



## Chapter 15

# Delegation for Effective Outcomes

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### Key Terms

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accountability

assignment

authority

competent

delegatee

delegation

delegator

perform

responsibility

standards of practice

supervision

unlicensed assistive personnel  
(UAP)

vicarious liability / *respondeat  
superior*



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### Learning Outcomes

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*Before you begin, take a moment to familiarize yourself with the learning outcomes for this chapter.*

- 15.1** Examine the definition of “delegation” and related delegation roles and benefits.
- 15.2** Examine key legal issues related to delegation.
- 15.3** Apply the delegation process and the National Council of State Boards of Nursing (NCSBN) guidelines.
- 15.4** Assess methods to monitor and improve delegation to reach effective patient outcomes.

## What's Ahead

With today's emphasis on teams, collaboration, and coordination in the healthcare system (Institute of Medicine, 2001; 2003) and a more diverse workforce, any type of leadership position eventually requires the use of delegation to ensure the job gets done and effective patient and healthcare organization (HCO) outcomes are met. Delegation should focus on the patient—what is best to ensure quality patient care. Not only do nurse managers need to use delegation, but also nurses in staff positions must use delegation daily or may experience work delegated to them. Delegation makes the best use of the talents and expertise of all staff as it facilitates the HCO's work. To perform delegation effectively, nurses need to develop competencies in delegation and supervision. As has been discussed in several chapters in this text, one person cannot do it all. Delegation is essential to productive healthcare organizations.

## Delegation: What Is It?

It seems there should be a simple definition for “delegation,” but it is not a simple process. First, **delegation** relates to assigning a specific task, a range of tasks, or a major job such as a project or leadership of a team. Registered nurses (RNs) must consider delegation carefully in their roles to protect patients and advocate for them. The RN transfers the responsibility for a task and yet retains outcome accountability (American Nurses Association, 2005). For example, the RN, in delegating a task such as giving a patient a bath to unlicensed assistive personnel (UAP)/nursing assistive personnel (NAP), transfers the responsibility for the performance of the bath but retains professional accountability for the outcome. This means the RN cannot just walk away and no longer be concerned about the task or the outcome.

Typically what drives a leader or a staff nurse to use delegation is simply that the nurse needs help. The nursing process is the domain of the RN. The following describes how the nursing process is related to delegation, noting why the nursing process cannot be delegated:

- **Assessment** cannot be delegated because input is solicited.
- **Diagnosis** cannot be delegated because this requires professional nursing knowledge and experience.
- **Planning** cannot be delegated because input is solicited.
- **Intervention** can be delegated with supervision, but not all interventions can be delegated.
- **Evaluation** cannot be delegated because input is solicited (American Nurses Association & National Council of State Boards of Nursing, 2006).

Some key terms are important to consider during delegation (American Nurses Association, 2005). The **delegator** is the person who does the delegation, and the **delegatee** is the person who receives it. Much of the discussion in this chapter focuses on delegation to **unlicensed assistive personnel** who are nonprofessional staff, often trained by the HCO or in a state training program that may offer a certification status. They assist RNs and licensed practical/vocational nurses (LPNs/LVNs) and they may perform limited interventions. The titles for UAP vary considerably; some examples are nurses' aides, orderlies, attendants, and technicians.

## Benefits of Delegation

Delegation offers many benefits to the HCO and to the staff. It is a process that, if done following recommended principles, increases the opportunity to provide quality care

that meets outcomes. This is the overall benefit, but it also offers a method for allocation of resources that should be more efficient and effective, more productive (American Nurses Association & National Council of State Boards of Nursing, 2006). Dividing up work in a logical manner allows the RN to focus on higher-level tasks while still being accountable for the patient's overall care. This also then impacts cost of care, for example, when salaries are considered the HCO can have a mix of staff at various salary levels, which supports cost effectiveness. In this sense, the RN is a broker of patient care resources (Weydt, 2010). There is also a timesaving aspect to delegation as activities are allocated among others, thereby multiplying the ability to get work done more efficiently. Professional growth can occur when staff members are challenged to develop new skills when they assume new opportunities. The delegator, who might be a manager, team leader, or staff nurse, has more time available to do other activities, direct care and indirect care. When delegation is done in a thoughtful manner, the work environment is typically one in which staff feel valued and trusted.

