



# **Delegation: Accountability, Authority, and Responsibility**

Contact Hours: 1

Expiration Date: 12/31/2020

First Published: 12/19/2014

Copyright © 2014 by RN.com

All Rights Reserved

Reproduction and distribution of these materials is prohibited without the express written authorization of RN.com.

## Acknowledgements

*RN.com acknowledges the valuable contributions of...*

*Kim Maryniak,*

### Conflict of Interest

RN.com strives to present content in a fair and unbiased manner at all times, and has a full and fair disclosure policy that requires course faculty to declare any real or apparent commercial affiliation related to the content of this presentation. Note: Conflict of Interest is defined by ANCC as a situation in which an individual has an opportunity to affect educational content about products or services of a commercial interest with which he/she has a financial relationship.

The author of this course does not have any conflict of interest to declare.

The planners of the educational activity have no conflicts of interest to disclose.

There is no commercial support being used for this course.

## Purpose and Objectives

### Purpose

The purpose of this course is to provide information and effective strategies for nurses to use when delegating to nursing team members. The course also provides information about building the nursing team.

### Objectives

1. Explain how the concepts of accountability, responsibility, and authority apply to nursing delegation, including levels of authority.
2. Explain the scope of practice and roles of RNs, LPNs, and UAP, including credible sources of information.
3. Describe the delegation process, including the five rights of delegation and the importance of clear communication.
4. Identify legal implications related to delegation.
5. Identify effective strategies for building the nursing team.

## Terminology

**LPN / LVN-** In this course the term Licensed Practical Nurse (LPN)- applies to both LPNs and Licensed Vocational Nurses (LVNs). LVN is the title used in California and Texas.

**UAP/NAP-** The terms unlicensed assistive personnel (UAP) and nursing assistive personnel (NAP) have both been widely used to designate nursing assistants, patient care technicians and others who assist with patient care and are not licensed to practice nursing. The American Nurses Association (ANA) in the 2012 publication, *ANA's Principles for Delegation by Registered Nurses to Unlicensed Assistive Personnel (UAP)*, uses the term UAP and that is the term used in this course.

## Introduction

Effective delegation is a complex skill and often difficult responsibility for a Registered Nurse (RN). RNs must understand the needs of patients and families, and then engage other healthcare team members in the plan of care. This will assist in achieving positive patient outcomes as well as maximize available resources for the patient. Delegation influences clinical outcomes, along with financial results.

Even with the importance of this skill, most nursing education programs give little attention to helping students build this important competency. There is an urgency to ensure that there is appropriate RN staffing which includes effective delegation, as a result of increased needs for nurses, focus on reportable quality outcomes, and studies that support strong RN presence in healthcare.

(American Nurses Association [ANA], 2012; American Nurses Association [ANA] & National Council of State Boards of Nursing [NCSBN], n.d.; Daley, 2013)

## **What is Delegation?**

- Delegation is the transfer of responsibility to perform a task to another individual while retaining accountability for the outcome of the performance of the task
- Safe and effective delegation is a decision-making process in which the delegator uses assessment, clinical judgment, and critical thinking skills
- The delegator must have the authority to delegate. The delegated task must be within the delegator's scope of practice
- The person receiving delegation must be competent to perform the task, must accept delegation, and then has the authority to complete the task
- Because the delegator retains accountability for the outcome, the delegator must follow up to assure that the intended outcome was achieved

(ANA, 2012; ANA & NCSBN, n.d.)

## **Accountability, Responsibility, and Authority**

In nursing practice and patient care...

### **What is meant by accountability?**

Accountability is reviewing judgments and decisions, evaluating effectiveness and directing future efforts, as well as feeling a sense of ownership (Wright, 2014). All team members are accountable for performing competently within their scopes of practice and their job descriptions.

The delegating RN retains accountability for the patient outcomes associated with nurse delegation, provided the person to whom the task was delegated performed it as instructed (ANA, 2012).

The delegating RN is answerable for the outcomes of delegated activities: legally answerable and answerable to the healthcare organization, patients, and their families.

This means that the RN must first assure that the Licensed Practical Nurse (LPN) or unlicensed assistive personnel (UAP) is competent to perform the task. The RN may instruct the LPN or UAP in the performance of the task, but must assure that the person is capable of performing the task.

Accountability is judgment and action on the part of the nurse for which the nurse is answerable to self and others for those judgments and actions.

The advent of public reporting of patient satisfaction (Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS) data has raised patients' and families' awareness and ability to hold healthcare personnel and healthcare organizations accountable. The public can view a healthcare organization's performance on measures which reflect nursing care and delegation.

### **What is meant by responsibility?**

Responsibility refers to the liability associated with the performance of duties of a particular nursing role. At times, it may be shared in the sense that a portion of responsibility may be seen as belonging to another who was involved in the situation (ANA, 2012).

When delegating, the RN transfers the responsibility for performance of a duty to another team member. The RN is responsible for delegating safely and appropriately.

In addition to assessing the capability of the person who receives delegation, the RN must assess the complexity of the situation and predictability of the outcome for the particular patient involved.

Responsibility is a two-way process: allocated by the RN to another team member and accepted by that team member (ANA, 2012; ANA & NCSBN, n.d.).

### **What is meant by authority?**

Authority is the right to act in areas where one is given and accepts responsibility. When a team member accepts delegation, the team member has both the responsibility and the authority to perform the task.

State Nurse Practice Acts and organizational policies and procedures (P&P) give RNs the authority, or legitimate power, to analyze assessments, plan nursing care, evaluate nursing care, exercise nursing judgment, and to delegate.

The RN has the authority and responsibility to supervise delegated tasks. To supervise, the RN engages in an active process of directing, guiding, and influencing the outcome of a team member's performance of a task.

### **Test Yourself**

Which nursing team member is accountable for patient outcomes associated with delegated tasks?

- A. The RN who delegates
- B. The UAP who does the task
- C. The provider

**The correct answer is: A. The RN who delegates.**

### **Four Levels of Authority**

Wright (2014) describes four levels of authority. The right to act or the power that the nurse gives to another in the delegation process might be very limited, or quite extensive depending upon the situation and the competencies of the person receiving delegation. (Wright, 2014)

#### **Level 1**

Data Gathering

You instruct a UAP to take vital signs and report the results to you.

#### **Level 2**

Data Gathering + Recommendations

You are tied up with a patient. You ask an RN colleague to assess another one of your patients who has requested pain medication, report back the patient's pain level and suggest which of the ordered medications to administer.

#### **Level 3**

Data Gathering + Recommendations [Pause to Validate] + Act

In the example given for **Level 2**, you ask your RN colleague to report back her recommendation, validate with you and then go and give the medication.

#### **Level 4**

Act and inform others after taking action - "Do as I would do" or "Act in my absence"

You ask your RN colleague to cover your patients during your lunch break.

## **The R+A+A Formula** (Wright, 2014)

Wright (2014) describes the R+A+A delegation formula:

Responsibility + Authority + Accountability

The formula emphasizes the idea that responsibility and authority must be kept together. When you ask a team member to take responsibility for a task, the team member must also have the authority to carry out the task.

Each team member is accountable within the scope of his or her license (if licensed), job description and competencies.

## **State Law: The Basis of Accountability, Responsibility, and Authority**

Access your state's nurse practice act. Your state board of nursing (BON) website has links to the state-specific nurse practice act and the administrative rules that give the specifics of regulations related to licensure. Search the Internet for the web address or locate the link at the National Council of State Boards of Nursing (NCSBN) [website](#).

Your state BON licenses RNs and LPNs. The BON defines the scope of practice, including delegation, and handles allegation of misconduct by RNs and LPNs.

Some state BONs, such as the California BON, have developed [position papers and guidelines](#) related to delegation. Each state has a mechanism for regulating training and registration of nursing assistants who work in the long-term care setting. Federal law mandates this process. Your state BON may govern this process, or it may be administered by another state board, such as the Board of Health.

If the state agency receives reports of inappropriate behavior by nursing assistants whom the state has registered for work in long-term care, the agency may discipline those individuals after investigating the complaint.

## **Exploding a Myth**

**NO ONE** else operates on your license.

When delegating, you do not transfer the authority and accountability that goes with your license.

Your license is not jeopardized by the actions of others to whom you delegate as long as they are competent to perform the delegated tasks, the tasks are within their scope of practice, and you use sound judgment in matching the needs, condition, and risks associated with a specific patient to the capabilities of the team member.

