have shown to be modifiable and create interventions related to
them. Since this thesis is interested in how travel nurses implement change,
understanding the results of different methods for change is very valuable. The travel
nurses can utilize this information in their own quest to facilitate change.

The creation of good interventions does not always yield positive results.
Another study explored the reasons why an intervention that was designed to change
professional nursing behavior was unsuccessful despite initial enthusiasm from those
involved. The researchers determined that the reason for a lack of behavioral change was
due to the tension in the nurse–patient relationship (Pill, Rees, Stott, & Rollnick, 1999).
Audio tape recordings of the nurse to patient interactions were used and analyzed. The
researchers developed a coding system which allowed them to quantitatively analyze the
data. They also examined the content of the interactions that were recorded giving them
a qualitative analysis (Pill, Rees, Stott, & Rollnick, 1999).

The researchers examined the responses from nurses to an intervention that was
designed to help increase patient’s involvement in their own care, specifically those with
Type II diabetes. Nurses were trained to use support materials and guidelines to aid them
in decision making. Eighteen nurses made up the sample and fifteen experimental
practices were involved. The overall theme of the training was that patients should be
encouraged to voice their concerns, choose topics to discuss, and set individual goals.
Each experimental practice hosted two training sessions that utilized discussion,
demonstration, and role play. The study lasted three years and each nurse was
interviewed at the beginning and visited on average six times over the span of the study.
The visits consisted of a discussion of the nurse's views on various methods and
perceptions of its use in patient care (Pill, Rees, Stott, & Rollnick, 1999).

A main cause for a lack of change was the nurse's definition of the responsibility
for the patient and the patients' perception of their own responsibility for their personal
health. Encouraging the patients to make their own decisions was difficult and many
nurses were uncomfortable when the patients were not choosing the most effective diabetic care (Pill, Rees, Stott, & Rollnick, 1999).

This study offered a different approach to patient care by allowing the patient to have more autonomy in what topics were to be discussed and care provided. Controversial and ethical issues can arise when dealing with the altered goals of communication with patients. The determination of whether the purpose of the nurses’ communication is to change the patient’s behaviors or have the patient make an informed decision needs to be explored. Communication is a valuable part to creating change. In the research for this thesis, the exploration of how communication can affect the ability of a travel nurse to help the progression of change will be done.

The way nurses communicate is also an important factor in how effective their ability to create change can be. Bowles, Mackintosh, & Torn (2001) conducted a study to evaluate how a short training course benefited nurses’ communication. The researchers described the need for more effective communication training and chose to examine the outcomes and relevance of solution-focused brief therapy (SFBT) training.

The sample consisted of sixteen registered nurses and health visitors recruited from inpatient and community based clinical settings. The participants attended a four-day training program in SFBT that met over an eight-week period. This study design used qualitative and quantitative analysis. Baseline and post-training data were collected via a Likert-scale instrument that addressed six issues with communication. The six issues were: competence, confidence, willingness, frequency, tolerance, and scope of role. Also, data was collected using a focus group six months after the completion of the training. From the sixteen initial participants, only 10 completed both questionnaires and only 5 attended the focus group (Bowles, Mackintosh, & Torn, 2001). The researchers first explained the problem with nursing communication and how that affects nursing care. In doing so, the need for educating nurses in communication emerged. The SFBT training involves a system of communication and methods that allow for motivation, adaptation, and growth in change. SFBT focuses on using the least amount of time needed for communication, goal setting, and establishing a therapeutic relationship (Bowles, Mackintosh, & Torn, 2001).

The quantitative analysis determined that four of the six issues in communication indicated a directional positive change. However, the Wilcoxon signed-ranks test was
used and determined that only the “willingness to change” issue had significant difference. The qualitative analysis compared communication before and after the training. During the focus group, stressful communication, feelings of inadequacy, and utilization of new skills were discussed. Participants did describe a change in their communication after completing the training (Bowles, Mackintosh, & Torn, 2001). The SFBT does provide an effective framework for developing communication and the skills can be learned in brief training courses. The participants found that their communication skills improved while statistical analysis supported that a significant change in their willingness to interact with patients occurred (Bowles, Mackintosh, & Torn, 2001). This study offers a new way to help nurses improve communication and hence, provide better nursing care. Training courses that deal with communication can be a valuable tool for many nurses in not only nurse-patient communication but with nurse-nurse communication.

The respect of a nurse plays a part in how well they can facilitate change. Tingle (2002) conducted a study to determine the extent new graduate mental health nurses were able to change aspects of their practice and what factors inhibited changes. Knowing whether newly qualified nurses were able to practice what they have learned and feel comfortable with change was important in keeping them in the profession.

This study used a longitudinal questionnaire survey and the sample was comprised of 444 nursing graduates. The questionnaire was given at the beginning of the study and then 6 months later. The findings showed that about half of the new graduates wished to change at least one aspect of their practice. The questionnaire also allowed the participants to answer and open ended question about the area of their practice they would like to change. The responses included changing clinical procedures and practices, introducing new practices, and changing administrative practices. When the participants were asked if they felt they were able to change the aspect of their practice, a little under half reported being unable (Tingle, 2002).

The attitudes of the fellow staff members was reported as the most frequently given reason for new graduates not being able to change their practice or change it only partially. Many of the participants reported that some of the staff was receptive to hearing about the change but were maintaining their traditional practice. Other participants reported difficulty getting support from some of the staff (Tingle, 2002).
findings do support the fact that new graduates had the desire to be change agents and therefore partially met the goals of the overall study. The success of the new graduates’ ability to create the change was influenced by their managers and more respected staff members, depending on their receptiveness to change (Tingle, 2002). The findings of this study supported that most of the new graduates in the mental health area had the willingness to act as a change agent but many were unsuccessful in doing so. Travel nurses can relate to new graduates and can sometimes feel that fellow staff members do not respect them adequately. The nursing profession needs to realize travel nurses and new graduates can both be effective change agents and create a strong team with all colleagues.

Successful interdisciplinary communication can influence how nurses value their own input and overall nursing practice. Daiski (2004) lead a study to investigate how bedside nurses view their relationships with nursing colleagues and other professionals, their perceptions of their own practice, and changes that need to occur in the restructuring process. This was a qualitative, descriptive, and exploratory study that used a sample of 20 volunteer staff nurses. The nurses provided a variety of viewpoints and ideas as their demographics covered different ages, educational history, and experiences.

The instrument used in the study was an interview guide that consisted of open-ended questions and prompts. The responses were audio taped and then analyzed by the author. The data was then coded to fit the specific purposes for the study. The findings supported that nurses valued the collaboration and acceptance of other professions. During the restructuring process, the nurses viewed the interdisciplinary teamwork as a positive outcome. Even though the nurses wished to build teamwork, they failed to adequately represent the patients (Daiski, 2004). Many times nurses display a lack of respect to other nurses, especially student nurses and new graduates. Some nurses experienced feeling on their own when other nurses would not come to their assistance. Many of the new nurses felt resistance to their ideas or suggestions of change and some nurses stated their need for some recognition of their hard work (Daiski, 2004).

Nurses need to gain self-confidence and clearly state their vision of how they wish nursing to be practiced. Collaboration from nurses and how nurses develop their interdisciplinary relationships are very important factors in the profession. Preventing the
growth of intra-professional relationships hinders nurses from working as a team and can lead to ineffective nursing care (Daiski, 2004).

The successful change in nursing practice relies on the perceived need for change by the nurses. Reutter & Ford (1998) conducted a study to explore public health nurses’ perception to changes in their practice. There has been a trend of healthcare to move towards a community based system focusing on health promotion and disease prevention. This trend results in changes to the practices of the public health nurses (Reutter & Ford, 1998).

This study used a descriptive qualitative research design and a sample size of 28 public health nurses. The nurses were divided into two groups for data collection: individual interviews or focus group interviews. The interviews consisted of questions and discussions about their roles, expectations, feelings, and changes in their practice. The data were analyzed using content analysis and common themes were determined (Reutter & Ford, 1998).

The name of the themes that were found include: conditions associated with the changes, pulling back, from hands on to arms length, handing over responsibility, developing working partnerships, and doing less surveillance. “Conditions associated with the changes” dealt with reasons that have lead to changes in the public nursing practice. The nurses stated reasons including disease protocols, budget cuts, changing community needs, changing demographics, and privatization of healthcare. These influences have changed the number of needed public health nurses as well as the mode of delivery and nursing roles (Reutter & Ford, 1998).

“Pulling back” referred to a decrease in time the nurses spend with each patient. This also includes less involvement in many activities and giving tasks to others. Even though a main reason for nurses pulling back their services was a decrease in available resources, some nurses found that they were taken away from a service and members of another profession were put in place. “From hands on to arms length” described the move from direct care to indirect care. This was seen in moves from individual care to group focus, nurses being a caregiver to becoming a resource, and the setting moving from patient’s homes to clinics (Reutter & Ford, 1998).

“Handing of responsibility” referred to allowing the patient to decide when and what kinds of services are needed. The development of partnerships with patients, other
nurses, and other professionals is another area that the public health nurses have noticed change. The final theme, “doing less surveillance”, described how the nurses feel they do not have the availability to practice preventive medicine and are often called to respond after a problem has been identified (Reutter & Ford, 1998).

The roles and responsibilities of the public health nurses are changing. Many of the nurses have concerns over the changes and find their relationship with their patients changing. The public health nurses’ accessibility has decreased which created many challenges for the nurses to perform all the expected services (Reutter & Ford, 1998). This study dealt with the topic of change and the focus was mainly on what changes the public health nurses have experienced. Understanding what factors cause resistance to change will help in the creation of programs to improve nursing practice.