Delegation has always been present in nursing. With increasing use of UAP, delegation is now a skill that every nurse must have and use effectively. This includes newly licensed nurses, as it is difficult for even new nurses to avoid delegation in any healthcare setting. Delegation is dependent on transferring a task to a competent staff member, which implies a process as well as indicates that the task is something the nurse would do but is giving the responsibility to someone else. **Competent** means the person who will do the task has the required skills and experience. The nurse must be able to determine that the staff member can do the task. **Authority**, or the power to act, is given to the staff person. **Perform** means an action must take place, and this action is described as a selected nursing task in a selected situation. The nurse must tell the staff member what needs to be done. It is important that the RN delegate with thought—considering what needs to be delegated and who is qualified to complete the task or activity. The RN will most likely not be present when the work is done.

## Critical Delegation Issues: Authority, Responsibility, and Accountability

As was discussed in Chapter 4, organization structure illustrates how work is assigned and describes relationships among staff by identifying authority, responsibility, and accountability. The assignment of work and delegation are closely tied to the HCO's structure. The scalar chain that describes the organizational chart for the HCO provides a visual of the vertical lines describing relationships of positions within the HCO—how employees are responsible to one another. It is easy to view delegation at the micro level, viewing one RN delegating to UAP, but this approach is ineffective. Not only do nurse managers and supervisors need to be aware of delegation and monitor it, but also the chief nurse executive should provide overall guidance and monitoring to ensure that the process is effective as it is an important part of the healthcare delivery system. This aspect of leadership is embedded in the American Organization of Nurse Executives and nurse manager competencies. (See Appendices A and B.)

**ACCOUNTABILITY** **Accountability** identifies who is answerable for work tasks. How is this different from responsibility? A nurse delegates a task to the nursing assistant (UAP) or to an LPN/LVN. This staff member is then responsible for his or her performance, and the nurse is accountable for the decision to delegate and to whom to delegate (American Nurses Association, 2005; American Nurses Association & National Council of State Boards of Nursing, 2006). The delegator must take accountability seriously, and this involves identifying the best person for the task or job. Although this is not always easy to determine, it must be done thoughtfully. For example, can a UAP delegate to an RN or LPN/LVN? No, this cannot be done. A key question is whether or not the task or job is within the position description of the delegatee and whether the delegator is allowed to delegate the task or job. Overlapping accountability by having



more than one person responsible often leads to problems unless this is very clear and both parties are aware of this potential overlap. On the other hand, there are times when shared accountability is appropriate. When accountability is shared, the same principles that are used for individual accountability need to be defined and clear within the HCO.

**RESPONSIBILITY** Responsibility is important because it implies an obligation to do something. Position descriptions identify position responsibilities. For example, a nurse manager is expected to supervise staff; review, analyze, and plan interventions to improve care; or monitor the budget, and so on. At other times the nurse manager may be assigned other responsibilities that may not be found in a position description, for example, being asked to chair a project committee to implement a new procedure. All staff members have responsibilities and activities they are expected to complete.

**AUTHORITY** Authority is the power or right to give orders such as to delegate. Position descriptions should clarify the nurse's authority, which as noted earlier should not conflict with the state nurse practice act. Delegation requires thought, and it also requires that the delegator use assessment, employ critical thinking and clinical reasoning and judgment, and consider accountability, authority, and responsibility. The delegator is responsible for selecting the best person to do the job, explaining the task thoroughly, and validating that the delegatee understands what needs to be done. When authority is given during delegation, knowledge about the job needs to be shared. Others within the HCO who need to be informed about which staff members are assigned the delegated task or job should also be informed about the delegation, for example, members of the treatment team. Productivity requires the assignment of resources. Letting the delegatee control the job or task is part of giving the appropriate level of authority to staff. In establishing accountability, the delegator identifies deadlines, feedback time periods, and evaluation criteria, with emphasis on success.