(Wright, 2014)

## **RN-only Patient Care Responsibilities**

State law and rules, as well as your organizational P&P, identify specific duties which the RN must not delegate. Most state regulations and organization P&P provide that the RN must not delegate nursing process, assessment, or complex decision-making and clinical judgment responsibilities. Other RN-only activities typically include administration of blood, blood products, and IV push medications.

## **The 2014 NCSBN RN Job Analysis (NCSBN, 2015a)**

NCSBN periodically conducts a job analysis as the basis for the NCLEX-RN® licensing examination. Because the examination reflects entry-level practice, only RNs with fewer than six months of experience receive the survey. There were 2,744 RNs, representing all states, who responded to the most recent survey. Seventy-two percent (72%)

practiced in hospitals; 14.7% practiced in long-term care; 9.9% practiced in community settings; 3.3% responded for “other” practice setting.

Respondents rated 139 nursing activities on a 5-point scale to indicate how frequently they perform the activity and how important they believe the activity is. One of these activities relates to delegation, which was the activity “Assign and supervise care provided by others, e.g. LPN/LVN, assistive personnel, other RNs”.

- 92.11% indicated that this activity applied to his or her practice setting
- Frequency = 3.18 on a 5-point scale
- Importance = 4.05 on a 5-point scale

Undoubtedly RNs who were more experienced might indicate a higher frequency of performing this activity.

## **Delegation in Specific States and Practice Settings**

State law and rules may differentiate what the RN may or may not delegate according to the specific practice setting. For example, in Oregon, RNs employed by a licensed home health, a home infusion, or a hospice agency may delegate the IV administration of premeasured medications. Oregon RNs employed in other settings do not have this practice authority (Koch, 2013).

Carefully review your own state’s law and rules for setting-specific privileges.

Your state BON may provide a position statement on delegation, including specific criteria for delegation and lists of tasks that may or may not be delegated.

## **Can LPNs Delegate in Your State?**

Nurse practice acts and rules of approximately one-half of states explicitly state that LPNs can delegate and supervise care. A few states prohibit LPNs from delegating and supervising care (ANA & NCSBN, n.d.). The remaining states do not address LPN delegation in nurse practice acts and rules.

### **The 2015 NCSBN LPN/LVN Job Analysis**

NCSBN periodically conducts a job analysis as the basis for the NCLEX-PN® licensing examination. In the most recent analysis, 50.4% of those who responded worked in long-term care (NCSBN, 2016a). Only 10.3% of those responding worked in hospitals. 28.6% worked in community settings, and 10.7 responded with “other” practice setting

- 88.9% of LPNs indicated that assigning client care and/or associated tasks related to their practice in their settings.
- 88.6% indicated that monitoring assistive personnel related to their practice in their settings.

A sample of 2,213 US LPN/LVNs representing all states who had six months or less of experience responded to the survey. Because the licensing exam is intended to measure basic competence needed to enter practice, only minimally experienced nurses are surveyed. The survey lists 154 different nursing activities and asks respondents to use a 5-point scale to rate the frequency with which they perform each activity and the importance of the activity (NCSBN, 2016a).

### **The 2015 NCSBN LPN/LVN Job Analysis**

Respondents reported spending the greatest percentage of time performing medication-related activities (41.9%), safety and infection control activities (40.9%), and direct patient care activities (38.3%).

Two of the activities relate to delegation:

- Assign client care and/or related tasks e.g. assistive personnel or LPN/LVN.

- Frequency of 3.44 on scale of 1 - 5
- Monitor assistive personnel
  - Frequency of 3.61 on the 5-point scale

Respondents rated the importance of both of these activities as 4 on a 5-point scale. (NCSBN, 2016a)

### **LPN Practice: Some Differences Among States**

Though many states have established similar LPN scopes of practice, some of the aspects that differ include:

- Developing a plan of care independently
- Making changes in the plan of care
- Performing telephone triage
- Assessing patients
- Initiating and administering intravenous (IV) fluids and medications
- Patient and family teaching
- Delegation and making assignments

### **More Information: LPN to RN?**

In the 2015 NSCBN LPN/LVN Job Analysis (NSCBN, 2016a), approximately 40.6% of LPNs reported that they were pursuing the RN license. An additional approximately 18% reported that they were in the application process. Bear in mind that respondents to the survey had relatively little LPN experience and so their educational aspirations and plans may differ from those of older, more experienced LPNs.

### **Most Frequent Activities of the Novice LPN**

Can you identify the top ten activities that LPNs most frequently perform during their first six months of practice? (NCSBN, 2016a)

- Provide care within the legal scope of practice
- Practice in a manner consistent with code of ethics for nurses
- Maintain client confidentiality
- Maintain standard/universal precautions
- Follow the rights of medication administration

Remember that more than half of the LPNs who responded worked in long-term care. Nevertheless, the LPN licensing exam focuses on frequently performed and important activities as LPNs report in this survey.

### **Case Study: The Mature, Experienced LPN**

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You are new to a unit and need to assess the skills of a LPN who appears to be in her late 50s. When you ask her about her experience in catheterizing men, she is highly offended.

**You:** “What is your experience in catheterizing men?”

**Her:** “Look here, I was ‘cathing’ men on this unit long before you were even born!”

#### *Approaches to Consider*

- Communicate to the LPN that you respect her experience and were asking simply because you do not know her or her skills.
- Is there another RN on the unit with whom you could validate the LPN’s skills?

## **ANA Defines UAP**

“Unlicensed assistive personnel (UAP)

“An umbrella term to describe a job class of paraprofessionals who assist individuals with physical disabilities, mental impairments, and other healthcare needs with their activities of daily living and provide care—including basic nursing procedures—all under the supervision of a registered nurse, licensed practical nurse, or other healthcare professionals.

“They provide care for healthcare consumers in need of their services in hospitals, long-term care facilities, outpatient clinics, schools, private homes, and other settings.

“UAP by definition do not hold a license or other mandatory professional requirements for practice, though many hold various certifications.”

(ANA, 2012, p. 6)

## **UAP: A Variety of Backgrounds**

Because the state regulates educational preparation and licensure of RNs and LPNs, you can expect a relatively similar knowledge base and preparation among RNs and among LPNs. Even though individual nurses differ in their skills, cultural influences, age, and other factors, they are licensed to practice within a defined scope.

In contrast, UAP may be individuals who have worked in the role for many years and received training in the healthcare organization. They may also be medical students, nursing students, students in other fields, former EMTs, former military corpsmen, or have had other previous occupations. The organization defines the UAP role and responsibilities in P&P and in job descriptions.

To assure safe practice and to protect UAP from straying outside their defined role, be sure you clearly understand the scope and limitations of UAP practice in your organization and clarify with UAP as needed.

Due to the variability in backgrounds and training of UAP, allocate more time to supervision of UAP than of LPNs.

## **Case Study: The UAP Reverts to a Former Role**

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You are working your regular shift as relief day charge RN on an orthopedic unit. You learn from another RN that a patient care technician (PCT), who was formerly an emergency medical technician (EMT), has responded to a pre-operative patient’s complaint of headache by going to his locker to get some ibuprofen for the patient.

#### *Approaches to Consider*

- Ask the PCT what he was thinking and listen to his thought process. Clarify the differences between his previous role and his PCT duties.
- Explain to the PCT that under no circumstances are PCTs to administer any medications including over-the-counter medications. Remind the PCT that patients may only receive drugs that are ordered by a provider and supplied by the organization's pharmacy.

## 2010 NCSBN Nurse Aide Job Analysis

In the most recent NCSBN job analysis survey (2010), nursing assistants with one year or less experience reported caring most frequently for patients who had stable chronic conditions, patients with end-of-life conditions, and patients who had behavior/emotional conditions.

The majority reported caring for older adults. In addition to performing basic care activities, all respondents reported that they ask for help when needed, observe standard precautions, and respect patient confidentiality and privacy. Approximately half of the respondents reported working in acute care and approximately half reported working in long-term care, the majority in skilled nursing units.

For more information about the survey findings, see next slide.

The content of the surveys has been recently revised, to use with future studies (NCSBN, 2015b).