Organizational change to the nursing profession has also been explored. One aspect that has influence on organizational change is research. Evaluating the way in which nursing research is conducted and how the results effect nursing practice is an important factor in examining aspects of change. Luker (1997) conducted a study that reviewed past research and literature to examine how nursing research has influenced change in the nursing profession. The change from previous nursing practice to “new nursing” was of specific interest. A goal of the author was to support that change in the nursing profession has been more successful from passionate and energetic nursing leadership than from evidence research. During the review of nursing research history, the author states that many research studies in the past were created by non-nursing groups. This created policy driven research instead of the needed nursing profession initiated research. Traditional nursing practice has lead to a separation of nursing managers from the needs of the nursing practice. Research focused on nursing organization primarily dealt with workload measurements and staffing concerns (Luker, 1997).

New nursing can be described as taking the traditional practice as a foundation and moving forward. Involving the nursing process and problem solving approaches to practice has advanced nursing from just attempting to practice nursing theory. Luker (1997) stated that new nursing is more focused with the nurse-patient relationship and the therapeutic values it has. New nursing tends to be more focused on the development of the nursing organization and status compared with other professions. The emphasis in
new nursing is related to individualism and holism which can impede efficiency (Luker, 1997). Past nursing research had a minor influence over the organization of nursing services. Further, professional research has not been as effective as energetic nursing leaders and therefore nursing needs to become more involved with the research agenda (Luker, 1997). The topic of evaluating our research in nursing is very important. Nurses must feel that the research being conducted is accurate and relevant to our evolution as a profession.

Once nursing research has supported claims to change nursing practice, implementing the changes has challenges. MacGuire (2006) facilitated a study to examine the difficulties in applying nursing research findings into current practice. The utilization of nursing research is crucial to the profession and determining why nurses do not change their practice in response to new knowledge is important. MacGuire (2006) defended claims that nurses fail to respond to change, do not know about research findings, or think there is an absence of relevant research available by stating these claims have been poorly studied. However, a statement that has been widely studied is that change has been found to be disruptive and is often resisted (MacGuire, 2006).

Time-lag is a reason for lack of change in nursing practice and there are three main types of time-lag. The first, named “void”, is when there is no theoretical basis for practice. The second, named “lion pit”, refers to when practice appears to be based on theory and research but the theories have been outdated or overturned. The last type, named “jet-lag”, refers to when applicable research findings exist but have not been put into practice (MacGuire, 2006). Ten main issues have been established that prevent nurses from utilizing research findings. The first one deals with the complexity of change. Creating change takes more than just changing attitudes and behaviors. Many people have different goals and beliefs that can make change difficult (MacGuire, 2006).

The type of nursing research being conducted is another important factor. There is a difference between policy driven research and research designed to further education and knowledge. Further, many times due to limited resources, the research questions change often abandoning their original topic. Differences in theoretical approaches and time scales can also lead to why nurses do not follow all research findings (MacGuire, 2006). Credibility is also addressed in research findings. Researchers can be far removed from the practicing arena. Even though they are nurses, they have been away
from the practitioner role and may not be aware of all the issues involved (MacGuire, 2006). These are all reasons why nursing research is not being implemented actively in nursing practice. Change is difficult even when research findings exist. These challenges can only be greater when suggestions are being offered from someone who is not a researcher but just a nurse who has experienced many different methods for providing nursing services.

Pryjmachuk (1996) discussed the importance of managing and understanding change. Using a more practical approach to comprehending change can be done by examining past change practices and learning the basic characteristics of change. Barriers to change can be alleviated by facilitating a deeper understanding of how nurses deal with change (Pryjmachuk, 1996).

Different professions deal with and handle change in various ways. These differences can lead to confusion when someone questions why so much time and energy is spent on studying change. Teaching characteristics of change familiar to most people and reviewing successful and unsuccessful examples of change will produce positive outcomes (Pryjmachuk, 1996). Change is a necessary part of life and when change interrupts our routines, resistance can occur. Pryjmachuk (1996) also provided change examples of great importance such as giving birth or death in the family in relation to changes that are more commonplace and occur on a gradual basis. When change is not welcomed or out of personal control, more resistance can occur. Change that is believed to be of benefit and within personal control can be accepted more easily (Pryjmachuk, 1996).

Five factors are described by Pryjmachuk (1996) that assist in accomplishing change. The first is determining if the change is realistic and practical. Secondly, the change needs to fit the environment it is intended for. The third factor deals with the individuals who will be affected by the change and the need to involve them and help them understand the benefit. The fourth factor addresses the selection of an adequate and respected change agent. The final factor involves the strategy of change and how it will be implemented.

The importance of evaluating change and monitoring progress is crucial to nursing. If the change is not effective, modifying the strategy and planning is needed. Action research is a successful method in which all those involved in the change are
considered during the evaluation process. Change can occur on the cognitive-behavioral level, changes to actual nursing practice, and changes to the organizational level (Pryjmachuk, 1996). Change often causes frustration and resistance even when the change is needed. By understanding the characteristics of change, many nurses can begin to understand why the change is important. Finding comfort with the change process and a realization of their own natural responses assists nurses in understanding why some changes lead to problems (Pryjmachuk, 1996). Focusing on the individual who will be affected by the change is a very crucial component to finding success. Managing change is difficult and participating in change is also challenging. By understanding all sides and the rationale, change can occur with greater ease.

In order for change to occur in the nursing profession, nurses have to be willing and ready to change. A study done by Dalton & Gottlieb (2003), explored the factors and components to readiness and the affects readiness has on change. The authors also describe how a nurse can use an understanding of readiness to facilitate change. This study examined the factors associated with readiness to change in patients who were adjusting to illness and disability and the outcomes obtained. The term readiness is often used in the healthcare system but there has been no systematic study done on the concept that focuses on the how the patients perceive readiness (Dalton & Gottlieb, 2003).

The sample for the study included five patients who were living with multiple sclerosis. These patients were studied for seven months via face-to-face contacts and telephone contacts. Through conversations and open-ended interview techniques, they were asked questions to determine different circumstances related to change and any thoughts, feelings, or behaviors associated with change. The data was then coded into different characteristics of readiness. Readiness was explored across a variety of patient situations and the findings and clarity were validated with other nurses, researchers, and the patients themselves (Dalton & Gottlieb, 2003).

The concept of readiness involves the outcome associated with being ready and the process of becoming ready. The process of becoming ready deals with the awareness of need for change and determining the costs and benefits of changing. The patients applied this concept and then considered if they had the energy, desire, and skills to facilitate change (Dalton & Gottlieb, 2003). Nurses have an important role in assessing a patient’s readiness. This can lead to discussing issues in more detail and determining any
underlying concerns. In the circumstances when patients need to change but are not ready, nurses have found that organizing the concerns into smaller issues can be helpful and easier to accomplish.

Readiness is a state and a process. The process includes accepting and planning while the state is described as the patient’s desire and intent to make the change. Further, the concept involves assessing the situation and personal concerns, considering all options, and attempting solutions. Determining the costs and benefits are very important factors and influence a person’s level of readiness (Dalton & Gottlieb, 2003).

**Summary of the Literature Review**

This chapter provides current research and literature that supports the topic of change and communication and its association with nursing practice. Even though there was no literature found directly relating to travel nurses and change, the review of literature did demonstrate that creating change can be challenging. The use of effective communication, defining nursing roles, willingness to change, general attitude, management, need for appropriate interventions, and respect for other professionals all influence the ability to create change. The researcher for this study believes that many of these challenges will be expressed by travel nurses who have had experienced suggesting change while on their temporary assignments.
CHAPTER 3

METHODOLOGY

This chapter describes the methodology used for this study including data collection and analysis. In addition, this chapter will provide a discussion on the design, setting, sampling plan, instruments, procedure, and data analysis used in this study.

Design

This study was based upon a descriptive, cross-sectional, and non-experimental research design. The travel nurses who volunteered possessed vastly different professional experiences making this a between-subjects type of group comparison. The data will be collected at one point in time, cross-sectional, and is nonexperimental because there was no manipulation of the independent variable. While causality is generally outside of the range of a descriptive study, this study was structured as to carefully define the constructs described previously in the context of travel nurses, which has not been done in the past.

Setting and Sample

The convenience sample for this study had a desired N of 50 with inclusion criteria to include:
1. Be an RN with licensure in one of the states or territories of the US.
2. Have at least one year of nursing experience after graduation from entry-level training as a professional nurse.
3. Completed one travel nursing assignment in the past two years.
4. The travel assignment was at least 3 months in length

Instrumentation

Several instruments were used in the study. First, an investigator developed demographic questionnaire (appendix A) was utilized to gain basic information regarding the participants. This instrument addressed: year of nursing graduation, type of nursing education, age, gender, specialty area in nursing, specific area certifications, number of travel assignments completed, and length of time working as a travel nurse. This format for data collection had not been piloted but is solely intended for demographic data.

The instrument also included qualitative open-ended questions (appendix B) that were included to facilitate analysis of data, which cannot be analyzed through simple survey methods. These questions asked the respondent to describe experiences they had...
in facilitating change to the institution in which they were working as a travel nurse. This aspect of the instrumentation will help to triangulate the results of the study in order to more precisely define the findings.

The second instrument (appendix C) was the Trust and ClosureAudit Questionnaire created by Learning Center, Inc. (2001). This questionnaire has been used by many organizations and was published in the book *Built on Trust: gaining competitive advantage in any organization*. This survey is a 5-point Likert scale in which the respondent is asked to indicate their degree of agreement with 20 items. The possible responses are: 1. Strongly disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly agree. The five response categories represent an ordinal level of measurement. The statements describe feelings towards the organization, management, and teamwork with fellow co-workers.

