

Running Head: DELEGATION WITH TECHS

Registered Nurse Satisfaction with Nurse Technician Delegation

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There is more nursing care to do than there are nurses to perform the duty. According to the U.S. Bureau of Labor Statistics (U.S. Department of Labor, Bureau of Labor Statistics, 2004), the United States will need more than one million new nurses by 2012. The nursing shortage is expected to grow to 29% by 2020, an estimated shortage of about 340,000 to 390,000 full time equivalent registered nurses (American Association of Colleges of Nursing, 2003; Auerbach, Buerhaus, & Staiger, 2007; U.S. Department of Labor, Bureau of Labor Statistics, 2005). The nursing shortage has resulted in condensed services and cost-cutting methods of using of unlicensed assistive personnel (UAP) or nurse technician (tech) to provide nursing care. Nurses need to work effectively and efficiently with UAPs. There are several vital behaviors that are necessary for new and experienced nurses in this time period, including delegating, assigning and supervising.

The American Nurses Association and the National Council of State Boards of Nursing developed papers on delegation in 2005. The message of these papers were clear, stating that delegation is a critical nursing skill that must be utilized by all nurses in a safe manner. Poor delegation practices can cause poor patient outcomes (Standing & Anthony, 2008). It is important that nurses are knowledgeable, competent, and confident in their delegation decisions (Standing & Anthony). The unit is currently hiring new nurse technicians and also redesigning the orientation the nurse technician must complete. A survey was developed to judge the registered nurses' comfort level about delegating work to the UAP and how they felt about the UAP's work behavior. Delegation is becoming crucial on the unit with an increase in patient health complexity. In addition the unit is expanding beds and more nursing staff is necessary. It

is a good time to assess a nurse's ability to delegate during the new hire process, which is currently occurring on the unit.

The issue of the role of delegation and the tech's role was brought to attention from one of the unit's clinical nurse specialists. It is extremely important to the unit's organization for nurses to know how to delegate and who is accountable. The ANA defines delegation as "The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome" (ANA, 1997). The management staff of the unit understood that delegation would need to be reviewed to improve quality. If nurses are not aware that they are responsible and accountable for the outcomes of the tasks they delegated, such as bathing and feeding, they would not provide the appropriate supervision to the UAP who carried out the task (Standing & Anthony, 2008). It is always a concern to improve quality of patient care. Hiring new technicians also raises concerns about change management. The unit is undergoing rapid expansion, nearly doubling in size by the year 2011. Delegation will be very important in assisting the staff with time management skills. It is vital that the unit review and survey the nurses' comfort level with delegation and understand how the tech's role and duties. In addition, staffing will increase by 20 or more registered nurses and all must be knowledgeable in delegation. Delegation will be a concept that will need to be reviewed to bolster relationships among nurses and UAPs on the unit.

The design of the project included developing a survey with the assistance of one clinical nurse specialist. First, goals of the project were decided. The goal of the project was to assess the registered nurses' comfort level with delegation, how knowledgeable the nurse is regarding delegation, the satisfaction of the nurse with the tech and how well the nurse understands the role of the tech. Additionally, the satisfaction of the nurse regarding the techs' ability to prioritize

and perform clinical bedside care was assessed. Knowing the employees attitudes in regards to delegation is important to keep a high standard of patient safety and satisfaction. A poster was made including the five steps of delegation provided by the ANA. Delegation was defined and the principles of delegation were stated. The poster was housed on a bulletin board in the report room and break area.

The next step was to identify the sample that the survey would be administered. The floor has 80 nurses working straight day shifts, straight night shifts and some day/night rotating shifts. The survey would be offered to as many registered nurses as possible. The aim was to have a response rate of 50% from staff nurses. The survey was presented to the staff present at the nurse leadership meeting. A staff nurse, a clinical nurse specialist and a department manager gave feedback on the content and layout of the survey. In the end, three different drafts of the survey were drawn up, finally settling on a final one that was handed out to staff. Eleven questions that could be ranked by choosing a range between “never” to “always” and a scale from “strongly disagree” to “strongly agree”. Another four questions were more open ended with room for extended responses to be filled in.