## 2010 NCSBN Nurse Aide Job Analysis Survey Findings

### Survey Findings

Of the 115 activities included in the survey, the ten most frequently performed activities included:

- Ask for help when needed (performed by 100%)
- Follow standard/universal precautions (e.g. handwashing, personal protective equipment [PPE], isolation guidelines) (performed by 99.8%)
- Respect client's need for privacy/confidentiality (performed by 99.8%)
- Allow client to do things at his/her own pace (performed by 99.6%)
- Keep client's area clean and neat (performed by 99.5%)
- Use proper body mechanics (performed by 99.5%)
- Follow client's plan of care (performed by 99.5%)
- Use courtesy in communication (performed by 99.3%)
- Respect and maintain security of client's personal belongings (performed by 99.3%)
- Follow code of ethics for nurse aide (performed by 99.3%)
- Identify self to client by name and job title (performed by 99.3%)

(NCSBN, 2015b)

## The UAP Role

States approve the educational programs that prepare RNs and LPNs for licensure. States define the scope of practice for the licensed nurse. But, most states do not define the role of UAP in acute care settings. In some states such as California, the law identifies activities which UAP must not perform. In other states, such as Iowa, guidelines for delegation to UAP are posted at the BON website. Know your state's law, if any, and BON position and guidelines concerning the UAP role.

Even if your state defines UAP practice, your organization may have P&P that restrict the UAP role further than the law allows.

A 2013 study conducted in acute care settings within Washington, DC identified activities which UAP typically perform:

- Basic nursing care functions, such as hygiene and comfort care activities
- Assisting patients with eating, positioning, and mobility
- Monitoring vital signs
- Measuring intake and output
- Measuring blood glucose levels

(Jenkins & Joyner, 2013)

## More Information: A Study of the UAP Role

Additional duties performed by some UAP included:

- Phlebotomy
- Intravenous therapy initiation, maintenance and troubleshooting
- Electrocardiogram (ECG) lead placement, and production of a rhythm strip
- Alarm prioritization and response

The study identified 8 categories of UAP roles and functions:

- Basic nursing care
- Basic data collection of physiologic parameters
- Environmental management
- Interpersonal skills
- Reporting and recording
- Teamwork
- Education/growth and development
- Special skills

(Jenkins & Joyner, 2013)

## Case Study: The PCT Violates Privacy

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You are just leaving a patient's room after giving a medication. A PCT is assisting the patient out of bed. Family members are visiting. John, another PCT, enters the room and says in a loud voice to his PCT colleague...

**John:** "Come help me clean up Mr. Jones - there's stool everywhere in that room."

### *Approaches to Consider*

- Say, "John, I need to speak with you for a minute." and take the conversation outside of the room to a private location.

Explain to John:

- Making comments about patients, including stating their names and/or any information about them or their conditions should not occur in the presence of any other patient, family member, visitor, or staff member who is not directly involved in the care of the patient.
- A patient may not necessarily have authorized members of his own family to be informed of aspects of his diagnosis and care.

- In addition to violating privacy, such action violates Federal Law (HIPAA). Substantial fines in the hundreds of thousands of dollars may be imposed upon facilities for HIPAA violations.
- Ask John how he could have approached his colleague for assistance without naming the patient and/or the situation.
- To assure that John recognizes the gravity of the situation, ask him to tell you in his own words what concerned you about his behavior and what he will do differently next time.

## UAP Responsibility in Accepting Delegation

“UAP have a responsibility to not accept the delegation of tasks they know are beyond their knowledge and skills.”

“Nursing assistants are expected to voice their concerns, ask for training and assistance with performing the task, or ask to be excluded from performing the task.”

(Mueller & Vogelsmeier, 2013, p. 22)

## Case Study: The UAP is Puzzled

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You have reviewed the competencies of Paula, a Patient Care Assistant (PCT). According to her checklist, she is competent to do glucose testing. You ask her to obtain the AM blood glucose results for two diabetic patients. Fifteen minutes later, you find her standing in the hallway with the glucometer looking puzzled and uncertain.

### *Approaches to Consider*

- Say, “You look puzzled.” Ask how long it has been since she last obtained a blood glucose with the glucometer.
- Say, “Let’s review how to do this.”
- Supervise her on performance of one or two readings.
- Inform your manager and any other PCT trainer/supervisor of this incident.

## Delegatee Responsibilities

LPN and UAP training has included orientation to their roles, including their responsibilities in accepting delegation.

LPNs are licensed and held accountable for practice as defined by the state nurse practice act, just as RNs are.

Any staff member who receives delegation within the scope of his or her license, job description, and competency is responsible for completing the delegated task correctly. Any staff member to whom you delegate also has the responsibility to demonstrate initiative in completing assigned tasks and to communicate appropriately, including asking questions and reporting.

Although the focus of this course is working with LPNs and UAP, remember that you also delegate to other RNs and other RNs may delegate to you. In RN-to-RN delegation, there is no difference in licensure and the RN delegating may not necessarily have more experience than the RN receiving delegation. However, the delegating RN retains accountability for the outcome of delegated patient care. Because both RNs are licensed, both are responsible for clinical judgment in the situation.

## Additional Important Sources of Information

Your state nurse practice act and BON regulations are **THE** authoritative sources that guide your practice in all respects, including delegation. The BON may also have published pertinent position papers and guidelines.

Other important sources of information include:

- **NCSBN** which has published position papers on delegation and conducts RN and LPN/LVN job analysis to determine the content of the licensing examinations, NCLEX-RN® and NCLEX-PN®.
- **Your professional specialty organization** may have published a position paper or resources concerning delegation. Examples include the American Association of Critical Care Nurses ([AACN](#)) the Association of Women's Health, Obstetric, and Neonatal Nurses ([AWHONN](#)) others.
- **Your organizational policies and procedures (P&P)**. You are legally accountable for complying with your organization P&P. Organizations construct their P&P to conform to federal and state law, evidence-based practice, and best practices. Your organization must not expand the role of RN, LPN, or UAP beyond what the law defines. However, your organization may be more restrictive than state law, that is, in your organization an LPN may not be permitted to perform some of the duties outlined in the nurse practice act and rules.

## **Organizational P&P Define Accountability, Responsibility, and Authority**

- Know your organizational P&P regarding delegation.
- Review your own job description and job descriptions of all nursing team members.
- Does your organization define more than one level of LPNs and UAP? If so, what are the titles? How do ID badges identify the different levels? What specific duties can personnel at each level perform?
- Do all RNs and LPNs pass meds, or does your organization require some demonstration of competency before the nurse can pass meds? Failure to find this out could lead you to assume that an LPN gave meds to patients assigned to him or her, only to find out late in the shift that the LPN expected that you would be giving those medications.
- Do UAP have different skills and responsibilities on different units of the organization? This is an especially important question to answer if you float. For example, Emergency Department UAP often perform ECGs and other duties that UAP on medical-surgical units do not perform. Be sure you know the expectations of all members of the nursing team on the unit(s) where you work.
- Competency validation information for all personnel should be accessible on your unit. Review the competency documentation of the specific LPNs and UAP to whom you delegate. Safe delegation requires that you know the capabilities of personnel to whom you delegate.

## **Organization Responsibilities in Delegation**

“The organization/agency is accountable to provide sufficient resources to enable appropriate delegation.

“The organization/agency is accountable for ensuring that the RN has access to documented competency information for staff to whom the RN is delegating tasks.

“Organizational/agency policies on delegation are developed with the active participation of registered nurses.”  
(ANA, 2012, p. 7)

## **Case Study: Sharing the UAP with another RN**

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You and Fred, another RN, are both working with Mary Lou, a Nursing Assistant. It is 10:30 AM and you ask Mary Lou about the urinary output of one of your patients, Mr. O’Leary. You had advised her at the beginning of the shift that she needed to report his urinary output to you and notify you if he had not voided by 10:00 AM. When you ask her about Mr. O’Leary’s output, she says...

**Mary Lou:** “I haven’t gotten to him yet, Fred had me getting all his beds done while his patients were off the unit for tests.”

#### *Approaches to Consider*

- Tell the Nursing Assistant to go now and check on the urine output of the patient. Tell her to report the information to you immediately.
- Ask her to see you or Fred for help if she does not know how to set her priorities for the shift.
- Tell her you will talk with Fred about how you and he can avoid giving her conflicting directions.
- Meet with Fred for a few minutes to establish an equitable workload for both of you and for Mary Lou.
- Talk with Fred about how you can both give Mary Lou direction more effectively for the rest of the shift.

## **Quality, Safety and Delegation**

Safety is the important basis of all nursing actions. Healthcare organizations and nursing personnel strive to continuously improve the quality of care beyond the minimum of safe care.