The third instrument (appendix D) was the Nursing Work Index-Revised (NWI-R) by L. Aiken and P. Patrician (2000). This instrument measured the characteristics of the nursing practice environment. Understanding the context of the professional nursing allows inferences to be made relating to positive patient outcomes. There is ample support for the validity and reliability for this instrument. Several investigators have used this instrument over many different years establishing stability and consistent reliability and validity. (Aiken & Patrician, 2000).

The NWI-R consists of a 4-point Likert scale in which the respondent is asked to indicate their degree of agreement with 57 items. The possible responses are: 1. Strongly Agree 2. Somewhat Agree 3. Somewhat Disagree 4. Strongly Disagree. The four response categories represent an ordinal level of measurement. The statements cover topics relating to autonomy, control over their practice area, organizational support, and working relationships (Aiken & Patrician, 2000).

**Procedure**

After approval from the Institutional Review Board from Florida State University, surveys were electronically distributed to travel nurses volunteering to participate. The surveys were available on a specific website and links to the site were sent to personal contacts via email. Each survey was numbered to prevent duplication. Basic inclusion criteria included a requirement for nurses to have worked as a travel nurse in a hospital setting for at least 3 months and have access to the Internet. The responses included in all
instrumentation will be kept anonymous, as the on line format of the study does not allow for the recording of identifying data.

The answers to the survey questions were used in a Master’s level thesis that examined what changes travel nurses have attempted to implement during their temporary assignments in hospitals, how travel nurses have attempted to implement change, and the outcomes of the attempts to implement change. The survey takes approximately 15-20 minutes to complete.

Consent for the study was obtained at the time the survey is taken. The act of completing the survey constituted consent. There was a section on the survey that explained the goals for the study and that the data gathered will be used only for research purposes. A statement about privacy protection and that all attempts will be made to maintain anonymity was also included. The statement further stated that by submitting the completed survey on the designated website, the participant consents to have their information used for the study with no attribution to the individual but use in aggregate analysis only. The results were sent to a specific website created for the study. Any questions or comments were sent to a listed email address. Access to the information was given to the researcher, faculty at the FSU School of nursing, and fellow students.

Protection of Human Subjects

Communication with the travel nurses was via email and conducted on a limited basis. The volunteers were sent a link to the survey. The beginning of the survey included the informed consent which stated the intent of the survey, procedure, voluntary nature of the study, and how the data will be used. The data used was documented anonymously and no use of the volunteer’s name was included in any part of the study, a safeguard which is guaranteed by the on line questionnaire which did not allow one to record these elements of information. A promise of confidentiality was also included in the introductory portion of the on-line questionnaire. The data collected was only used as part of this study and not shared with anyone else.

Data Analysis

After the survey was completed, each one was analyzed using the demographic information, qualitative responses, and Likert scoring. The dependent variable for this study was the travel nurse's perception of their ability to facilitate change and the independent variables relate to how different circumstances can influence their ability.
The independent variables included nursing routine, language, respect, desire of the travel nurse, attitudes of staff nurses, and poor management.

**Summary**

The main purpose of this study was to determine if there were challenges travel nurses met when attempting to bring a change in nursing practice during a temporary assignment. Data collection utilized the Internet as a main source of communication between the researcher and the volunteering travel nurses. A link to the survey was sent to those participating consisting of statements related to travel nursing and change. Consent for the study was also obtained at the time of the survey. Descriptive statistics was used during the data analysis.

The identification of barriers travel nurses face when attempting to bring change to a unit will benefit the nursing profession. Staff nurses can understand how their actions influence how other staff members communicate ideas. This realization can lead to a change in behaviors and lead to better patient care as travel nurses can offer new techniques and perspective on many areas of nursing practice.
CHAPTER 4

RESULTS

The results of the study are presented according to research question in order to fully address the aims of the study. Initially, the results will address the performance characteristics of the instruments. An examination of the reliability for both instruments was made as a component of the analysis. The Trust and Closure Audit Questionnaire demonstrated an alpha of 0.912 and the Nursing Work Index-Revised (NWI-R) demonstrated an alpha of 0.948. These values indicate that both instruments have a high degree of reliability. In addition, bi-variate correlations were performed between the scale totals of both instruments to determine if they were positively correlated. The scale totals were correlated positively as indicated by a bi-variate correlation of 0.634, which is significant at the 0.01 level. Each instrument measured different items and there was a statistically significant positive correlation between the two.

Sample

The sample was comprised of 36 respondents, of whom, 28 (78%) were female and 8 (22%) were male. The educational profiles of the respondents indicated that 18 (50%) had achieved associates degree preparation in nursing, while 17 (47%) had earned baccalaureate degrees. Fifteen (42%) of respondents worked in adult critical care units, 5 (14%) from the adult medical/surgical units, and 5 (14%) from the emergency department. The remainder of the respondents varied with respect to their primary specialty. Nineteen (53%) of the respondents were board certified in their area of specialty. The mean age was 42 years (SD 10.7). The mean for number of travel nursing assignments completed was 8.7 (SD 5.9) indicating an experienced group of travel nurses.

Research Question One

The first research question asked about travel nurses’ experiences regarding facilitating change on nursing units while on their temporary assignment in a hospital setting. The results from the two qualitative questions at the beginning of the survey were used to answer this research question and were coded into the following categories based on the respondents experiences: clinical practice, staffing related issues, administrative issues, and nurses who were never able to foster change. The two qualitative questions asked the respondents to describe situations in which they were
successful and unsuccessful in facilitating change on a nursing unit during a travel assignment.

**Changes Related to Clinical Practice**

Of the nurses who responded to the study, 10 respondents (28%) stated they were successful in creating change related to some form of clinical practice. This was illustrated in one respondent’s statement, “I was instrumental in creating procedure and protocol standards for the unit.” There were also responses about successful change through teaching. This was demonstrated by one nurses’ statement that she, “Redirected the way preoperative teaching was performed for cardiothoracic patients thus increasing patient knowledge and nursing resources.” Another example of success related to teaching was illustrated in a respondent’s statement that, “I taught hemodynamics and use of Propofol to staff nurses when these were first utilized in the unit.” A further example of success with teaching staff nurses was illustrated with the statement, “I was at a new hospital that was willing to use input from the travelers to teach the permanent staff.”

Additionally, change related to the integration of new equipment on units was a common theme. This was illustrated in the statement; “I helped with product recommendations like the integration of ‘busy blankets’ for Alzheimer's patients as a distraction technique. Another was the integration of chair alarms for patients with high fall risk with orders to be out of bed to chair.” Another example that illustrates change related to equipment was illustrated with one respondent’s statement:

On one post op lung surgery unit, the ICU beds would not lower enough for many nurses. Most nurses would have to be on their tiptoes to do patient care. The beds were high even for me (I'm 5'7”). With all the turning and pulling up, I could see real potential for injury. I mentioned that a different hospital they had a heavy step that could be placed near the bed to help nurses reach better. We tried an alternative, which was a flat wooded step that worked!

Conversely, of those who responded to the question about being unsuccessful in creating change, 11 respondents (31%) of the total sample stated they were unsuccessful in creating change related to nursing clinical practice. Many nurses voiced issues related to regular staff resisting change. This was illustrated in one respondent’s statement:

One hospital was eager to use diapers on the adult incontinent patients. I had suggested how placing diapers on the skin holds in the moisture and actually will
worsen the skin. That suggestion did not go over well with the nursing aides or nurses on the unit. They were totally stuck in ‘their way’ of doing things and not willing to change with latest evidence based research for skin care.

Another example of staff resisting change was illustrated in one respondent’s statement: Methotrexate levels sent to the lab should be wrapped in foil (or something opaque) to prevent light changing the result. I approached a difficult, anti-traveler, charge nurse about change and she was not interested - 'always the way we've done it'. I could not find articles/research to support at the time, so just dropped it.

Nursing shift report was another area of nursing practice where respondents reported not being successful in creating change. This was illustrated in the following statement:

I tried to explain the need for a "kardex" sheet for report in an MICU unit. As their report was sloppy and full of holes and information was missed. I made up a blank copy and explained the purpose to the manager and gave her the copy. She stated she didn't need it. To be honest I don't think I failed. I believe they failed.

Another example of an unsuccessful attempt to change how nursing report was done was illustrated in the statement:

Report between shifts at some hospitals is lengthy and a "mess". Most places will refuse to pay overtime and nurses that are staff will stay after clocking out in fear of losing their jobs. I presented an option that other places use such as recorded reports via phone but most facilities are not interested in "travelers" ideas and you are just brushed off. After eight years of being a travel nurse, I just conform to their current policy to avoid frustration. Even though I will not clock out to finish my work, they still do not pay the OT.

**Changes Related to Staffing Issues**

Two respondents (5%) stated success in obtaining safer staffing for the nurses on the units. This was done with repeated discussion with the mangers and research to support the staffing practice. One nurse respondent stated that she, “showed management research on nurse/patient ratios and eliminated routine tripling of ICU patients.” Another example of success related to staffing was illustrated in a respondent’s statement of:

I recently took an assignment at a facility that was just opening up a new cardiac step-down unit. The plan was for primary nursing. Unfortunately, the unit did not
staff nursing technicians and patients were being neglected. The unit was very fast paced with frequent admissions and discharges. Many of the patients were independent, but there were a fair share of elderly, dependent patients that were not in need of professional, but more custodial care. After several discussions with management, they agreed to staff a tech for days.”