Surveys were handed out over the period of a week. Surveys were handed out before morning report and hand delivered during the day shift to numerous nurses. In addition, surveys were also handed out before evening report to staff members on the night shift. Majority of the surveys were also hand collected back to encourage a higher response rate. A note was placed paper-clipped to the stack of blank surveys explaining the project and asking for any completed survey to be placed in the labeled envelope. In the end, a total of 32 completed surveys were collected. This is exactly a 40% response rate, 10% lower than what was hoped.

The findings about the techs work were mostly positive. The graphs presented to the nurse leadership team are noted in the attached Graphs 1-11. Nearly two thirds of the respondents felt the techs fulfill their responsibilities almost all or all of the time. Two thirds also responded that the techs never or almost never require constant supervision. 70% of the respondents stated that the techs work goes unfinished never or almost never. Just over half of the nurses surveyed said they were almost always or always satisfied with how the techs prioritized tasks delegated to them. Over 75% stated they were also almost always or always satisfied with the clinical bedside care the techs perform. The most surprising data was regarding how often the nurse delegates a task to a tech. Nearly 60% responded that they almost never or only sometimes delegate work to the tech to complete.

The responses for how comfortable a registered nurse is delegating tasks to techs was not quite reassuring. Nearly a quarter of the responses were rated closed to the “strongly disagree” statement; stating they disagree that they are comfortable delegating work. Only 65% of the nurses answered that they strongly felt knowledgeable about which tasks can and cannot be delegated to someone else, as well as having a clear understanding of the role of the tech on the unit. It was very apparent that the staff nurses also felt there was not enough tech support on every shift; almost 90% answered this way. Overall, the majority of respondents did rate the performance of the tech to be very good.

Table 1 has a sample of quotations from the survey respondents. The question was about how the nurse handles a situation where they delegate a task to a tech and it is not completed. One third of the respondents said they would complete the task by themselves. Another third said they would speak to the tech and ask why it was not finished. Another few respondents stated they never ask a tech for help. Nearly every response to the questions, “Do you feel the

techs know their limits when it comes to their responsibilities?” and “Do you feel the patient benefits from the techs care?”, was answered with a “Yes”. Also, nearly everyone responding the survey also agreed that they were personally benefiting from the techs work. One nurse stated,

Yes, there are many things that can't be done alone and another nurse is not always available to help out. If you're really busy, it's great to have them help with things you can't always get to. They love being here, it isn't just a job to them. When people WANT to be here, the whole unit benefits.

This description was adequate in relating how the nurse felt about the techs' work. It is apparent that almost all of the staff feel they benefit by having techs work on the unit.

Once the surveys were collected, graphs of the responses were made as well as sample answers to each open-ended question on the survey. The material was presented during another leadership meeting, though only one clinical nurse specialist and nurse manager were present. Suggestions of what to do next were made. The limitations of the survey were also discussed.

The findings were relevant in a few ways. This data displayed the comfort level of how the nurses currently feel about delegation. It would be a good set of data to compare to follow up surveys completed after new techs have been trained. Once the techs work all shifts and more delegation of tasks will occur, it would be useful to reassess the nurses' feelings regarding delegation and their satisfaction with the techs work. In addition, it showed how appreciative the nurses are of the techs work for the majority of the time. Also, several nurses written responses to the open-ended questions showed how understanding they are of how overworked the techs can be.

During the leadership nursing meeting, it was stated that it seemed that there is favoritism shown toward certain techs, but there is hopes that trust would be earned with all of the techs from the nurses. It would be an impossible task to break down all of the hierarchy and cliques within the unit, but attempts will be made to break down the barriers. Delegation would be a professional and optimal way to achieve this goal. The nurse manager agreed that it would not be possible to completely break down the barriers between nurses and other nurses and with techs, but it is a definite goal to improve their unit. The only option that was suggested was having the entire unit go through a programs offered through Employee Assistance that some nurses had already attended. They felt it was very beneficial and that other nurses could benefit from it. The topics included identifying strengths and weaknesses of every person in attendance. It also sorted out people by personality type. This could be helpful for employees to see how a person reacts to certain situations based on their personalities.