Healthcare organizations face financial pressures to contain costs. At the same time, Medicare and Medicaid reimbursements are linked to an organization’s performance on patient satisfaction and clinical core measures.

Healthcare organizations cannot afford to have RNs delivering all patient care. The shortage of nurses, which is predicted to worsen, also places more responsibility for patient care upon other nursing team members.

Actions which RNs delegate, such as turning, ambulating, personal care, and blood glucose checks, impact safety and quality outcomes. If LPNs or UAP delay or omit these and other delegated activities, the results may be catheter-associated urinary tract infection, stage III or IV pressure ulcers, manifestations of poor glycemic control, deep vein thrombosis/pulmonary embolism, and falls. When these avoidable conditions occur, patients suffer unnecessarily and the healthcare organization suffers from lost reimbursement.

(Ray & Overman, 2014)

## **Case Study: The LPN Suspects the UAP of Abuse**

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

Mary, an experienced LPN on your unit, reports to you that Dan, a PCT, is “really rough with the patients.” She tells you that she found bruises on the upper arms of Mr. Sims, an elderly patient who is confused and agitated. Dan has been bathing and feeding Mr. Sims and making his bed for the past couple of days.

#### *Approaches to Consider*

- Thank Mary for reporting this and tell her you will follow-up.
- Observe Dan frequently during patient care. Listen outside of his patients’ rooms.
- Report Mary’s concern to your manager and tell her what you did to follow-up and what you observed.
- If you note any evidence of abuse, remove Dan from the patient situation and notify the supervisor.

## **Standardized Guidelines**

Standardized guidelines and checklists help to protect patient safety. Particularly for UAP, some unit-specific resources in the form of badge buddies, posters, or other display may help prevent errors. When using such tools, be alert for the need to modify the usual process for a particular patient’s situation.

Multi-step procedures are more prone to mistakes than simpler procedures. Evaluate the complexity of the steps involved before delegating.

## **The Staffing Model**

Your manager assumes that you will make full effective use of the unit staffing model. You must make full use of the capabilities of LPNs and UAP included in staffing.

Carefully ascertain patient care needs and capabilities of LPNs and UAP to accept delegation. Assure that you delegated and assigned to maximize their contributions and reserve reasonable time for you to complete RN duties which include supervising LPNs and UAP.

Although certain tasks are within the scope of LPNs or UAP, there are times when patient condition or risks necessitate RN involvement in those tasks. On the other hand, if you can instruct a UAP in the performance of a task within the UAP's scope and receive a satisfactory return demonstration, you may confidently assign the task to the UAP. Safe delegation requires your best professional judgment.

In a recent survey of more than 1,000 RNs, 67% said they waste time completing tasks they believe other hospital personnel could perform, leading to reduced bedside time (Jackson Healthcare Research, 2014).

## **Case Study: “Too Many Patients” for the NA**

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

For each of your last three shifts, the float pool has sent up a different nursing assistant (NA), each one less capable than the one before. Today, the NA complains that you have assigned her too many baths. You are determined not to work another shift with help that is worse than no help at all.

### *Approaches to Consider*

- The nursing assistant will begin the assignment and you will verify workload guidelines with your supervisor.
- Verify guidelines with your supervisor.
- Compare her workload with other team members. If workloads are similar, inform the Nursing Assistant accordingly.
- Tell her to advise you of her progress in two hours.

## **Use Wise Delegation to Obtain Benefits of RN Staffing**

Research findings indicate that increasing RNs in the staffing mix is an important variable that improves patient outcomes including a decrease in failure-to-rescue and prevention of pressure ulcers, falls with injury, bloodstream infections, and urinary tract infections (Brennan, Daly, & Jones, 2013).

RN care contributes significantly to patient well-being. Yet, these findings also have significance for working with LPNs and UAP. These findings signal risk areas – aspects of care in which patients are particularly vulnerable when RN attention to their needs is reduced.

Think of ways to use team members more effectively in preventing adverse outcomes.

- What signs and symptoms can you insist LPNs and UAP report promptly to reduce failure-to-rescue?
- What precautions can you direct team members to take to prevent patient falls?
- How can you work most effectively with LPNs and UAP to prevent pressure ulcers and nosocomial infections?

- What can you delegate to increase your undivided attention to interpreting assessment findings and identifying early signs of complications?

### **Case Study: The UAP Oversteps Practice Boundaries**

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You are working in the emergency department (ED). The family of an 80-year-old female patient, who presented complaining of headache, tells you your new UAP has just told her to go home and take acetaminophen since the ED is so busy. You take vital signs and find that the woman has a temperature of 102° F (38.8° C) and a BP of 210/110 mmHg.

#### *Approaches to Consider*

- Acknowledge to the UAP you understand the intentions were good, but only the nurse can make and communicate decisions about patient triage to patients.
- Tell the UAP under no circumstances is a UAP ever to recommend medical treatment, including over-the-counter medication.

### **Consistent Staffing**

You can safely delegate more nursing care activities to UAP when RN-UAP partners work together consistently. Partnered assignment of staff form the basis for positive work relationships, trust, and effective communication.

As UAP learn the RN's work style, UAP can anticipate the RN's needs for assistance. With a UAP as a consistent partner, the RN can help the UAP develop professionally.  
(ANA & NCSBN, n.d.)

### **Test Yourself**

What staffing model is recommended to improve safety, positive work relationships, trust, and effective communication?

- A. Consistent partnering of a particular RN with a particular UAP
- B. Two RNs sharing one UAP
- C. Patients divided equally among the UAP with RNs and LPNs performing duties outside the UAP scope of practice

The correct answer is: A- consistent partnering of a particular RN with a particular UAP.

### **The Five Rights of Delegation (ANA & NCSBN, n.d.)**

Safe, appropriate delegation involves ensuring the five rights of delegation:

- The *right task* must be performed
- Under the *right circumstances*
- By the *right person*
- With the *right direction*
- And the *right supervision*

The RN cannot delegate responsibilities requiring nursing judgments, such as patient assessment, care planning, and evaluation of care (Mueller & Vogelsmeier, 2013).

## The Delegation Decision Tree (ANA, 2012)

The delegation decision tree (ANA, 2012) outlines a series of steps and conditions that must be met for safe, effective delegation.

Delegation begins with the RN assessing the patient and identifying the tasks within the RN's scope of practice that are needed in the patient's care.

When state laws and organizational P&P support the delegation of some of these tasks and the RN is competent to make delegation decisions, the RN may delegate. The task must meet these criteria:

- Is within the range of functions of the person receiving delegation
- Frequently recurs in daily care
- Is performed according to an established procedure
- Involves little or no modification from one situation to another
- May be performed with a predictable outcome
- Does not involve ongoing assessment, interpretation, or decision-making
- Does not endanger a patient's life or well-being

Delegation may proceed only when the LPN or UAP has the needed competencies to accept the delegation, a P&P or protocol governs the task, and the RN is available to supervise.

Supervision includes follow-up which may occur through direct observation, referring to the medical record, other unit records, or other means by which you can ascertain that the task was completed.

## Focus on the Patient's Situation, Not Only the Task

The patient's condition may make it necessary, for safety's sake, that you to perform certain tasks that normally a UAP or LPN could perform. For example:

You may want to perform a certain sterile dressing change so you can closely observe the wound, although the LPN with whom you are working is quite proficient in dressing changes.

Organization policy may permit the UAP to draw blood. If a Nursing Assistant is working with you and there is a blood draw ordered on one of your patients, you will need to find out if this Nursing Assistant is competent to perform this task and plans to do so. Legitimate questions to ask are:

- How many times have you drawn blood on this unit?
- What collection tubes are used for this draw?
- Does this test require any special techniques or treatment of the blood once drawn?
- How comfortable are you with doing this procedure?
- Have you drawn blood from this patient or from other patients in this condition before?
- Use open-ended questions to assess competency. In an effort to please you or to appear skillful, a UAP may answer in the affirmative if you simply ask yes-or-no questions such as, "Have you been trained to do phlebotomy?"

**Always keep in mind that skills are lost when not practiced. An individual UAP may have been taught phlebotomy, but may have become rusty in and finding good veins if the skill is not used frequently.**

## Making Delegation Decisions

Tasks should not be used to make assignments. The judgement and critical thinking of the RN must be utilized. It is important to match the expertise of the healthcare team member to the needs of the patient, which assists with decisions of delegation.