Two nurses (5%) were unsuccessful in creating change related to staffing issues. These issues involved staffing ratio changes in which the nurses felt they were put into unsafe situations. One example of this was illustrated when a respondent stated:

I worked at a facility in the Midwest where on more than one occasion, I actually had to refuse assignments due to high ratio/acuity. I had several discussions with management, the staff, and my agency, but the situation did not change. I did leave the assignment early (something I have never had to do before). Management felt the ratios were appropriate, and consequently, the situation did not change.

Another example of unsuccessful change related to staffing issues was illustrated in the statement:

I tried to change an unsafe staffing situation and was forced to go to another department for being vocal with my concerns. My attempt failed due to a profession-wide mentality that nurses are an expendable expense, and any concerns for quality of care are viewed as "creating waves", and undermining administrative authority. Health care is strictly a for-profit business in all facilities and patients and staff are a necessary evil.

**Changes Related to Other Administrative Issues**

Four (11%) nurses felt they were successful in creating change related to administrative issues. One respondent in this category stated:

I had asked the persons making the assignments not to put new travelers in rooms together because they are unable to help each other if they are both new. It is much better to put and experienced person and a new traveler in the room together so that you have a resource person, and they made the change.

Another example of successful change related to nursing assignments was illustrated with one respondent’s statement, “I helped by printing report sheets prior to next shift coming on, which helps to facilitate a quick, efficient report. Many others took on this practice.”
One respondent felt successful with administrative change related opening up a new unit. She stated, “I helped start up a pediatric oncology clinic, ordering supplies, arranging rooms/charts/pt flow, and working with interdisciplinary groups to begin their program.”

One respondent addressed the topic of success related to team building with the following statement:

During two assignments the facilities had lost major certifications/accreditations. The staff was in a state of angry turmoil due to the number and rapidity of changes being made. I acted as a team builder, in part by feeding back to them the good things about their care-giving that were very evident and by embracing the changes being made. I also helped model that we could all do this and that some if not many of these changes would actually, really improve care (part of good care is good documentation, for instance) and were not just about "paper pushing" etc. Essentially, in all settings, I act as a non-member of the "family" of staff who can be used as a trustworthy sounding board, but who will also not get pulled into any negative "undertow." My attitude is a "can-do" one, which is often infectious. In a way, I act as a bridge between the current chaos staff is experiencing and inevitable/necessary change.

There were 2 (5%) nurses who reported being unsuccessful at creating change related to other administrative issues. These issues included break coverage and charting by exception. One respondent stated:

During one assignment, I had to work the night shift. The staff there informed me that every night, the nurses cover each other for 2 hours to let them sleep. I was shocked at this and attempted to tell them that this was an unsafe practice. I was told that they had been doing this for years and that it has always worked. I ended up covering them for 2 hours every night and had twice the patient load I should have. Even after repeated attempts with different nurses and the manager, I got nowhere.

An example of a charting issue that was unsuccessful was illustrated in the statement:

A facility was going from paper to computer charting. In training for their new system, they refused to consider "charting to exception", and would not offer a rationale, only that it is their policy. It should be no time at all before they have a
full revolt on their hands...and payroll is going to go through the roof with incremental overtime!

**Nurses Who Were Never Successful in Creating Change**

The last category was created for nurses who have never been successful in creating change. Of the nurses who responded, 10 (28%) stated they had never been successful in creating change as a travel nurse. This was a large group of respondents, which reflects the degree of travel nurses inability to influence change. Nurses voiced a broad array of situations and circumstances under which their attempts to influence change were unsuccessful. This was illustrated in one respondent’s statement that, “Most organizations are resistant to change or are too overwhelmed to consider suggestions. As a traveler you learn to be flexible and adapt as needed unless it goes totally against your training then stand your ground as best you can.” Another example is when one respondent stated:

> Change as a travel RN isn't received well at assignment hospitals. They absolutely don't ever want to hear ‘this is how things were done at another hospital’ or ‘let me show you an easier way’. Staff and management are very resistant to change and insulted when suggestions are made.

There was one nurse who felt that acting as a change agent was not the role of a travel nurse. This was illustrated when the respondent stated, “I am not there to change their way of doing things. It is my place to fill holes in the schedule not tell them they are doing wrong.”

Of the respondents, 6 (17%) stated that they were unsuccessful in creating change due to resistance and lack of respect for the traveler by the staff nurses. The lack of respect for the opinions of the travel nurses by the staff nurses halted the change process. This was illustrated when one respondent stated:

> When coming from different parts of the country and from various types of ORs you always run into folks that have only worked in one place. They hardly ever are open to change of any sort. Heaven forbid if a traveler has an idea that might help them because they automatically put on the brakes.

Another respondent stated that, “This has happened on a few occasions, primarily because of the good ole ‘we've always done it this way’ kind of thinking. They just don't want to welcome change.”
Unsuccessful attempts that were related to staff interactions was further illustrated with the statement, “I have never been able to create change. I have often made suggestions to units but it seemed most of the time the staff were not very accepting to change.” In addition, the following statement also illustrates issues related to staff respect:

There are always some individuals who are steadfastly married to a very negative attitude, for a variety of reasons. I do not think I have ever failed in a situation as a whole, but I have certainly failed to change the deeply ingrained negative attitudes of a few. Some humans are very unhappy people. Some of these are care-providers or nurses. I do not take it personally.

One more example of a statement related to lack of staff respect is illustrated when one respondent stated, “I tried but failed because there was no support or motivation from the other staff members.”

**Research Question Two**

The second research question assessed aspects of the work environment and the degree to which context influenced travel nurses’ experiences in the facilities in which they practice. This element of the study was difficult to address due to the lack of studies and instrumentation designed specifically for use in this population of highly specialized nurses. The challenges associated with the study methodology and the instrumentation will be further addressed under the limitations section. In order to provide a broad representation of organizational and practice related aspects of nursing practice, two instruments were used in order to address this research question. These were the Trust and Closure Audit Questionnaire and the Nurses Work Index-Revised (NWI-R). As previously stated, these instruments were valid measures of the data addressed in the study.

The Trust and Closure Audit Questionnaire was used to address questions regarding how communication, available time, respect for travel nurses, and desire of the travel nurse affect their ability to implement change during their temporary assignments in a hospital setting. This instrument was used to measure statements addressing travel nurses reflections regarding the organization, management, and communication/teamwork with co-workers. Using descriptive statistics, the scale totals for The Trust and Closure Audit Questionnaire ranged from a minimum of 39.00 to a maximum of 88.00 of a maximum possible score of 100. The mean cumulative score
was 60.74 (SD 12.78), reflecting a percentage score of 69%, which does not reflect a fully positive response. This aspect of the data reflects many of the elements present in the qualitative responses. Travel nurses perceived that they were not regarded in the same way as permanent staff in the facilities where they were assigned. This reflects upon the substantial room for improvement in the constructs addressed by the Trust and Closure Audit Questionnaire: communication, management support, and teamwork.

Due to the substantial role played by interpersonal communication in the facilitation of change, and the limited ability of travel nurses to negotiate change, this aspect of the data serves to confirm problems expressed in the qualitative items. Appendix E contains the results of the questionnaire including median, means and standard deviation for each item. During the analysis, multiple exploratory correlations between demographic factors and the items in the scale were made in order to determine the relationship between nurse characteristics and the results. Several statistically significant findings were present in the data.

The correlation between the statement “the majority of our workforce has a clear sense of direction and priority” and the demographic parameter reflecting the number of travel nursing assignments the nurses had completed was statistically significant (r=0.994; P<0.001). This indicated that the more travel assignments a nurse had the more easily he/she could see that the vision was clear for the organization they were currently working in. Organizational direction and priorities and the nursing workforce’s perceptions of them play an integral part in the change process. Since travel nurses are present within an organization for relatively short periods of time, these results support the notion that the ability to quickly assess an organization’s structure and direction is a skill acquired over time and with experience.

The correlation between the statement “our people know that when someone on the team says they are going to do something, they can count on it being done” and the demographic parameter of age was statistically significant (r= 0.990; p<0.001). This indicated that the older a nurse was the more they felt a sense of trust when others stated that they were going to do something. Another statement that yielded a significant correlation with age was “I can honestly say that 80% or more of our team communications close immediately in some form.” In this statement, the terms ‘close immediately’ refers to the act of obtaining answers to questions in immediate proximity
to an interpersonal exchange. This was statistically significant \((r=0.953; p<0.001)\) which indicated that age and the feeling that quality communications occurred effectively were highly correlated. While the applicability of these statements are limited due to the single measurement nature of this study, they do suggest a potentially important relationship. Both of the age related correlations reflect that nurses who are older may cultivate more effective trusting relationships and communicate suggestions for change more effectively than nurses who are younger. In a sense, this parallels the findings associated with multiple travel assignments. This likely reflects upon the effect of interpersonal experiences over one’s professional life, and the ability of older nurses to cultivate trusting relationships even in an environment of substantial change.

The Nurses Work Index-Revised (NWI-R) was also used to address this research question. The overall results of each of the items in the instrument including median, mean, and standard deviation are contained in appendix F. The instrument addressed this construct because it measured the need for an improvement in the nursing practice environment. Initial analysis of the scale was performed using descriptive statistics. The scale totals for the NWI-R ranged from a minimum of 86.17 to a maximum of 191.00 of a maximum possible cumulative score of 228. The mean cumulative score was 143.20 (SD 23.81). This reflected a percentage score of 74.97%. While this reflects a positive score, it was reflective of room for improvement in the nursing practice environment. The nursing practice environment, as the context in which change occurs, is an important variable. The fact that the travel nurses perceive limitations within this environment likely play a role in limiting the potential for or even the need for change. This improvement might include areas such as staff supporting each other, clean and healthy work environment, effective charting practices, and strong relationships between nurses and physicians.