During the nursing meeting, several recommendations were made on how to use this data to improve the unit. It was obvious the nurses felt that there were not enough techs working each shift. Due to the unit expansion, it is actually realistic to hire more techs for the unit, which the unit is already in the process of doing. The unit is also redesigning the orientation process for the newly hired techs. Currently, there is no tech working on the day shift. It was suggested that one of the well-respected techs of the unit that normally works nights to switch shifts to orient a new hire on the day shift. This way, a new hire can learn how to schedule and time manage their day. The experienced tech could pass on words of wisdom that helped them earn the respect and trust of the staff nurses. Earning the respect and trust of the nurses is key for the nurses to feel comfortable delegating tasks.

There are a couple reasons why the nurses do not feel comfortable delegating tasks. Currently, there is no data-based behavioral descriptions of the extent to which nursing models are used to organize staff to accomplish nursing work in hospitals (Minnick, Mion, Johnson, & Catrambone, 2007). It may be because they do not know what tasks the techs can do. It was suggested that a display be made on what the nurses absolutely can not delegate to the techs. By seeing the information presented this way, it may spark their minds to more work that the tech is capable of performing. By knowing the limits of what can be delegated, a job will not be delegated outside the techs arena of job specifications. Nurses may have to act in a supervisory role for the nurse technicians, even though they have not been responsible for the training of the technicians and this is where the problem stands (Saccomano, 2007). It may be helpful if the nurses played a role in training the techs or wrote down their preferences for how the techs perform tasks.

There were several limitations of this survey. Currently there are only three techs who work and work on the night shift. The survey would be better suited to be completed by the night shift nurses and day/night rotating nurses. As a student, it was easier to push and ask the day shift nurses to complete the survey. Several days, a student did attend evening report to ask the night nurses to complete the survey, but it could have been done more often. Also, the role of the tech is currently very small. Though they plan to hire on double what they have now, it may have been a little early to survey regarding delegation to the nurses. The survey did want to gauge how the nurses felt about the techs and how prepared the techs were, which would help in teaching the new hires.

Another barrier was that during the week that the survey was handed out; the nurse manager was on vacation, along with the clinical nurse specialist who helped develop the survey.

Without them there, they could not ask the employees to fill it out. More often, if a manager asks you to do something, an employee is more likely to comply than if asked by a student. Also, data could have been collected over a longer period of time, instead of the one week. The time constraint after getting the different drafts of the survey approved was tough. With vital nurse leaders out on vacation, our time line was constrained. This may have increased the 40% response rate.

The unit's mission statement is as follows,

To provide quality patient and family centered care throughout the critical phase of hospitalization. Care will be based upon competency, teamwork and efficient use of resources.

This survey and questioning the nurses knowledge of delegation supports this mission statement. By suggesting changes to the techs orientation and knowing how to delegate improves the quality of care provided to the patient. Care based on competency includes knowing how to properly delegate and who remains responsible for the completion of the task. Efficient teamwork depends on how well one delegates tasks. Utilizing resources is an extension of delegation.

This 16-bed unit has 80 nurses, three nurse technicians and a handful of nurse aides. Central Staff Resources also supplies nurses frequently to the unit. There is a new resident every month. The attending is on duty for one week every seventh week. This means there are numerous physicians who rotate through the unit quite frequently. It was beneficial that our survey was not directed toward the physician staff. The unit is very organized even with the numerous rotating staff.

The culture of the unit staff is very open-minded of survey taking. It seems that the unit is very committed to improving the quality of patient care and unit. It was stated that the staff wished to see more results of the surveys instead of blindly taking them and never seeing the compiled results. The unit nurses are very accepting of answering surveys and is also very used to and open to taking surveys. During the semester, three other surveys were also administered to the staff. This familiarity with surveys and openness to filling them out was valuable to our data.