(ANA, 2012; ANA & NCSBN, n.d.)

## Assessing the Patient, the UAP, and the Situation

Safe, effective delegation requires the RN to assess the patient's condition, the UAP's competence, and degree of supervision needed (Mueller & Vogelsmeier, 2013).

The RN uses clinical judgment to determine the stability of the patient's condition and the complexity of the patient's needs.

The RN uses the organization's competency validation system and P&P to identify the capability of the UAP. In addition, the RN may ask the UAP about experience with the task to be delegated including how frequently the UAP has performed the task and the UAP's level of confidence. The RN may provide instruction to the UAP if needed and must assure that the UAP understands instructions correctly.

The RN determines the degree of supervision needed based upon the patient's situation and the UAP's competencies. If the UAP needs more supervision than the RN can provide, the RN must devise an alternative plan, such as delegating the task or the supervision to another RN.

## Case Study: The UAP Discounts Your Report

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You have been working on the telemetry unit for about a month. Today, Mildred, a nursing assistant, is back from a long vacation and you are working with her for the first time. You begin to give her some specific observations to report to you - ankle swelling with Mr. Foote, shortness of breath during Mrs. Hart's walk. She interrupts you saying...

**Mildred:** "It's okay, I've been here forever and I know these patients. Let's just get to work."

### *Approaches to Consider*

- Say, "OK, I just wanted you to know the information I will need about these patients throughout the shift and for report. I'll follow up with you later to see what you've observed."

## Beyond the Competency Validation

In addition to referring to your organization's competency documentation, observe LPN and UAP behavior to guide your delegation decisions.

Do you observe...?

- Evidence of caring?
- Quick response to call lights?
- Willingness to help?
- Positive interactions with the patients and staff?
- Organizational skills?
- Frequent asking of thoughtful questions to clarify?
- Any evidence of falsified data or reporting a task completed which was not completed?

What other characteristics are of special importance on your unit?

You will be more comfortable with delegation when you confirm the capabilities of those to whom you delegate.

## Maximizing Safety in Delegation

Take the attitude of zero-tolerance for risks to patient safety.

Ongoing communication and follow-up will help prevent risks.

Be sure to alert team members to urgent reporting of symptoms that present particular risks for specific patients, such as symptoms of

- Fluid overload
- Skin breakdown
- Poor glycemic control

Make the timeframe for reporting crystal clear. Do you need a report immediately or before the end of the shift? Know the previous experience of your team members. Those who have experience in other healthcare roles or matriarchal family roles may inadvertently overstep the scope of their UAP roles.

## Case Study: The UAP Gives Dietary Advice

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

Although you usually work 7pm to 7am in the intensive care unit (ICU), you are floated to a medical-surgical unit. When doing your initial patient rounds, you overhear a PCT talking with the family of a patient being treated for an exacerbation of insulin dependent diabetes and COPD. The PCT tells the family that...

**PCT:** It is okay for them to go to a nearby fast food restaurant specialized in fried chicken to buy some food for the patient, since he didn't like and wouldn't eat what was on his dinner tray.

### *Approaches to Consider*

- Explain to the PCT diet is an important part of treatment, especially for this patient. Explain in simple terms the rationale for the dietary restriction and potential consequences of this patient's noncompliance. Reinforce to the PCT that in a hospital, the provider orders the patient's diets and both patients and staff must work together to follow the diet orders strictly.
- Explain to the family that the PCT did not realize the patient had a dietary restriction and therefore made an inappropriate suggestion.
- Explain to the family the physiologic and therapeutic rationale for the prescribed diet and emphasize they should not bring substitutes or supplements to the patient without checking with a RN. Inquire about the patient's food preferences to identify foods that are both preferred AND allowed.
- If indicated, obtain a nutritionist's consult.

## Your Leadership Style: One Size Does not fit All

Vary your leadership style based upon the competency, confidence, and willingness of the team members you supervise (adapted from Hersey, Blanchard, & Johnson, 2012).

A team member's competency/experience, confidence, and willingness may vary with different tasks and different patient situations.

Assess each team member's competency/experience through documented competency validation. If you are instructing the team member in a task new to him or her, verify that the team member understands the instructions and can perform competently.

Ask the team member directly about confidence in performing the task. Evaluate willingness or hesitancy by the team member's expressed confidence and also by nonverbal behavior that may indicate uncertainty.

## **Link Your Assessment to a Leadership Style**

When the team member *lacks experience, confidence, and/or is hesitant*, use a *directive* approach.

When the team member *lacks experience, but shows confidence and willingness*, use a *coaching* approach.

When the team member *shows competency, but lacks confidence and willingness*, take a *supporting* approach.

When the team member *shows competence, confidence, and willingness*, take a true *delegating* approach.

### **Directive:**

*Tell the team member exactly what to do in detail, follow up to assure that the task is completed satisfactorily and give feedback accordingly.*

This team member may be a new employee or new to the UAP or LPN role. The task or procedure may involve new equipment, a new procedure, or a patient situation unfamiliar to the team member.

Ask the team member to repeat back your instructions to assure that he or she understands correctly.

If you are giving instruction in a task or procedure, ask the team member to demonstrate to assure that he or she has the competency to perform the task.

Follow up to assure that the task is completed and give feedback to encourage the team member.

### **Coaching:**

*Give corrective feedback and encouragement about needs for improvement.*

This team member is willing, maybe eager, to gain experience with a new task or procedure. This may be an individual who has previous UAP or LPN experience but with a different patient population.

Ask appropriate open-ended questions, or ask for a demonstration to assure that the team member is capable. Give corrective feedback as needed.

### **Supporting:**

*Give specific positive feedback about performance. Emphasize positive contribution to patient care. Let the team member know he or she has every right to feel confident. Ask what would help the team member to feel more confident and assist in creating a confidence-building atmosphere.*

This capable team member may feel intimidated by a particular patient or patient's family members. Let this team member know that you have confidence in him or her. Depending upon the situation, you might go into the patient's room with the team member to bolster confidence and show support.

Tell the team member that you really give him or her credit for going ahead and doing a good job despite feeling a lack of confidence.

### **Delegating:**

*Purposefully avoid interfering or micromanaging performance. Perform assessments and other RN-only duties with team members' patients and verify completion of their assigned tasks, but communicate your respect for their competence/experience, confidence, and willingness.*

This experienced, confident, and willing team member still needs to feel appreciated and valued. Sometimes experienced team members who function independently within the scope of their job descriptions feel overlooked or taken for granted. Complimenting them on a job well done helps to build rapport, build the team, and increase their job satisfaction.

### *Test Yourself*

You are working with a UAP, Sarah, who tells you that a patient's wife seems to be watching her every move and lacking confidence in her ability. You accompany Sarah into the patient's room, greet the patient and his wife, and mention that Sarah takes such thoughtful care of her patients. Which leadership style are you using?

- A. Directing
- B. Coaching
- C. Supporting

**The correct answer is: C- Supporting.**

### **Assess Your Own Delegation Competency**

Reflect on your own delegation experiences. Are you satisfied with the outcomes and the relationships? Can you think of ways to do it better? Or can you think of practices that you will continue because they were so successful?

Especially when you are new to a unit or floating, identify your delegation competency and comfort level just as you do with other skills and aspects of practice. Communicate your delegation competency to the charge nurse or other appropriate supervisor.

Develop your competency through reflection and also by consulting with other RNs and staff resource persons to learn how others improve trust, professional growth, and job satisfaction in the delegation process.

### **Four Delegation Guidelines (Laskowski-Jones, 2014)**

In her description of the art of harmonious delegation, Laskowski-Jones (2014) recommends four guidelines:

1. Know the rules: nurse practice act, organizational P&P, competency validation system.
2. Don't be a jerk. Delegate when needed for safe patient care, help other team members when possible and ask for their help when needed. Promote team work and mutual understanding of the roles of team members.
3. Outline clear expectations of the desired outcomes – don't leave performance to chance.
4. Be open to constructive feedback and new ideas or approaches.

Always remember that the entire team must play from the same sheet of music to be in harmony.

### **Delegation Away From the Bedside**

In most patient care situations, authority or the power to act clearly goes hand and hand with the responsibility for a task.

In other situations such as a task force, committee, project assignment, council, or other unit-based or organization work group, authority may be limited to Level 2. That is, the work group may complete its work by making recommendations to an authority such as a manager or an executive. The power to carry out, modify, or discard the recommendations rests with the manager or executive.