Multiple exploratory correlations and independent samples t-tests were performed in order to explore the relationship between the demographic variables and the instrument (tested in the same manner as the Trust and Closure Audit Questionnaire). There were few statistically significant correlations present in this aspect of the data. Level of degree held (BSN or ADN) and board certification of the nurses in the sample were also included, and were found to be statistically insignificant predictors of performance on the scale (tested via independent samples t-test). This was done to establish if these variables
resulted in a more positive relationship with change and communication in travel nurses. This reflected the lack of a relationship between level of education or board certification and the overall scale results.

Additional bi-variate correlations were then performed in order to determine if there was a relationship between demographic factors and individual scale variables. Several variables were found to be statistically significant. The data demonstrated a very strong relationship (1.00) between the statement “physicians and nurses have a good working relationship” and the degree held. This was statistically significant (p<.001) and indicated that the degree held was highly correlated with the sense that nurses and doctors have an effective working relationship. This likely reflects the interaction between educational preparation and the need for one to be an effective inter-professional collaborator in an environment of change. For instance, associate degree prepared nurses receive no training in leadership and management, while those with baccalaureate preparation do, and thus, have a greater propensity to engage in these behaviors.

There was also a strong relationship (0.997, p<.001) between the statement “not being placed into a position of having to do things that are against my nursing judgment” and the length or time the nurses have been practicing. This was also statistically significant and indicated that the longer a nurse had been practicing the less likely he/she was to be placed in a professionally precarious situation. This likely reflects the ability of more experienced nurses to proactively collaborate with colleagues, much in the same way that those with higher levels of education more effectively interacted with physician staff. Nurses new to practice may be reticent to question authority in the workplace. While statistical significance on the bi-variate correlations indicated important relationships between these variables, it must be noted that these are not as strong had they been realized in the independent samples t-tests.

Conclusion

From the 36 nurses who responded, 28 (78%) were female. The results from the two qualitative questions at the beginning of the survey provided supportive data on the first research question related to the experiences travel nurses had regarding facilitating change on nursing units while on their temporary assignment. Data was provided that illustrated both success and failure in regards to creating change.
The second research question was in regards to methods travel nurses have found from the management and organization that promoted a positive work environment. The Trust and Closure Audit Questionnaire and the NWI-R were utilized to determine such information. The results from the Trust and Closure Audit Questionnaire indicated the number of travel assignments was highly correlated with the sense that there was a clear direction in the organization. The results also showed that age of the nurse respondents was highly correlated with both trust of fellow co-workers and the feeling that quality communications occurred among members of the team.

The results for the NWI-R, showed that none of the T-tests performed to explore correlation were statistically significant. The data did demonstrate, however, two strong correlations. The first correlation indicated that the degree held by the nurse was highly correlated with the sense that nurses and doctors have an effective working relationship. The second correlation indicated that the longer a nurse had been practicing the less likely he/she was to be placed in a professionally precarious situation.
CHAPTER 5
DISCUSSION

The purpose of this chapter is to provide a discussion of the results of the study. The results present an interesting picture of travel nurses’ perceptions regarding their roles within nursing organizations. While some travel nurses have been able to influence change, the results reflected that a large proportion of these nurses have found themselves unable to induce change. This chapter is presented according to the individual research questions.

Research Question One

The first research question asked about the travel nurses’ experiences regarding facilitating change on nursing units while on their temporary assignments. The data addressing this research question was based upon qualitative items that allowed the participants to provide reflections upon their experiences in the context of organizational change. This method effectively cultivated concise data that included descriptions of actual experiences.

The number of respondents who stated they were successful in creating change related to clinical practice was approximately equal to the number of respondents who stated they were unsuccessful in creating change related to clinical practice. Of those who were successful, it appears that their success was related to multiple experiences in different institutions as a travel nurse. These experiences allowed the nurses to observe how nursing practice is performed at many other institutions resulting in a unique perspective in regards to clinical practice.

The travel nurses gain confidence as they observe successful practices among multiple institutions. If a travel nurse has worked at an institution in which a particular clinical practice was successful, that nurse can bring those practices to future travel nursing assignments. This confidence aids the travel nurse in finding success when suggesting change to a unit.

The respondents had different experiences, yet found success related to their individual pursuits. The commonalities between the successful respondents vary and are likely related to many factors. The factors include: receptive staff, clinical knowledge of the topic, unit management involvement and support, and an effective method of communicating the change in practice. Conversely, the nurses who were unsuccessful
provided varied examples that reflected on failure to facilitate change. The nurses overwhelmingly attributed a common factor, staff resistance to change, which seemed to limit the likelihood that change might be accomplished. The travel nurses felt frustrated with this resistance and the lack of respect for their knowledge and experience.

There was a pervasive undertone to the statements of the nurses who found themselves unable to facilitate change regarding their perception of the full time staff on their units. These participants reflected upon their full time colleagues negatively according to the belief that “they had always done things this way”. The unsupportive behavior from the staff leads to a pattern that travel nurses experience. This pattern can then lead to travel nurses not speaking up when they see things that could be improved as they feel the staff will not listen or change.

Several of the travel nurses stated success in facilitating change related to staffing issues. Staffing ratios vary from hospital to hospital and from state to state. Travel nurses have experienced different staffing situations and can provide feedback on what is the safest practice. However, a couple of nurses also found failure when attempting to bring about change related to staffing. This failure was related to management decisions and the belief that finances limited what the institution could provide. Just like nursing practice, nursing management can vary from institution to institution. Even though travel nurses are hired during a staffing crisis, poor management styles that put patients at risk concern travel nurses. These concerns include staffing ratios that should be altered depending on the severity of the staffing crisis.

Administrative issues were also addressed in this section of the results. Nurses found success in issues related to patient assignments, nurse-to-nurse shift communication, and team building with the staff. While travel nurses often felt challenged to influence unit wide systemic changes, they voiced a degree of success in facilitating changes in the direct patient care milieu such as those previously described.

There were also several nurses who were unsuccessful in facilitating change related to administrative issues. The topics of how nurses cover each other on breaks and documentation practices are more difficult for staff to accept. The examples that were included mention staff resistance to how their personal break relief was conducted. Since many nurses had been behaving the same way for many years, a travel nurse may have little success in changing how nurses spend their break periods. Also, timely
documentation is a challenge that many institutions have. Some hospitals choose to chart by exception instead of listing all the normal aspects of a nursing assessment. Travel nurses who suggest this type of documentation change may find resistance as this involves revising many forms and practices that may have existed for years.

Finally, there were several nurses who stated they had never been successful in creating change as a travel nurse. This was a large group of respondents reflecting the degree to which the inability to influence change is common amongst travel nurses. The issues associated with travel nurses’ failures include the feeling that staff did not wish to change and lack of respect for the travel nurse.

There appear to be two pervasive feelings on the part of travel nurses regarding their perceptions of barriers to their success. The first had to do with the general perception that nursing staff do not welcome change to their practice from someone they do not know. The second is the frustration of the travel nurse related to the change process. Repeated failure at communicating change can lead to travel nurses’ perceptions that their opinions will not be valued. This perception can lead to a decreased willingness to challenge and fight for change. Both of these points yield unfortunate results as the opinions of the travel nurse have the potential to create safer nursing practice.

**Research Question Two**

The second research question assessed aspects of the work environment and the degree to which context influenced travel nurse’s experiences in the facilities in which they practice. The Trust and Closure Audit Questionnaire and the Nurses Work Index-Revised (NWI-R) provided the data that addressed this research question. The results of this portion of the data provide a snapshot of the travel nurse and the degree to which they fit the practice environment. The data and the analysis of this section is limited due to lack of clarity of the online version of the tool.

When the statistically significant items in the data were combined, they provided a suggestion regarding the sort of nurse who might fit more readily into respective organizations, and who might assimilate into the organizational structure of various facilities more easily. When one examines the results of the Trust and Closure Audit Questionnaire several factors were statistically significant. These indicated that nurses who were older, and who likely possessed many years of work experience, tended to develop more positive work relationships within organizations. Predictably, as well, the
nurses who fit better, communicated more effectively, and who developed a more positive reflection of the work environment were those who had been on higher numbers of travel assignments. This provides support for the notion that experience counts when considering the degree to which travel nurses might be expected to assimilate. The ability to interact and communicate effectively in the context of interpersonal relationships is integral to the ability to negotiate change. Thus, this element of the data supported the role of effective interpersonal relationships and the ability to communicate as an important individual nursing trait.

The results of the Nursing Work Index provided similar reflections on the sort of nurse who might assimilate more quickly into the clinical environment. Again experience, in the form of time in practice (rather than age or travel experiences) correlated positively with communication within the work environment, and the degree of positive relationships with colleagues. Additionally, the ability of nurses to collaborate with physician staff also correlated positively with level of education. These data provide support for the notion that the more experienced and better-educated nurse is likely to interact more effectively with colleagues within a healthcare organization. These traits are essential to negotiating change in a positive manner.

Given the challenges associated with organizational change, it is not surprising that older, more experienced, and more highly educated nurses appear to integrate more easily into travel nursing assignments within various healthcare facilities. This offers support for ways through which nurses might be selected for travel nursing assignments in the future. Additionally, it offers support for the notion that travel nursing is a distinct ‘subspecialty’ within nursing, since their experiences on successive assignments appear to improve to the degree that they integrate more readily with organizations.