In addition, the unit has a quality improvement team, co-headed by one of the clinical nurse specialists that helped with the survey. The unit seems to have many committees and teams but the quality improvement team is one that gets a lot done. It is well respected on the unit, and for the co-head of this committee to be advertising the survey was very advantageous. The existing culture of the unit was a definite benefit.

The preceptor on this project was very helpful. She formatted the survey to look professional, which in turn kept the staff interested and willing to fill out. It was an added bonus to work with numerous people with leadership roles. Not only was the nurse manager involved, but the education coordinator, and two clinical nurse specialists. Most of the staff has a laid back style of management but manages to get numerous tasks completed in day. The time from when the survey was developed to the time it was passed out to staff was very short. This was in part due to the fast pace forward the management leaders take with all their projects. The leadership staff is very determined with projects and things get done fast. Though with management staff on vacation that were key players in distributing the survey, the response rate did fall short of the 50% aim.

The preceptor for this project has very good interpersonal skills which was an asset to the survey distribution. Since managers accomplish things through other people, good interpersonal skills are important for communication, motivation and delegation (Robbins & DeCenzo, 2005). She delegated another clinical nurse specialist to help out and kept communication open between the student nurses and staff regarding the survey. Also, the technical skills of our preceptor were helpful. Her ability to utilize other nurses and present at nursing leadership meetings was good for exposing our survey to the unit.

There was much to learn from this project. Not only did I learn about the process of change, but also learned the process of developing a data-collecting tool. Producing this survey and gathering results is the first step in making a change to the unit's makeup and staffing. Delegation is an important issue in nursing and important for a manager to know how staff feels with their ability to delegate. I also learned some things I would have done differently. I think it would have been beneficial to push the surveys on more night staff to include more opinions. Adding a spot for the nurses to check which shift they work and whether they do ever work on a shift with techs currently would have been helpful. When passing out the survey, we had to tell the nurses that it was regarding the nurse technicians and not the nurse aides. It was not clarified on the survey, and to the nurses there is an enormous different between the two positions.

Resources

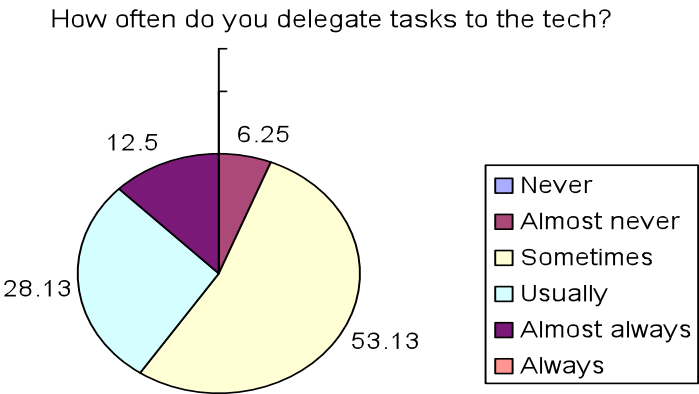
- American Association of Colleges of Nursing. (2003). Faculty shortages in baccalaureate and graduate nursing programs: Scope of the problem and strategies for expanding the supply. Retrieved March 30, 2008 from <http://www.aacn.nche.edu/publications/whitepapers/facultyshortages.htm>
- American Nurses Association. (1997). Attachment I: Definitions related to ANA 1992 position statements on unlicensed assistive personnel. Retrieved on March 31, 2008 from www.nursingworld.org/readroom/uap/uapuse.htm.
- Auerbach, D.I., Buerhaus, P.I., & Staiger, D.O. (2007). Better late than never: Workforce supply implications of later entry into nursing. *Health Affairs*, 26, 178-185.
- Minnick, A.F., Mion, L.C., Johnson, M.E. & Catrambone C. (2007). How unit level nursing responsibilities are structured in US hospitals. *Journal of Nursing Administration*, 37(10), 452-458.
- Orsolini-Hain, L. & Malone, R.E. (2007). Examining the impending gap in clinical nursing expertise. *Policy Political Nursing Practice*, 8, 158-169.
- Saccomano, S.J. (2007). Registered nurses and delegation. *Pennsylvania Nurse*, 62(2) 12-13.
- Standing, T.S., & Anthony, M.K. (2008). Delegation: What it means to acute care nurses. *Applied Nursing Research*, 21, 8-19.
- U.S. Department of Labor, Bureau of Labor Statistics. (2004, February). Occupational employment projections to 2012. Retrieved March 30, 2008 from <http://www.bls.gov/opub/mlr/2004/02/art5ful.pdf>