If the HCO has a labor union, this affects delegation. Why is this so? Union contracts typically cover issues that are important to delegation such as supervision, staffing, staff safety, position descriptions, work schedules, seniority, performance evaluation, and grievance procedures (Westrick, 2014). Managers and staff in these HCOs need to be aware of the implications of the union requirements and follow them.

## Legal Issues Related to Delegation

Decisions the nurse makes must be consistent with legal requirements, for example, the nurse cannot delegate a task to another if that staff member is not allowed by law to perform that task (American Nurses Association, 2005). Most laws related to delegation are state laws, so they might vary from state to state. A major exception is nursing standards, which are typically national. Nursing standards are not laws, but there may be requirements identified by state boards of nursing which are important to implement to ensure professional nursing practice.

### State Law and Delegation

Critical legal and regulatory issues and factors that impact delegation are related to the state boards of nursing, scope of practice and nurse practice acts, labor unions, and standards of care. Each one of these issues and factors affects the "who," "what," "when," and "how" of delegation. Every nurse is responsible for knowing how these factors might affect delegation. The legal authority for delegation comes from state laws and regulations. State statute or law establishes the state board of nursing, and professional groups establish professional standards.

The nursing board in each state is the governing body mandated by state law to ensure that safe practice of nursing is provided to its citizens. The focus is on the patient, not the nurse. The board in each state is also involved in approving the schools of

nursing and granting and revoking licenses although states vary in how this is implemented. (See Chapter 2 for further information.) The National Council of State Boards of Nursing (NCSBN) serves as the umbrella organization for all state boards setting standards, and it provides guidance to state boards of nursing on practice issues such as delegation. The nurse practice act of each state and its associated rules and regulations represent the law that every nurse needs to know. The law's associated rules and regulations and description of the scope of practice are also important (Westrick, 2014). The law itself may appear to be very general, and it usually is. This is why it is important to also be aware of the related state rules and regulations, which direct how the law is implemented. Every registered nurse needs to know the scope of practice and the legal limits required for the state in which the nurse practices, and these also relate to delegation. In addition, every registered nurse needs to know what certified and unlicensed personnel are allowed to do according to state requirements. Position descriptions within HCOs are critical, but they cannot conflict with guidelines developed by the board of nursing in the state where the registered nurse practices. Nurses are responsible for knowing when a position description might conflict with board regulations. One cannot say, "I followed the position description" when it does not meet state requirements related to what tasks can be delegated, to whom, and when. The board of nursing is also responsible for clearly describing the principles related to delegation or what is expected of nurses in the state when they delegate, for example, limitations in what may be delegated and other critical information. Nurses can obtain a copy of the state's nurse practice act from their state board of nursing; each state website provides this information.

## Standards of Practice and Position Descriptions

**Standards of practice** are also important documents; although not legal documents they should not conflict with standards of practice. Why would standards be discussed under legal issues related to delegation? When delegation occurs, the tasks performed must meet the standards of practice, as well as the HCO's policies and procedures. Nurses are expected to know what these are and how they apply. The RN is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks, which must be consistent with the nurse's obligation to provide optimum patient care (American Nurses Association, 2015). Registered nurses may delegate certain nursing tasks to LPNs/LVNs and UAP. Some states allow LPNs/LVNs to delegate certain tasks within their scope of practice to UAP. What happens if the nurse's employer wants tasks delegated when the nurse does not think that this delegation is appropriate (for example, the delegatee is unable to do the task safely)? Using professional judgment through the application of the nursing process and the delegation process, the nurse must act as the patient's advocate by only delegating action that is appropriate for the patient. This also means that the HCO cannot just have a list of tasks that can be delegated because nursing judgment and the nursing process must also be applied to the delegation process. If the nurse does not use professional judgment and delegates when it is inappropriate, even if told to do this by supervisors or a position description allows it, the nurse is still accountable for errors in delegation. This might result in disciplinary action from the state board of nursing and increase liability concerns (American Nurses Association, 2005). Liability means the person/RN is legally responsible for one's own professional practice and for those actions that are delegated. Nurse managers must also be very aware of the delegation process and expect that the delegation process be followed in a manner that does not put the patient at risk.