**Comparisons to the Review of Literature**

The review of literature demonstrated that creating change has challenges. The use of effective communication, willingness to change, management styles, need for appropriate interventions, and respect for other professionals all influence the ability to create change.

The narratives from the qualitative items indicated that a failure to create change was related to many factors. Poor communication between the travel nurse and staff nurse was one aspect that created frustration for the travel nurses who participated in this
From the literature review, one study described the need for more effective communication training between nurses. Bowles, Mackintosh, & Torn (2001) conducted a study to evaluate how a short training course benefited nurses’ communication. The study showed a correlation between good communication and a nurses’ willingness to change. Poor communication was attributed to circumstances when nurses were not eager to change (Bowles, Mackintosh, & Torn, 2001).

Lack of respect for the travel nurses’ opinions was another factor that nurses who responded to this study stated. This was related to staff nurses feeling the travel nurses did not know how things were done at their institution. This respect issue was also the subject of a study by Tingle (2002). The purpose of the study was to determine the extent new graduate mental health nurses were able to change aspects of their practice and what factors inhibited changes. The results showed that many of the new grads were given little respect from the staff nurses, which prevented the new grads from suggesting a change to practice. In comparison, the travel nurse and the new grad share similar challenges. Each is new to the hospital and relies on mutual respect between the nurses to learn and provide quality care.

Another factor that influenced how successful the travel nurses were in facilitating change was the staffs’ acceptance of new ways and evidence based practice. MacGuire (2006) facilitated a study to examine the difficulties in applying nursing research findings into current practice. MacGuire (2006) found that change is often found to be disruptive and is frequently resisted. This was the case for many nurses who responded to this study. Some of the nurses who found success in creating change described situations in which their input was respected and they were able to apply evidence based practice into their current location. The nurses who were not successful stated the staff was resistant and not willing to accept new methods of practice.

The literature review included studies about nurses and change; however, there were none that used travel nurses as the subjects. The responses from the travel nurses provided a wide range of feelings and frustrations related to facilitating change during their assignments. This study focused solely on travel nursing and will add to the resources regarding nurses and change.
Relationship of Results to Theoretical Framework

The Humanistic Nursing Communication Theory describes ways that nurses and management can become more effective in their communication. The theory describes a central tripod of communication that illustrates the importance of listening and how trust, feedback, and self-disclosure are related. The success of a nurse’s communication is related to the humanizing or dehumanizing responses that are received.

The concepts from the Humanistic Nursing Communication Theory were evident in many responses in this study. There were instances described in which the travel nurses were given negative, or dehumanizing, feedback from the staff. This negativity halted the communication process and became a barrier for travel nurses to facilitate change. Travel nurses rely on effective communication to aid their practice and it is a vital tool in their ability to offer different ideas and beliefs to many aspects of nursing practice.

The second theoretical framework that was mentioned in this study was the 3-Step Change Theory by Lewin. This theory describes the steps involved in creating change: unfreeze, implementation, and refreeze. The step-by-step method can help give the nurse a systematic approach to understand the dynamics in bringing about change. The unfreezing step appeared to be a very challenging one. From the results on this study, many travel nurses encountered situations in which the staff nurses were resistant to unfreeze, as they were comfortable with the practice they had been doing for years. By remaining “frozen”, the staff nurses create an environment that is not conducive to change. This can possibly lead to poor outcomes and result in patient harm.

Through an understanding of the entire change process, nurses can appreciate what needs to occur, what their challenges will be, and realize that while resisting change may be their first reaction—embracing and supporting change is the only way to make it successful. These concepts benefit the travel nurse and staff nurse who are involved in the change process. The travel nurse who is attempting to bring about change can anticipate the many challenges that occur during this process, and the staff nurses can better understand their role in helping change become successful.

Study Limitations

There were several limitations of this study. The first is common to a study of this scale. The sample size included only 36 travel nurses. This was an unforeseen difficulty
associated with this population. Since travel nurses are mobile, they are by nature a
difficult group to access. Thus, the study was underpowered in that it failed to achieve the
desired sample size of 50.

The primary study limitation was related to the presentation of the data in the online
format. The printed materials that represented the data had been converted into a ‘fillable’
online format. The original questionnaires included stems followed by individual items
that flowed from these stems. The online form of the questionnaire was similarly
structured. In this format, however, the Likert based questionnaires were confusing to
several of the participants. Future applications of these instruments should include a
format wherein the stems for each item are placed at the beginning of the items, rather
than at the beginning of individual sections.

**Implications for Nursing Practice**

The results of the study have several important implications regarding travel
nursing practice. As the first study that aimed at quantifying aspects of travel nursing, the
study indicated an overall environment wherein travel nurses seek to impart guidance to
colleagues based upon their expertise with varying degrees of success. Overall, there was
a great deal of frustration on the part of the nurses included in the sample. This aspect of
the data calls for a more structured approach on the part of hospital nursing departments
regarding the integration of travel nurses into their staffs. This approach must involve the
integration of their broad experiences into some form of quality improvement model.

Additionally, the data provided a profile of those nurses who are more capable of
negotiating the process of assimilation into new practice environments. This aspect of the
data calls for the establishment of clearer criteria for the selection of travel nurses. At this
time of severe shortage, and an ever-shrinking pool of expert nurses, healthcare
organizations must capitalize on the wealth of experiences possessed by travel nurses.

**Plans for Future Research**

This study was a small pilot which demonstrated the presence of several
important phenomena in a sample of travel nurses. Future studies should refine the
methodologies used in this initial attempt to clarify the relationships between these
variables. Additionally, it is essential that future studies in this area involve a larger
sample of travel nurses.
Conclusion

There have not been previous studies reflecting upon travel nurses’ experiences with organizational change. This study has provided a concise initial examination of these issues. The study does call for additional study and consideration of the relationship of travel nurses to the level of care in the units in which they serve. Additionally, this study beckons consideration of travel nurses as agents of change within these units. To do otherwise would under utilize the expertise of highly experienced nurses who have had exposure to similar units in multiple healthcare settings.

The nursing profession is constantly seeking ways to improve care. During this process, an examination of current practice is required and the determination of the need for change is conducted. Travel nurses can be a part of this examination as they can bring new ideas to units in which they are working. The travel nurse can foster standardization of best practices across the nation and together with the other members of the health care team, strive to provide the highest level of care possible.
APPENDIX A
DEMOGRAPHIC SURVEY

1. When did you initially graduate from your entry-level nursing program (as an RN) (MM/DD/YYYY) ___/___/______
2. What is your gender? ____ male     ____ female
3. What is your age? ______
4. What nursing degrees do you currently hold?
- Diploma in nursing____
- AND or ASN ______
- BSN ______
- MSN____
- DNP____
- PhD, DNP, or DNS____
5. What is your specialty?
- Adult Medical Surgical nursing____
- Adult Critical care nursing____
- Pediatric Medical Surgical nursing____
- Pediatric Critical Care____
- Emergency Department____
- Cath Lab____
- Operating Room____
- Labor & Delivery____
6. Are you certified in this area of practice____
7. How many travel nursing assignments have you completed____
8. How many months, total, have you been engaged in travel assignments____
APPENDIX B
QUALITATIVE ITEMS

1. Describe a situation where you were able to facilitate change on a nursing unit, during a travel assignment.

2. Describe a situation where you attempted to facilitate change on a nursing unit, but failed. Why do you think you failed?
APPENDIX C

TRUST AND CLOSURE AUDIT QUESTIONNAIRE

For each item in this section, please indicate the extent to which you agree to the following items related to a specific travel nursing assignment.

Indicate your degree of agreement by marking next to your choice.

1. If our organization were suddenly forced into a painful change of unknown dimension, I'm confident that significant proportions of our workforce would communicate their concerns and seek ways to help.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

2. I can honestly say that 80% or more of our team communications close immediately in some form.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

3. I am confident that my organization is not encouraging risk averse behavior.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

4. If I were troubled by an impending change, real or rumored, I could safely confide my concerns and seek solutions with my immediate manager or Board.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

6. Managers/teams create projects that contain clear goals, plans with specific accountabilities and intermediate milestones for progress.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

7. Teams within the company consistently create an atmosphere of mutual trust.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

8. Cross functional communication is efficient and results in few delays.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

9. Teams cultivate and harvest a "what we can learn" attitude when things do not go as expected.
   O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

10. I believe that "them and us" dynamics, within our organization and with our customers, cost us less than 2% of our gross revenue.
    O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree

11. The majority of our workforce has a clear sense of direction and priority.
    O Strongly Agree  O Agree  O Neutral  O Disagree  O Strongly Disagree
12. Our people know that when someone on the team says they are going to do something, they can count on it being done.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

13. I am reasonably sure that no one on my immediate team harbors resentment or serious unspoken disagreement with me.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

14. Our senior management fully shares the risks of painful change with the entire organization.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

15. I consider myself an excellent listener.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

16. Leadership does a good job of "walking the talk" on key organizational values.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

17. We do a good job of recognizing both individual and team contributions.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

18. We do a good job of addressing marginal performance.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

19. Most projects/orders get done to the customer's satisfaction and on time.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

20. Team or work group objectives are clearly aligned to the objectives of the whole organization.
O Strongly Agree    O Agree    O Neutral    O Disagree    O Strongly Disagree

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APPENDIX D
NURSING WORK INDEX-REVISED

For each item in this section, please indicate the extent to which you agree to the following items related to a specific travel nursing assignment.

Indicate your degree of agreement by marking next to your choice.