When participating in work groups and projects, clarify the level of authority given to the group. Doing so will increase your satisfaction in working on the project.

In some situations, you may have responsibility but not authority. For example, when you precept a new nurse, you are responsible for facilitating learning and orientation and for documenting progress in competencies. However, the manager has the authority to extend orientation if needed, to limit the new nurse's duties, to terminate the new nurse, or to welcome the new nurse to a full patient care assignment. In this situation even though responsibility and authority do not reside in the same person, it is very important that responsibility and authority are kept together – that is, that preceptor and manager are communicating regularly about the new nurse's progress.

## **Delegation and the Law**

The RN is legally accountable for:

- Appropriate delegation of tasks
- Appropriate supervision of team members
- The outcome of the delegated task
- Knowing and acting within the limitations of the scope of practice, job description, and competency of anyone to whom the RN delegates

Nurse practice acts hold RNs accountable for the results of delegated tasks and for the supervision of those to whom they delegate.

## **The Consequences of Negligence**

Negligent delegation or negligent supervision can lead to disciplinary procedures:

- The state board of nursing may suspend or revoke the license to practice nursing, or otherwise discipline the licensee.
- The employer may discipline the nurse according to the employer's policy and procedure.

Supervision includes:

- Assuring that the persons to whom you delegate are competent to perform the tasks.
- Providing guidance, direction, evaluation, and follow-up to assure that they complete the tasks assigned.
- RNs may delegate only duties that are within the scope of their own practice and employment, and not excluded from the scope of practice of the person to whom they delegate.

## **The Law and RNs, LPNs, and UAP**

The individual who receives delegation is responsible for performing tasks within his job description and competency and for seeking help if needed. The RN is accountable for the outcome and for applying sound judgment in choosing tasks and personnel for delegation, and for providing supervision.

UAP may not delegate their assigned tasks to others. They may appropriately refer them back to the delegating nurse if they feel they do not have sufficient skills to perform the task at all, or are not comfortable with a specific patient. UAP are liable for performing tasks they have been trained to do and for NOT doing things they are NOT authorized to do by organization policy.

- RNs practice independently; LPNs practice dependently, under supervision.
- You are the only person practicing under your license. It does not cover anyone else.
- LPNs are accountable for practicing within the scope of their licensure.

## **Potential Legal Issues**

If you have concerns that patient safety is being jeopardized by any circumstances under which you are delegating, bring your concerns to the attention of your manager or the nursing administrator on duty.

### **Negligent hiring practices**

In most states, UAP are not licensed. CNA designation may be limited to long-term care settings and may not indicate competence in acute care. Reference checks are the responsibility of the employer.

### **Negligent training**

The RN must delegate ONLY those tasks that are appropriate to the UAP's training, credentials, experience, and job description. If a patient is harmed because the UAP job description includes tasks that UAP are not trained to perform, the employer may be liable for the negligent training.

### **Negligent delegation**

Delegation can be negligent if the nurse delegates a task that is not within the job description or competency of the delegatee.

Delegation can also be negligent if the circumstances such as patient condition create a risk, even though the task itself was within the job description and competency of the delegatee.

### **Negligent supervision**

You can be found negligent if you breach the standards of care for supervision and consequently a patient is harmed.

### **Vicarious liability**

Supervisors are liable if they assign inappropriate tasks to anyone who lacks the skill or training to perform them. That is, you could be held liable for harm to the patient if you inappropriately delegated to UAP a task for which they have not been trained and which is not in their job description.

### **Patient abuse**

A healthcare organization that receives a report of suspected abuse has legal and ethical duties to investigate the report. Law also requires the organization to inform the family of the suspected abuse. State law requires the physician to report suspected abuse within a specific timeframe. It is important that all staff members are aware of the institution's policies related to abuse and neglect.

## **Think About It**

An 84-year-old man has a history of strokes and swallowing difficulty. The admitting physician ordered that his eating be monitored. His wife told the nurse about the swallowing difficulty and need for supervision and assistance. She told the nurse how she had done this at home.

Hours after admission, a Nursing Assistant delivered a turkey sandwich to the patient and left the room. Shortly afterward, the patient choked. His roommate pushed the call button. A nurse responded and immediately left the room to get help.

The team attempted the Heimlich maneuver twice without success. Resuscitation efforts were hindered by difficulty intubating due to the presence of food in the airway. The patient died.

No documentation of the admitting physician's order for aspiration precautions could be found. The admitting nurse had documented the wife's concerns about supervision and assistance during eating.

The court awarded the family \$500,000. The award was upheld on appeal.

Testimony revealed violations of nursing care standards of practice. An RN delegated the monitoring of eating to a UAP without ascertaining whether the UAP understood the precautions and necessary actions. The physician's verbal order was not documented. The nurse who responded to the call should have remained with the patient, summoned help, and attempted a Heimlich maneuver.

“Professional nurses may be held responsible for failing to adequately instruct and monitor nursing attendants. All members of the team must understand the care plan, and nursing attendants function under the direct supervision of the licensed nurse.”

(Brous, 2014, p. 70)

## **Building the Nursing Team**

A recent survey (Jackson Healthcare Research, 2014) asked nurses to identify the most sought-after attribute of a nursing job. Almost half of the nurses selected teamwork, coming in second behind pay which 51% valued most.

A team implies a group effort in which different roles work toward a common goal. For the nursing team, the common goal is safe, high quality patient care. The patient plays an important role on the team. The nursing team must value the patient’s perceptions and responses. Prevent any patient from feeling as one man expressed, “They told me I’m on the team. I think my position on the team is the ball – being kicked from one staff member to another.”

## **More Information: Rating Teamwork**

In a recent survey of more than 1,000 nurses, RNs rated teamwork with others.

- 70% gave “Excellent or Good” ratings to teamwork with pharmacists
- 65% gave “Excellent or Good” ratings to teamwork with physicians
- 64% gave “Excellent or Good” ratings to teamwork with techs
- 63% gave “Excellent or Good” ratings to teamwork with Nurse Practitioners
- 51% gave “Excellent or Good” ratings to teamwork with Physician’s Assistants

(Jackson Healthcare Research, 2014)

## **Team Roles**

No football team could succeed with all quarterbacks nor could a baseball team succeed with all pitchers. Not only does the common goal require different roles, but also that team members know and understand how to interact with one another’s roles.

One common source of frustration and misunderstanding that interferes with delegation and teamwork is the perception of some non-RN team members that they do everything that the RN does (with minor exceptions) or things the RN doesn’t want to do for lesser pay.

Clearly communicate the responsibilities of each team member to all team members. Include the RN’s responsibility for clinical judgment and outcomes of patient care. LPNs and UAP may be unaware and unappreciative of the RN’s role in directing patient care and making clinical decisions.

Communicate expectations about helping one another:

- Regardless of individual roles, all team members must help another team member when asked to help and when they are able.
- All team members must ask for help when needed and learn to do so before they become overwhelmed.
- Role model helpful behavior by asking for help when needed and offering help when needed.

## **Help Builds the Team**

When there are no urgent care issues, being willing to help UAP with tasks or assuming a task without delegating it to a UAP, can build effective relationships. RN modeling of asking for help when needed and offering help when others ask or are in need builds a helpful spirit in teamwork.

UAP need to learn the scope of the RN role within the context of day-to-day patient care, so that a UAP can recognize when it is necessary for the RN to delegate tasks quickly without being questioned.

Having UAP partner with an RN during orientation to observe the RN role, could help UAP gain insight into the RN role. (NCSBN, 2016b)

### *Test Yourself*

Which action by the RN will be most effective in encouraging team members to help one another?

- A. Demand that UAP look for opportunities to help each other.
- B. Role model asking for help and giving help when asked or when needed.
- C. Ask team members to report to the RN for additional assignments each time they complete tasks.

**The correct answer is: B. Role model asking for help and giving help when asked or when needed.**

### **Positive Working Relationships Make the Team Function**

Successful delegation depends on the quality of RN and UAP working relationships, timely ongoing communication, initiative, and a willingness to collaborate.

- Develop clear guidelines for RN and UAP patient reporting
- Provide opportunities to discuss conflict-related issues
- RNs must conduct meaningful reports, resolve conflicts, and convey the RN role in patient care management.
- UAP must develop effective communication skills for giving feedback, clarifying tasks and patient status, and resolving conflict.