## Malpractice and Delegation

If there is an issue of malpractice, the nurse practice act, standards, and position descriptions may be used to support a case or dispute it. Does the HCO have any liability when there are problems with delegation done by its staff? The legal principle

## Applying Evidence-Based Practice

### Evidence for Effective Leadership and Management

**Citation:** Mueller, C., & Vogelsmeier, A. (2013). Effective delegation: Understanding responsibility, authority, and accountability. *Journal of Nursing Regulation*, 4(3), 20–27.

After reading this article, consider the following questions:

**Questions:**

1. Why is effective delegation difficult to accomplish?
2. What are the three key aspects of delegation that need to be considered for effective delegation, and why are these key issues?
3. Why is public protection part of effective delegation?

of corporate liability is important to understand. HCOs are responsible or have a legal duty to provide the resources needed to provide care to the public, such as equipment, facility, competent and appropriate level of staff, and quality care (Westrick, 2014). In addition to this principle, the principle of **vicarious liability/responeat superior** also applies to the HCO. This means the HCO is responsible for the acts of its employees when they are performing their jobs (Westrick, 2014). The delegator needs to know about the competency level of the staff member to whom a task is delegated (i.e., the delegatee). When staff delegate to UAPs or LPNs/LVNs, the staff nurse as well as the nurse manager need to supervise the work. Delegation does not mean a task is delegated and then forgotten.