1. Adequate support services allow me to spend time with my patients.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

2. Physicians and nurses have good working relationships.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

3. A good orientation program for newly employed nurses.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

4. A supervisory staff that is supportive of nurses.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

5. A satisfactory salary.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

6. Nursing controls its own practice.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

7. Active in-service/continuing education programs for nurses.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

8. Career development/clinical ladder opportunity.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

9. Opportunity for staff nurses to participate in policy decisions.
   O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

10. Support for new and innovative ideas about patient care.
    O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

11. Enough time and opportunity to discuss patient care problems with other nurses.
    O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

12. Enough registered nurses on staff to provide quality patient care.
    O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

13. A nurse manager who is a good manager and leader.
    O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree
14. A chief nursing officer is highly visible and accessible to staff.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

15. Flexible or modified work schedules are available.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

16. Enough staff to get the work done.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

17. Freedom to make important patient care and work decisions.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

18. Praise and recognition for a job well done.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

20. Team nursing as the nursing delivery system.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

21. Total patient care as the nursing delivery system.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

22. Primary nursing as the nursing delivery system.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

23. Good relationships with other departments such as housekeeping and dietary.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

24. Not being placed in a position of having to do things that are against my nursing judgment.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

25. High standards of nursing care are expected by the administration.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

26. A chief nursing executive is equal in power and authority to other top-level hospital executives.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

27. Much teamwork between nurses and doctors.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree

28. Physicians give high-quality medical care.
O Strongly Agree   O Somewhat Agree   O Somewhat Disagree   O Strongly Disagree
29. Opportunities for advancement.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

30. Nursing staff is supported in pursuing degrees in nursing.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

31. A clear philosophy of nursing pervades the patient care environment.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

32. Nurses actively participate in efforts to control costs.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

33. Working with nurses who are clinically competent.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

34. The nursing staff participate in selecting new equipment.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

35. A nurse manager backs up the nursing staff in decision-making,
even if the conflict is with a physician.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

36. An administration that listens and responds to employee concerns.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

37. An active quality-assurance program.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

38. Staff nurses are involved in the internal governance of the hospital
   (e.g., practice and policy committees).
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

39. Collaboration (joint practice) between nurses and physicians.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

40. A preceptor program for newly hired RNs.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

41. Nursing care is based on a nursing rather than a medical model.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

42. Staff nurses have the opportunity to serve on hospital and nursing committees.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree

43. The contributions that nurses make to patient care are publicly acknowledged.
   O Strongly Agree  O Somewhat Agree  O Somewhat Disagree  O Strongly Disagree
<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>44</td>
<td>Nurse managers consult with staff on daily problems and procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>The work environment is pleasant, attractive, and comfortable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Opportunity to work on a highly specialized unit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Written, up-to-date nursing care plans for all patients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Patient assignments foster continuity of care (i.e., the same nurse cares for the patient from one day to the next).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Regular, permanently assigned staff nurses never have to float to another unit.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Staff nurses actively participate in developing their work schedules (i.e., what days they work; days off, etc.).</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Standardized policies, procedures, and ways of doing things.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Use of nursing diagnoses.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Floating, so that staffing is equalized among units.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Each nursing unit determines its own policies and procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Use of a problem-oriented medical record.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>Working with experienced nurses who “know” the hospital.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Nursing care plans are verbally transmitted from nurse to nurse.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Aiken, L. & Patrician, P. (May 2000)
### RESULTS OF THE TRUST AND CLOSURE AUDIT QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Item</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>If our organization were suddenly forced into a painful change of unknown dimension, I'm confident that significant proportions of our workforce would communicate their concerns and seek ways to help.</td>
<td>4</td>
<td>3.65</td>
<td>1.07</td>
</tr>
<tr>
<td>I can honestly say that 80% or more of our team communications close immediately in some form.</td>
<td>3</td>
<td>3.27</td>
<td>1.04</td>
</tr>
<tr>
<td>I am confident that my organization is not encouraging risk averse behavior. If I were troubled by an impending change, real or rumored, I could safely confide my concerns and seek solutions with my immediate manager or Board.</td>
<td>4</td>
<td>3.62</td>
<td>1.18</td>
</tr>
<tr>
<td>Managers/teams create projects that contain clear goals, plans with specific accountabilities and intermediate milestones for progress.</td>
<td>3.5</td>
<td>3.12</td>
<td>1.45</td>
</tr>
<tr>
<td>Teams within the company consistently create an atmosphere of mutual trust.</td>
<td>3</td>
<td>3.09</td>
<td>1.10</td>
</tr>
<tr>
<td>Cross functional communication is efficient and results in few delays. Teams cultivate and harvest a &quot;what we can learn&quot; attitude when things do not go as expected.</td>
<td>3.5</td>
<td>3.35</td>
<td>1.10</td>
</tr>
<tr>
<td>I believe that &quot;them and us&quot; dynamics, within our organization and with our customers, cost us less than 2% of our gross revenue.</td>
<td>4</td>
<td>3.53</td>
<td>1.11</td>
</tr>
<tr>
<td>The majority of our workforce has a clear sense of direction and priority. Our people know that when someone on the team says they are going to do something, they can count on it being done.</td>
<td>4</td>
<td>3.45</td>
<td>1.06</td>
</tr>
<tr>
<td>Item</td>
<td>Median</td>
<td>Mean</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
<td>------</td>
<td>-------------------</td>
</tr>
<tr>
<td>I am reasonably sure that no one on my immediate team harbors resentment or serious unspoken disagreement with me.</td>
<td>2</td>
<td>2.53</td>
<td>1.05</td>
</tr>
<tr>
<td>Our senior management fully shares the risks of painful change with the entire organization.</td>
<td>4</td>
<td>4.15</td>
<td>0.74</td>
</tr>
<tr>
<td>I consider myself an excellent listener.</td>
<td>3</td>
<td>2.91</td>
<td>1.19</td>
</tr>
<tr>
<td>Leadership does a good job of &quot;walking the talk&quot; on key organizational values.</td>
<td>3</td>
<td>3.00</td>
<td>1.07</td>
</tr>
<tr>
<td>We do a good job of recognizing both individual and team contributions.</td>
<td>2.5</td>
<td>2.71</td>
<td>1.03</td>
</tr>
<tr>
<td>We do a good job of addressing marginal performance.</td>
<td>4</td>
<td>3.44</td>
<td>0.86</td>
</tr>
<tr>
<td>Most projects/orders get done to the customer's satisfaction and on time.</td>
<td>3</td>
<td>3.21</td>
<td>0.89</td>
</tr>
<tr>
<td>Team or work group objectives are clearly aligned to the objectives of the whole organization.</td>
<td>2</td>
<td>2.32</td>
<td>0.91</td>
</tr>
</tbody>
</table>
### APPENDIX F