(NCSBN, 2016b)

In studies of RN-UAP working relationships, conflict emerged as a major theme for both RNs and UAP.

RNs experienced conflict related to differences with UAP in age, role, work ethic, personality, and management of situations in which UAP refused tasks. UAP experienced conflict related to work ethic, role, and personality.

Both RNs and UAP underscored the importance of communication and teamwork. For RNs, clarity of roles between RNs and UAP was important to successful delegation. UAP expressed the importance of initiative, accountability, and patient centeredness.

Both groups highly valued a consistent method for complete reporting and communicating at the beginning and throughout the shift.

(NCSBN, 2016b)

### **Trust Builds Positive Relationships**

RNs frequently cite trust with their co-workers as a key factor when delegating.

What will improve your level of trust with other team members?

- Can you actively build trust by validating team members competencies through observation and communication? Explain your accountability for the outcome of their actions. Ask about their training, comfort level, and experience with particular tasks. Approach them with respect and emphasize your concern for patient safety to earn their respect in return. Ask them what would help them build their trust in you?
- One of the factors that interferes significantly with rapport between UAP and some RNs is the failure of those RNs to call upon UAP to perform the skills they have been trained to do and can do well.

- Display consistency, fairness, and respect for others.  
(ANA, 2012; ANA & NCSBN, n.d)

## **Barriers to Rapport**

- Differences in generation, gender, and cultural background can act as barriers to rapport. Lack of rapport complicates delegation and supervision.
- Perhaps one member of your team is an LPN who is 15 years older than you and differs from you in cultural background and gender. Another team member may be a UAP who is a nursing student at the school of nursing from which you graduated, whose gender is the same as yours and whose cultural background is similar to yours. Your relationship with each one will not be the same, but you can establish rapport with each by showing respect and consistently playing your professional role on the team.
- Take advantage of resources available to learn about generational, cultural, and gender differences in the workplace. But, most importantly avoid generalizations and assumptions based on stereotypes. Instead, explore with others as individuals to find the most effective ways to work with them. Ask your RN colleagues for tips based upon their experiences.

## **Delegation and New Nurses**

“Newer nurses in particular may feel guilty about asking others to help them, even those employees whose actual job it is to help. They may worry that staff will perceive them as being unable to handle the workload, or that certain people on the unit won’t accept or like them.”

(Laskowski-Jones, 2014)

Reach out to the newer nurses on your unit and help them gain competence and confidence in delegation. Offer support.

When you are the nurse new to a unit, seek help from your peers in learning the culture and delegation process in this new environment.

## **Think About It**

You are an RN working with an LPN and a PCT. During the shift, you have done some things for patients that you could have asked the LPN or PCT to do. Now at the end of the shift, the LPN and PCT have completed their work and are sitting in the nursing station waiting for the next shift to arrive.

Throughout the shift you have been juggling patient needs and working with the LPN’s and PCT’s patients to administer blood and IV medications. You’ve also answered a pharmacist’s questions about a patient’s lab results and assisted the Respiratory Therapist and the wound care nurse.

You feel overwhelmed and ask the LPN and PCT why they did not help you. The LPN says, “We would have helped if you asked.” The PCT says, “We can’t read your mind.”

You’re so tired and frustrated. You reply, “I didn’t have time ask. Couldn’t you see I was busy?”

All three of you leave the unit feeling irritable and lacking a sense of satisfaction and accomplishment though you all gave excellent patient care.

## **Case Study: The UAP Recommends OTC Medication**

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You overhear a conversation between Shirley, a Nursing Assistant, and Mr. Cooper who is hospitalized for treatment of COPD and BPH. He tells her...

**Mr. Cooper:** "This all started with a 'dang' cold."

**Shirley:** "Well, the next time you feel a cold coming on get some 'Coldgone.' My whole family swears by it. It'll fix you right up in a day or two."

You recognize that the over-the-counter drug Shirley named has anti-cholinergic effects and taking that drug or many other over-the-counter (OTC) anti-histamines would present a risk to Mr. Cooper.

#### *Approaches to Consider*

- Explain to the UAP only a licensed prescriber can prescribe medications of any kind. Additionally, explain that nearly all over-the-counter cold remedies contain substances that would be particularly harmful for this patient.
- Explain to the patient the UAP did not understand the over-the-counter cold remedies might be harmful to him. Explain the rationale for him to avoid agents with anti-cholinergic effects.

## **Communicating to Make the Team Work**

Engaging in direct, open, and honest communication is a characteristic of good teamwork. The quality of the delegation is influenced by healthy interpersonal relationships, the manner in which the activity is delegated, and the openness of the communication.

The dynamic exchange between the RN and the team member requires constant evaluation, feedback, and modification to achieve the results needed to meet patient care goals.

The right communication and direction shape quality and safety outcomes.  
(ANA & NCSBN, n.d.; Ray & Overman, 2014)

## **Communication Tips**

- Establish and commit to a regular communication plan, perhaps in the form of bedside rounds at the beginning, end, and midway through the shift.
- Make use of communication vehicles already in place on the unit such as huddles and mobile devices (Mueller & Vogelsmeier, 2013).
- Assure that your communication is clear; ask the team member to repeat in his own words what you have told him (teach back).
- Remember that what is common sense to you may not be common sense to a team member who doesn't share your educational background.
- Remember that culture, age, education, and other personal characteristics affect the way in which people interpret communication.
- Be sure to communicate a sense of urgency or change in priorities when needed. A particular patient's blood glucose result may need to be reported immediately, not after completing all the blood glucose checks on the unit. At the end of life, priorities may be different from the usual repositioning routine.
- Standardized procedures promote safety, BUT sometimes an exception is necessary in the care of a particular patient. Be sure to clearly communicate the exception and the reason.

## **More Information: Poor Communication Steals Time from Patient Care**

In a recent survey of 1,000 RNs, nearly half cited a lack of communication among nurses and with other hospital staff as a factor that takes time away from caring for patients (Jackson Healthcare Research, 2014).

## Thoughtful Communication

- In simple, clear language, share the rationale for the importance and urgency of reporting of certain observations or actions in the care of a specific patient.
- Ask team members to repeat back your instructions to assure that they correctly understand and interpret your intent.
- Assure that team members understand the difference between direction that may apply to one specific patient and directions that apply to all patients.
- Collaborate with RNs on other shifts to make individualized checklists for UAP related to unique conditions of specific patients.
- Within organizational P&P, create checklists for patient conditions common on your unit.
- Facilitate good reporting from UAP through the use of a simple form on which UAP record their notes during the shift.

## Feedback

Giving specific direction and expectations are a vital part of supervision. Feedback on performance is also essential. Plan to give your team members feedback during rounds, mini-reports or other times as appropriate. Make it a habit to notice and comment positively on the things they do correctly.

Give timely and specific feedback. Connect the team member's performance to patient care.

*"I wanted to be sure to tell you that because you noticed and told me about the bruises you saw when you bathed Mrs. Jones today, her doctor ordered a STAT INR to see if a medication change is needed. That's so important to her safety since with too much anticoagulant she could have bleeding. Your observation really made a difference."*

## Feedback Tips

- Focus on changeable things.
- Make descriptive statements. Describe what you observed, THEN compare what you saw with the standard for performance.
- Make specific statements. Give concrete details. Offer specific POSITIVE as well as corrective statements.
- Be specific about not only what was done correctly, or what was unacceptable, but also, what the effect of the action was. For example, "That was good timing to ambulate your patient right after breakfast. It probably helped her to have a bowel movement."
- Give immediate feedback. Immediate feedback is much more effective than delayed. If you must wait to give feedback, be sure to specifically identify the incident to which you are referring.
- Choose appropriate times. Give feedback in private. If you must intervene in front of patients or others, say as little as necessary to make the situation safe. Harsh words can damage rapport not only between you and the team member, but also can also damage the trust that patients must be able to place in this person.
- Choose one issue to work on at a time. Do not overwhelm the team member with information or counseling.
- When giving corrective feedback, identify exactly what needs to be improved. Demonstrate if indicated. Obtain a commitment to improve.
- Tell the team member that you will give her prompt feedback when you see improvement.
- Congratulate team members on their efforts when they successfully improve their work. Recognize their efforts and recognize partial correction when you notice it, encouraging them to continue to improve.