## The Delegation Process and the NCSBN Delegation Guidelines

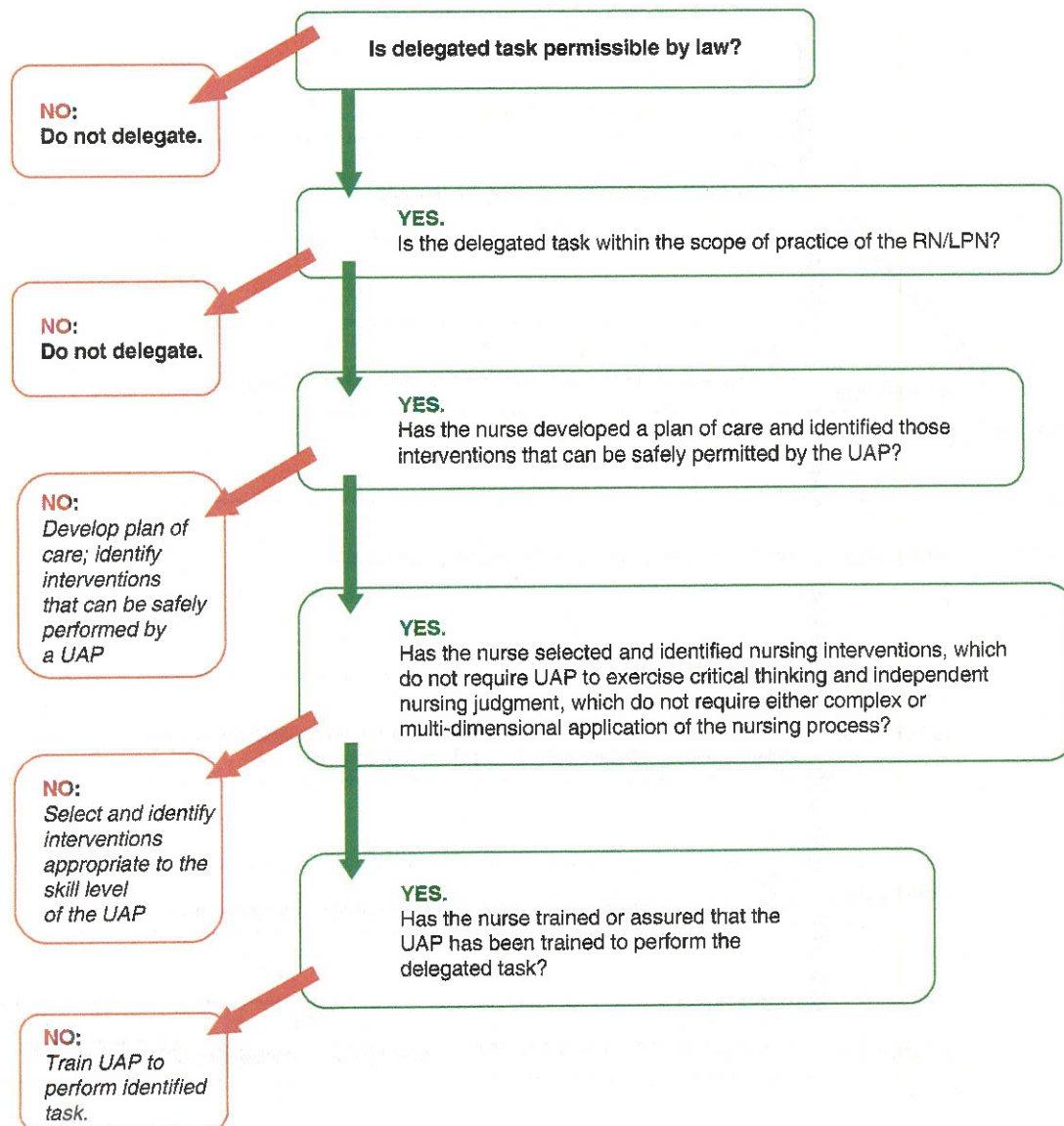
The ANA and the NCSBN joint statement on delegation identifies the key delegation principles applicable to all registered nurses. (See Figure 15-1.) These two organizations address issues such as roles, responsibility and accountability, the delegation process, communication, and supervision.

When delegation is considered, it is important to note that not all tasks or activities should be delegated. How does one determine what might be delegated? Management is involved in setting HCO standards and processes, reflecting the state board of nursing nurse practice act and professional nursing standards. This information should be included in staff orientation and education on a routine basis to ensure that the staff is current in their understanding of delegation. In addition, the following key questions should be asked as the delegation process begins:

1. What is the task or job to be delegated? Consider the complexity and skills required for the task or job. Is it clear what needs to be accomplished?
2. To whom should the task or job be delegated? Consider if the delegatee has the skills and time to perform the task or job effectively.
3. How should the task or job be assigned? Consider how much information and explanation needs to be given to the delegatee.
4. How often and in what depth should the delegator follow up to see that the task or job has been performed effectively?