**RESULTS OF THE NURSING WORK INDEX-REVISED**

1=Strongly Disagree  2=Somewhat Disagree  3=Somewhat Agree  4=Strongly Agree

<table>
<thead>
<tr>
<th>Item</th>
<th>Median</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate support services allow me to spend time with my patients.</td>
<td>2</td>
<td>2.32</td>
<td>0.91</td>
</tr>
<tr>
<td>Physicians and nurses have good working relationships.</td>
<td>3</td>
<td>2.74</td>
<td>0.62</td>
</tr>
<tr>
<td>A good orientation program for newly employed nurses.</td>
<td>3</td>
<td>2.65</td>
<td>0.85</td>
</tr>
<tr>
<td>A supervisory staff that is supportive of nurses.</td>
<td>2.5</td>
<td>2.44</td>
<td>0.86</td>
</tr>
<tr>
<td>A satisfactory salary.</td>
<td>3</td>
<td>2.71</td>
<td>0.72</td>
</tr>
<tr>
<td>Nursing controls its own practice.</td>
<td>2</td>
<td>2.00</td>
<td>0.89</td>
</tr>
<tr>
<td>Active in-service/continuing education programs for nurses.</td>
<td>3</td>
<td>2.71</td>
<td>0.80</td>
</tr>
<tr>
<td>Career development/clinical ladder opportunity.</td>
<td>2.5</td>
<td>2.32</td>
<td>0.77</td>
</tr>
<tr>
<td>Opportunity for staff nurses to participate in policy decisions.</td>
<td>2</td>
<td>2.00</td>
<td>0.89</td>
</tr>
<tr>
<td>Support for new and innovative ideas about patient care.</td>
<td>3</td>
<td>2.44</td>
<td>0.70</td>
</tr>
<tr>
<td>Enough time and opportunity to discuss patient care problems with other nurses,</td>
<td>3</td>
<td>2.53</td>
<td>0.75</td>
</tr>
<tr>
<td>Enough registered nurses on staff to provide quality patient care.</td>
<td>2</td>
<td>2.06</td>
<td>0.92</td>
</tr>
<tr>
<td>A nurse manager who is a good manager and leader.</td>
<td>2</td>
<td>2.38</td>
<td>1.02</td>
</tr>
<tr>
<td>A chief nursing officer is highly visible and accessible to staff.</td>
<td>1</td>
<td>1.62</td>
<td>0.82</td>
</tr>
<tr>
<td>Flexible or modified work schedules are available.</td>
<td>3</td>
<td>2.71</td>
<td>0.84</td>
</tr>
<tr>
<td>Enough staff to get the work done.</td>
<td>2</td>
<td>2.18</td>
<td>0.90</td>
</tr>
<tr>
<td>Freedom to make important patient care and work decisions.</td>
<td>3</td>
<td>2.56</td>
<td>0.79</td>
</tr>
<tr>
<td>Praise and recognition for a job well done.</td>
<td>2</td>
<td>2.03</td>
<td>0.87</td>
</tr>
<tr>
<td>Clinical nurse specialists who provide patient care consultation.</td>
<td>2</td>
<td>2.09</td>
<td>0.91</td>
</tr>
<tr>
<td>Team nursing as the nursing delivery system.</td>
<td>2</td>
<td>2.12</td>
<td>0.88</td>
</tr>
<tr>
<td>Total patient care as the nursing delivery system.</td>
<td>3</td>
<td>2.65</td>
<td>0.88</td>
</tr>
<tr>
<td>Primary nursing as the nursing delivery system.</td>
<td>3</td>
<td>2.64</td>
<td>0.86</td>
</tr>
<tr>
<td>Item</td>
<td>Median</td>
<td>Mean</td>
<td>Standard Deviation</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------</td>
<td>-------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Good relationships with other departments such as housekeeping and dietary.</td>
<td>3</td>
<td>2.88</td>
<td>0.73</td>
</tr>
<tr>
<td>Not being placed in a position of having to do things that are against my nursing judgment.</td>
<td>2</td>
<td>2.45</td>
<td>0.87</td>
</tr>
<tr>
<td>High standards of nursing care are expected by the administration.</td>
<td>3</td>
<td>3.15</td>
<td>0.93</td>
</tr>
<tr>
<td>A chief nursing executive is equal in power and authority to other top-level hospital executives.</td>
<td>3</td>
<td>2.63</td>
<td>0.83</td>
</tr>
<tr>
<td>Much teamwork between nurses and doctors.</td>
<td>3</td>
<td>2.68</td>
<td>0.59</td>
</tr>
<tr>
<td>Physicians give high-quality medical care.</td>
<td>3</td>
<td>2.84</td>
<td>0.57</td>
</tr>
<tr>
<td>Opportunities for advancement.</td>
<td>2</td>
<td>2.29</td>
<td>0.80</td>
</tr>
<tr>
<td>Nursing staff is supported in pursuing degrees in nursing.</td>
<td>3</td>
<td>2.50</td>
<td>0.90</td>
</tr>
<tr>
<td>A clear philosophy of nursing pervades the patient care environment.</td>
<td>2</td>
<td>2.41</td>
<td>0.82</td>
</tr>
<tr>
<td>Nurses actively participate in efforts to control costs.</td>
<td>3</td>
<td>2.59</td>
<td>0.86</td>
</tr>
<tr>
<td>Working with nurses who are clinically competent.</td>
<td>3</td>
<td>3.06</td>
<td>0.65</td>
</tr>
<tr>
<td>The nursing staff participate in selecting new equipment.</td>
<td>2</td>
<td>1.94</td>
<td>0.92</td>
</tr>
<tr>
<td>A nurse manager backs up the nursing staff in decision-making, even if the conflict is with a physician.</td>
<td>2</td>
<td>2.15</td>
<td>0.97</td>
</tr>
<tr>
<td>An administration that listens and responds to employee concerns.</td>
<td>2</td>
<td>2.03</td>
<td>0.76</td>
</tr>
<tr>
<td>An active quality-assurance program.</td>
<td>3</td>
<td>2.44</td>
<td>0.67</td>
</tr>
<tr>
<td>Staff nurses are involved in the internal governance of the hospital (e.g., practice and policy committees).</td>
<td>2</td>
<td>2.28</td>
<td>0.81</td>
</tr>
<tr>
<td>Collaboration (joint practice) between nurses and physicians.</td>
<td>3</td>
<td>2.59</td>
<td>0.66</td>
</tr>
<tr>
<td>A preceptor program for newly hired RNs.</td>
<td>3</td>
<td>3.09</td>
<td>0.79</td>
</tr>
<tr>
<td>Nursing care is based on a nursing rather than a medical model.</td>
<td>3</td>
<td>2.41</td>
<td>0.92</td>
</tr>
<tr>
<td>Staff nurses have the opportunity to serve on hospital and nursing committees.</td>
<td>3</td>
<td>2.91</td>
<td>0.79</td>
</tr>
<tr>
<td>The contributions that nurses make to patient care are publicly acknowledged.</td>
<td>2</td>
<td>1.91</td>
<td>0.93</td>
</tr>
<tr>
<td>Nurse managers consult with staff on daily problems and procedures.</td>
<td>2</td>
<td>2.30</td>
<td>0.98</td>
</tr>
<tr>
<td>The work environment is pleasant, attractive, and comfortable.</td>
<td>3</td>
<td>2.47</td>
<td>0.83</td>
</tr>
<tr>
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<tr>
<td>Opportunity to work on a highly specialized unit.</td>
<td>3</td>
<td>3.24</td>
<td>0.50</td>
</tr>
<tr>
<td>Written, up-to-date nursing care plans for all patients.</td>
<td>2</td>
<td>2.38</td>
<td>0.89</td>
</tr>
<tr>
<td>Patient assignments foster continuity of care (i.e., the same nurse cares for the patient from one day to the next).</td>
<td>2</td>
<td>2.26</td>
<td>0.83</td>
</tr>
<tr>
<td>Regular, permanently assigned staff nurses never have to float to another unit.</td>
<td>3</td>
<td>2.68</td>
<td>1.07</td>
</tr>
<tr>
<td>Staff nurses actively participate in developing their work schedules (i.e., what days they work; days off, etc.).</td>
<td>3</td>
<td>2.82</td>
<td>0.97</td>
</tr>
<tr>
<td>Standardized policies, procedures, and ways of doing things.</td>
<td>3</td>
<td>3.00</td>
<td>0.82</td>
</tr>
<tr>
<td>Use of nursing diagnoses.</td>
<td>3</td>
<td>2.67</td>
<td>0.96</td>
</tr>
<tr>
<td>Floating, so that staffing is equalized among units.</td>
<td>3</td>
<td>2.65</td>
<td>0.92</td>
</tr>
<tr>
<td>Each nursing unit determines its own policies and procedures.</td>
<td>2</td>
<td>2.24</td>
<td>0.97</td>
</tr>
<tr>
<td>Use of a problem-oriented medical record.</td>
<td>3</td>
<td>2.85</td>
<td>0.78</td>
</tr>
<tr>
<td>Working with experienced nurses who “know” the hospital.</td>
<td>3</td>
<td>3.00</td>
<td>0.74</td>
</tr>
<tr>
<td>Nursing care plans are verbally transmitted from nurse to nurse.</td>
<td>2</td>
<td>2.24</td>
<td>0.74</td>
</tr>
</tbody>
</table>
APPENDIX G

IRB APPROVAL

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 4/28/2008

To: Adam Cooper
Addr.: 3040 College Ave
Dept.: NURSING

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
Travel Nurses' Experience of Organizational Change: An Exploratory Study

The application that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Expedited per 45 CFR § 46.110(7) and has been approved by an expedited review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 4/25/2009 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.
By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: James Whyte, IV, Advisor
HSC No. 2008.1122
APPENDIX H

INFORMED CONSENT STATEMENT

This survey was developed by a graduate student to learn about how travel nurses perceive change during various assignments. Your participation in this study is entirely voluntary. If you agree to participate, you will be asked to rate the level of your agreement with statements concerning change in an organization. You may choose not to answer any of the questions, and you are free to withdraw from the study at any time without any penalty to you. You will be able to address any questions, comments, or concerns you have about this study by contacting us by email or postal mail at the addresses given below.

We do not ask for your name on the survey and your name will not appear on any portion of your survey. When you submit online, the survey is completely anonymous. For purposes of analysis, each survey will be identified only by an arbitrary number, which we will be unable to connect with your identity. Although every measure will be taken to ensure confidentiality, it is a common fact that any information sent via the Internet cannot be guaranteed complete confidentiality. If you are not comfortable responding to an anonymous online survey, you may request that we mail you the survey instead; you can fill it out and mail it back to us at our expense.

In reporting results in professional journals or papers, only group results and anonymous quotes will be provided. Individuals will not be identifiable.

There are no foreseeable risks associated with participation in this study. Remember that
you can discontinue your participation at any time, and refrain from submitting your responses. Your participation contributes to our understanding of how travel nurses perceive their ability to facilitate change within a hospital setting.

If you have any questions, please send a letter or an email to the Graduate Student Primary Investigator:

AC Research

3040 College Ave

Berkeley, CA  94705

Email: asc04h@fsu.edu

This study has been approved by the Institutional Review Board (IRB) at Florida State University. If you wish to print a copy of this informed consent form for your records please do so now.

I have read this statement, understand the procedures, and agree to participate.

I understand that my participation in this study is entirely voluntary.

I know that I may choose not to answer any particular question, and may withdraw from the project at any time.

IF YOU DO NOT DESIRE TO PARTICIPATE, PLEASE EXIT IMMEDIATELY.
IF YOU AGREE TO THE TERMS OF THIS QUESTIONNAIRE PLEASE CONTINUE.
REFERENCES


BIOGRAPHICAL SKETCH

Adam Cooper was born on December 31, 1975 in Jacksonville, Florida. He is the son of Arthur and Elaine Cooper and twin brother to Joshua Cooper. After graduating from Lincoln High School in 1994, he moved to Gainesville, Florida to attend the University of Florida. In 1999, he graduated with his BSN degree and moved to San Francisco to begin his nursing career. In San Francisco, he started in a cardiac step-down unit for 2 years and then moved to a cardiac intensive care unit for 2 years. In 2003, he began travel nursing with his wife Ashly who is also a RN. They were travel nurses for 4 years experiencing nursing practice all over the country. Currently, he anticipates graduating in the fall of 2008 with his MSN in the nursing education track after which he will be seeking employment as a nurse educator in a hospital setting.