## Case Study: Inappropriate Feedback

*Compare your thoughts about this situation with those of your supervisor and your RN colleagues. Make sure your response is in the best interest of the patient and you are giving both appropriate respect and appropriate supervision to the LPN or UAP involved. There is more than one effective way to manage most situations.*

You are working with a young and inexperienced but willing and conscientious NA. Upon your return from lunch, you witness a float pool RN in the hall, loudly criticizing the NA about a mistake she has made.

#### *Approaches to Consider*

- Approach the RN and NA together and ask what the problem is. Listen to the description of the problem.
- State that the NA has been working conscientiously and you would like to see them resolve this misunderstanding between the two of them.
- Check with each of them separately later in the shift to see how they resolved the situation.

Inform the RN that the team really needs the contributions of the NA. Give her a few suggestions about giving effective feedback. Stress the importance of giving any necessary criticism softly, and in private, not in any place where patients, families or other staff members can overhear.

### **Test Yourself**

Which feedback statement will be most effective in improving performance and building the team?

- A. "You've got to speed up. You'll never finish on time at this rate. Why didn't you ask for help if you needed it?"
- B. "Do you see what you did wrong when you emptied Mr. Smith's drainage bag? Good thing I happened to be watching. You need to go look up that procedure right now."
- C. "You were very respectful of Mr. Jones who didn't want to get out of bed. You also need to let him know that he must get up today. It's very important to prevent complications like pneumonia and circulatory problems."

**The correct answer is: C- "You were very respectful of Mr. Jones who didn't want to get out of bed. You also need to let him know that he must get up today. It's very important to prevent complications like pneumonia and circulatory problems."**

### **Develop the Team**

Look for opportunities to foster professional development with team members.

- Explain rationales in simple terms. Guide the team member to find further information if interested.
- Help team members identify opportunities within the organization such as committee, task force, or council participation.
- Encourage team members to take advantage of staff education offered within your organization. If you identify topics that might benefit team members, recommend the need to the education department.
- If your organization sponsors employees to attend continuing education (CE) offerings outside of the organization, encourage team members to seek sponsorship to participate.
- Post an article relevant to patient care on your unit. Encourage team members to read and refer to the content in informal conversations with team members.
- Encourage further education for team members who seem capable. Recognize that many have no interest or have circumstances that prevent pursuit of formal education. Be sure to communicate that you value their current roles. Encourage team members to learn about and take advantage of organization benefits such as tuition reimbursement.
- Role model professional development with your own pursuit of lifelong learning. Seek certification in your specialty. If already certified, encourage your RN colleagues to pursue certification. Consider further academic education. Take advantage of CE opportunities.

## Promote Job Satisfaction

Harmonious working relationships support effective delegation and patient safety. Establish rapport with team members so that you are alert to satisfiers and dissatisfiers for them in the work environment.

Encourage team members to participate proactively in finding ways to improve the work environment and their job satisfaction.

Job satisfaction of course promotes retention of staff. Retaining team members and creating stable teams improves effectiveness and efficiency of teamwork which in turn promotes safety and quality of care.

## References

American Nurses Association. (2012). *ANA's principles for delegation by Registered Nurses to unlicensed assistive personnel (UAP)*. Silver Spring, MD: American Nurses Association.

American Nurses Association (ANA) & National Council of State Boards of Nursing (NCSBN). (n.d.). Joint statement on delegation. Retrieved from [https://www.ncsbn.org/Delegation\\_joint\\_statement\\_NCSBN-ANA.pdf](https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf)

Brennan, C., Daly, B., & Jones, K. (2013). State of the science: The relationship between nurse staffing and patient outcomes. *Western Journal of Nursing Research*, 35(6), 760-794.

Brous, E. (2014). Lessons learned from litigation: The case of Bernard Tavaglini. *American Journal of Nursing*, 11(5), 68-70.

Daley, K. (2013). From your ANA president: helping nurses strengthen their delegation skills. *American Nurse Today*, 8(3), 18.

Hersey, P., Blanchard, K.H., & Johnson, D.E. (2012). *Management of organizational behavior: Leading human resources* (10<sup>th</sup> ed.). New York: Pearson.

Jackson Healthcare Research. (2014). *Practice trends and time at bedside*. Alpharetta, GA: Jackson Healthcare. [https://www.jacksonhealthcare.com/media/1178/rntrendsreport\\_ebook0114.pdf](https://www.jacksonhealthcare.com/media/1178/rntrendsreport_ebook0114.pdf)

Jenkins, B. & Joyner, J. (2013). Preparation, roles, and perceived effectiveness of Unlicensed Assistive Personnel. *Journal of Nursing Regulation*, 4(3), 34-40.

Koch, G. (2013). RN delegation: Practice setting matters. *Oregon State Board of Nursing Sentinel*, 12-13.

Laskowski-Jones, L. (2014). The art of harmonious delegation. *Nursing2014*, 6.

Mueller, C. & Vogelsmeier, A. (2013). Effective delegation: Understanding responsibility, authority, and accountability. *Journal of Nursing Regulation*, 4(3), 20 - 25.

National Council of State Boards of Nursing (NCSBN). (2010). *Report of findings from the 2010 job analysis of nurse aides employed in nursing homes/long-term care, hospitals/acute care and community/home health care settings*. Chicago, IL: Author. Retrieved October 2014 from [https://www.ncsbn.org/10\\_JobAnalysis\\_NAs\\_web.pdf](https://www.ncsbn.org/10_JobAnalysis_NAs_web.pdf)

National Council of State Boards of Nursing. (2015a). *2014 RN practice analysis: Linking the NCLEX-RN® examination to practice*, 53 Chicago: NCSBN. Retrieved from [https://www.ncsbn.org/15\\_RN\\_Practice\\_Analysis\\_Vol62\\_web.pdf](https://www.ncsbn.org/15_RN_Practice_Analysis_Vol62_web.pdf)

National Council of State Boards of Nursing (NCSBN). (2015b). *Report of findings from the 2014 job analysis of nurse aides employed in nursing homes/long-term care, hospitals/acute care and community/home health care settings*. Chicago, IL: Author. Retrieved from [https://www.ncsbn.org/15\\_2014NNAAP\\_Job\\_Analysis\\_vol65.pdf](https://www.ncsbn.org/15_2014NNAAP_Job_Analysis_vol65.pdf)

National Council of State Boards of Nursing. (2016a). *2015 LPN/VN practice analysis: Linking the NCLEX-PN® examination to practice*, 58 Chicago: NCSBN. Retrieved from [https://www.ncsbn.org/16\\_2015LPN\\_Practice\\_Analysis\\_vol67.pdf](https://www.ncsbn.org/16_2015LPN_Practice_Analysis_vol67.pdf)

National Council of State Boards of Nursing. (2016b). National guidelines for nursing delegation. *Journal of Nursing Regulation*, 7(1), 5-14.

Ray, J. & Overman, A. (2014). Hard facts about soft skills. *American Journal of Nursing*, 114(2), 64-68.

Wright, D. (2014). The best delegation formula on the planet. Webinar sponsored by the Association for Nursing Professional Development.

## **Disclaimer**

This publication is intended solely for the educational use of healthcare professionals taking this course, for credit, from RN.com, in accordance with RN.com [terms of use](#). It is designed to assist healthcare professionals, including nurses, in addressing many issues associated with healthcare. The guidance provided in this publication is general in nature, and is not designed to address any specific situation. As always, in assessing and responding to specific patient care situations, healthcare professionals must use their judgment, as well as follow the policies of their organization and any applicable law. This publication in no way absolves facilities of their responsibility for the appropriate orientation of healthcare professionals. Healthcare organizations using this publication as a part of their own orientation processes should review the contents of this publication to ensure accuracy and compliance before using this publication. Healthcare providers, hospitals and facilities that use this publication agree to defend and indemnify, and shall hold RN.com, including its parent(s), subsidiaries, affiliates, officers/directors, and employees from liability resulting from the use of this publication. The contents of this publication may not be reproduced without written permission from RN.com.

Participants are advised that the accredited status of RN.com does not imply endorsement by the provider or ANCC of any products/therapeutics mentioned in this course. The information in the course is for educational purposes only. There is no “off label” usage of drugs or products discussed in this course.

You may find that both generic and trade names are used in courses produced by RN.com. The use of trade names does not indicate any preference of one trade named agent or company over another. Trade names are provided to enhance recognition of agents described in the course.

Note: All dosages given are for adults unless otherwise stated. The information on medications contained in this course is not meant to be prescriptive or all-encompassing. You are encouraged to consult with physicians and pharmacists about all medication issues for your patients.