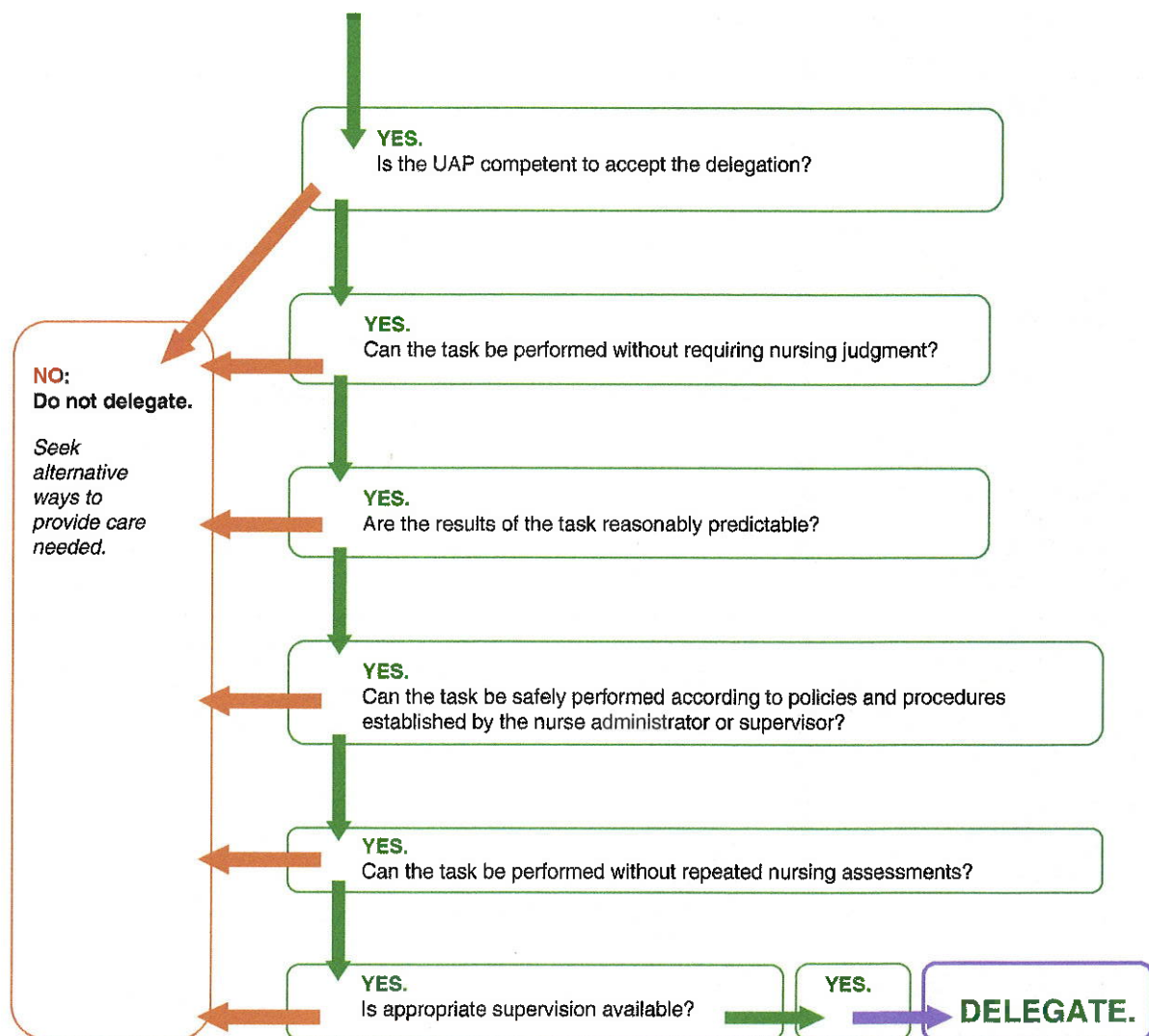
## DELEGATION DECISION TREE



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**Figure 15-1** The Delegation Decision Tree created by The DC Board of Nursing in The Department on Disability Services  
(continued)

## DELEGATION DECISION TREE



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Figure 15-1 (continued)



## DELEGATION DECISION TREE

### AFTER DELEGATING TASK

Monitored performance of the  
delegated nursing intervention?

Verified that the delegated nursing intervention  
has been implemented?

Evaluated the client's response and the outcome  
of the delegated nursing intervention?

Monitored the client's condition?

Assessed?