U.S. Department of Labor, Bureau of Labor Statistics. (2005). BLS releases 2004-14
employment projections. Retrieved March 30, 2008 from
<http://www.bls.gov/news.release/pdf/ecopro.pdf>

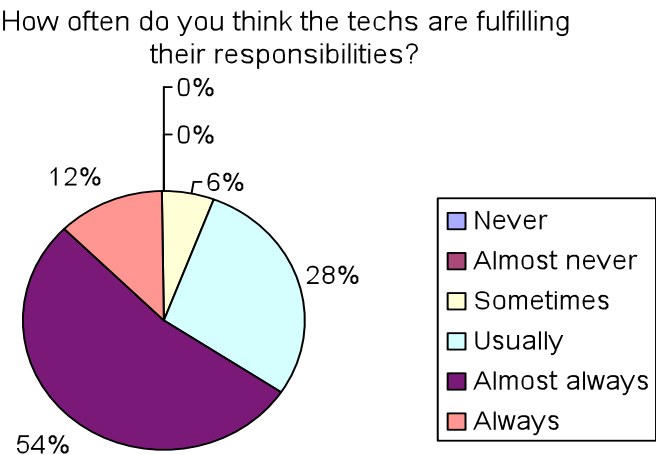
Table 1. How nurses handle situation when tech does not complete task

Behavior	Examples of quotations from respondents
Complete by self	<p>Do it myself</p> <p>I just do it myself</p> <p>They usually tell me they weren't able to finish. I tell them it's fine- there aren't enough of them, they get pulled in ten different directions</p>
Ask again	<p>Ask if they are finished</p> <p>Go back, ask if the tech knew that I had wanted the task completed</p> <p>Ask if they need help</p> <p>Ask the tech why they were unable to complete it- usually there is a good reason</p>
Never ask	<p>The techs have their own "group" of nurses that they are very helpful with. I am not part of the "group" and only get help when I go looking for it. Take that back- I have been asked twice if I needed any help.</p> <p>I don't delegate a task unless I'm certain it will be completed. I don't rely on the techs to do a job I am more than capable of performing as I only have 1-2 patients and they have 16 patients. And RNs to help</p>