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**Figure 15-1** (*continued*)

What activities and tasks can be delegated? Typical types of delegated tasks and activities are considered technical by nature, standard and unchanging, demonstrate predictable results, and have minimal potential for risks (American Nurses Association, 2005). The five rights to consider during delegation are: Task, circumstances, person, direction/communication, and supervision.

Hansten and Jackson (2009) describe delegation as a cyclical process, similar to the nursing process, as summarized in the following steps and supported in Figure 15-1:

1. The assessment phase focuses on the delegators' understanding of the environment in which they practice and their own strengths and limitations and knowledge about the delegates' competencies.
2. Delegators need to know what needs to be done so the delegated task can be clearly defined for the delegatee.
3. Intervention means that delegators need to be able to prioritize and select the right task for the delegatee. Effective communication, which includes the initial directions to the delegatee and follow-up, is critical. If the delegator does not understand what needs to be done—when, where, to whom, and how—then the task will not be clearly communicated or completed as expected. Conflicts and errors may occur during the process, which require collaboration and negotiation.
4. Supervision and evaluation are ongoing throughout the delegation process. Delegators need to know how to give constructive feedback to motivate the delegatee and know when to supervise. Evaluation requires problem solving, particularly if the results or outcomes were not what was expected.

## Effective Delegation

Effective delegation requires selecting a staff member to do a task who will be honest when the staff member needs help or if there are questions or concerns. Staff members who often take initiative can be good choices for some tasks. Staff members who are analytic, organized, and able to look at problems carefully will also be more successful. It is easy to fall into the trap of making decisions about delegation too quickly. Sometimes a situation calls for a quick decision; however, whenever possible, it is best to take time and be as objective as possible. Some tasks, activities, or projects may require that the delegatee obtain additional training to do the delegated work. If this is the case, it should be provided. This is an investment, and it will help the HCO reach its goals. This training needs to be planned and directed at the needs.

### Assessment of the Delegation Process

The delegation process, like other processes, is fluid and thus must be frequently assessed as to its quality. Are the steps followed? What are the outcomes—for the patient, staff members, team, unit, and organization? Nurse managers should plan to assess staff delegation processes on a routine basis and provide constructive feedback to staff.

### Characteristics of Effective Delegation

Effective delegation requires that delegators have delegation skills, as delegation is not simple to accomplish effectively. Effective delegation does not just happen. Every nurse has to learn how to delegate. It takes practice. Even if a nurse has the best intention, delegation may still be difficult. There are also barriers that can interfere with delegation. Effective delegation helps to get work done efficiently and effectively, can reduce the budget, meet outcomes, use expertise effectively, and facilitate effective teamwork, collaboration, coordination, and communication.

Reimbursement is connected more and more to performance outcomes, and these outcomes are related to delegation as well as to increasing use of quality report cards reflecting outcomes. There is no doubt that in the hectic healthcare delivery system, communication is difficult. As discussed in earlier content on communication, interpretation of a message makes a difference, and for delegation this interpretation may lead to ineffective outcomes and even to errors and poor quality care. The handoff of a task to another is also the handoff of information, emphasizing communication as a critical factor in delegation (Anthony & Vidal, 2010). Policies and procedures help to standardize required work, but patients and situations vary, so there needs to be thoughtful use of policies and procedures in delegation. Adaptation may be needed, and this should be clearly communicated. This all requires thought and openness to change; delegating on automatic pilot is not effective.

### Barriers to Effective Delegation

Barriers to effective delegation require attention before, during, and after the process. As a lack of effective delegation impacts patient outcomes, manager-staff relationships, quality care, and organization function, it is important to reduce barriers to effective delegation. Delegating may mean something different to different staff. Some staff members even think that if they delegate to others, this means they themselves are not competent. This indicates that the staff member does not understand delegation. Some staff members may not even be aware of their inner feelings about delegation. The following are some of the typical barriers to effective delegation:

- The attitude of “I would rather do it myself” leads the staff member to the question of whether or not this is a good use of time and skills.