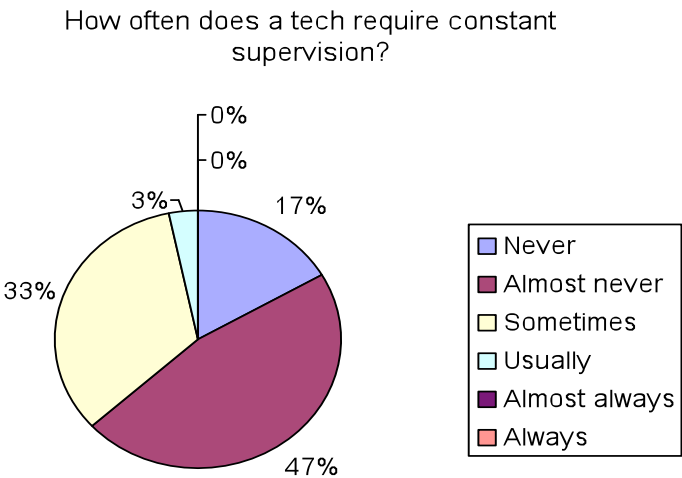
Graph 1



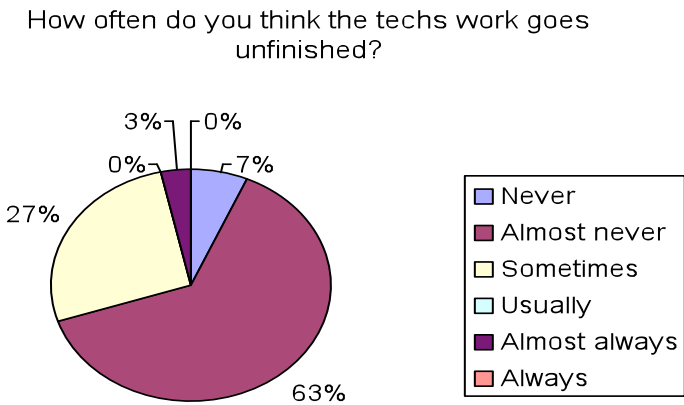
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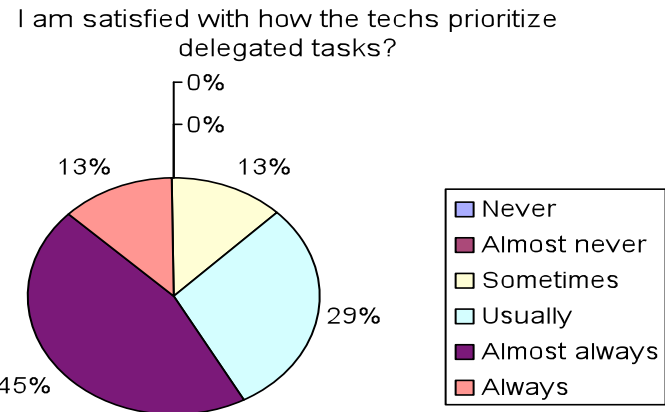
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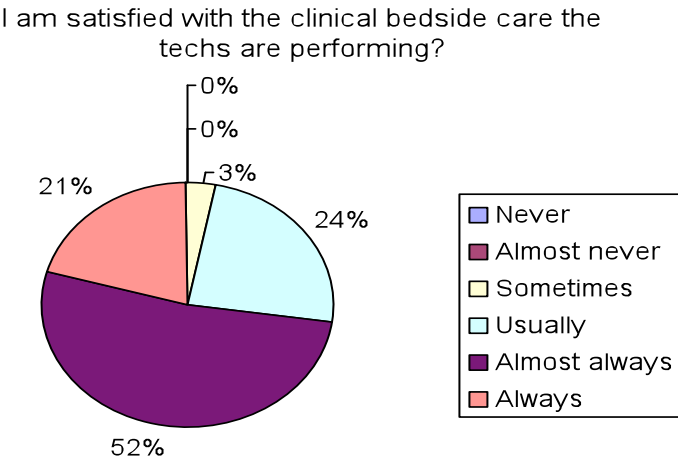
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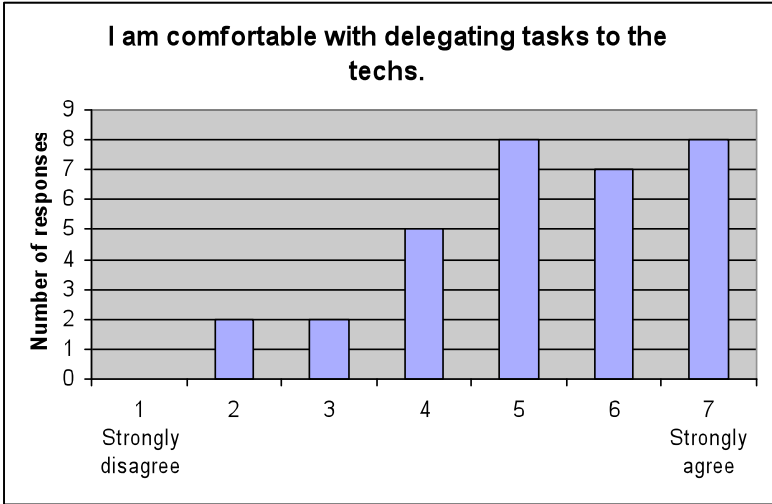
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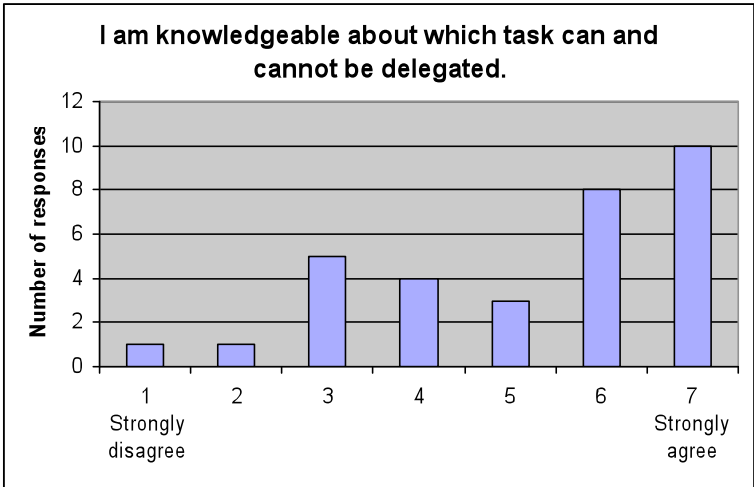
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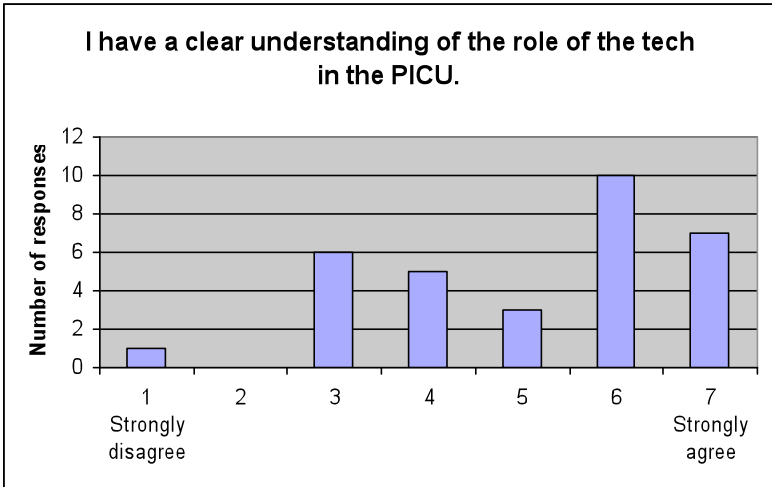
Graph 7



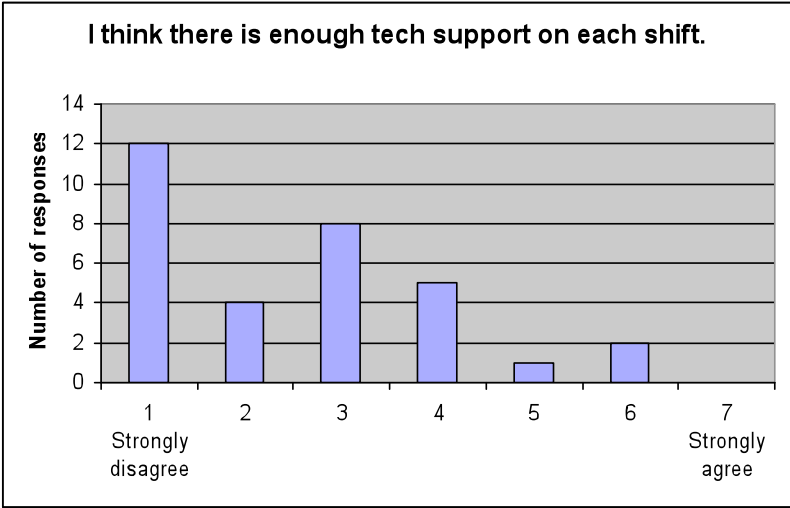
Graph 8



Graph 9



Graph 10



Graph 11