- Some staff or managers may think delegation overburdens staff members who are already overworked. In this case the delegator is not applying all of the delegation process, which requires an assessment of the delegatee's ability to do the job. This involves more than just knowing if the delegatee has the skills, but also if the delegatee has the time.
- Staff members sometimes have a lack of knowledge and experience about delegation. Realizing they do not know how to delegate is sometimes difficult for staff to recognize.
- Inexperienced delegators may hesitate to delegate, not knowing what to do. To prevent more problems or stress for themselves, they avoid delegating. They try to do everything themselves, which eventually may lead to serious productivity and quality care problems.
- Staff members may not even think that delegation is a possibility, or they may use denial (for example, a potential delegator may think a certain task cannot be delegated when it can be, or the reverse, think a task can be delegated when it cannot).
- Staff fear loss of control, which is related to lack of trust in others to do the job right, insecurity, and suspiciousness.
- The HCO's policies and procedures can be helpful but also can act as barriers if not updated or applied correctly.
- Position descriptions that do not clearly state responsibilities and accountability are a problem. This applies to both the delegator's and the delegatee's position descriptions.
- Concern about delegatee education and training is important. If the delegatee is expected to do a task and the delegatee is not prepared, the delegatee must receive appropriate training and education before being asked to do the task.
- Sometimes there does not seem to be enough time to consider delegation. In some cases, the situation is so complicated and moves so quickly, it seems to the delegator that it would be easier and faster to do the task rather than delegate it.
- Some delegators want staff to like them, so delegation is not used in order to lighten workloads.
- The nurse may have the super nurse syndrome, or may feel that others cannot do what the nurse can do, so the nurse tries to do it all.
- Lack of organization is always a barrier to effective work. The delegator needs to think through what needs to be done, by whom, when, and so on. This all requires planning and organization of work.
- Staff turnover does not allow time for developing trust and confidence in staff. Working with the same staff over time allows the delegator to get to know staff and feel more comfortable with delegation.
- Lack of role models to learn how to delegate effectively is a problem in most HCOs. Student nurses and new graduates need experienced RNs to act as their role models.
- An RN supervising the delegatee may have limited contact with the patient. This means the RN must trust the delegatee. It is better for the RN to have some patient contact.
- Poor communication interferes with all steps in the delegation process. Sharing of information goes on in this process, which requires use of effective communication methods.
- If staff have difficulty taking a risk, delegation is difficult. Delegation involves some level of risk. If delegation follows the expected process, the risk level is less, but it can never be totally eliminated. Much more needs to be done to develop work environments where risk taking is valued and not punished.



- Some staff members experience the martyr mentality by refusing to ask others to help. This also applies when the delegatee does not ask for help when needed.
- Lack of self-confidence interferes with the delegator's ability to delegate, and when experienced by the delegatee, this can interfere with effective completion of work that has been delegated.
- Fear of criticism is a barrier, both for the delegator and delegatee. More needs to be done to help staff understand evaluation and feedback.
- Poor relationships with staff block effective delegation. Staff may not be motivated to respond appropriately or may not trust the delegator. Lack of respect for staff will be a major barrier as staff members who are respected and appreciated are more motivated and productive (American Nurses Association, 2005; American Nurses Association & National Council of State Boards of Nursing, 2006; Weydt, 2010).

Additional barriers to effective delegation that need to be considered relate to the delegator. Delegators who get too involved in work details (micromanaging) are not effective. This relates to earlier comments about the delegator's ability to turn over control and trust others. This does not mean, however, that the delegator does not need feedback at regular intervals to monitor progress because this is an important step in the delegation process. One barrier exists when delegators delegate only the unpleasant or boring activities to others, while keeping tight control over the more interesting activities. Another barrier occurs when delegators delegate better tasks to certain staff, instead of sharing them equally. Empowering staff, which may be done through delegation, requires that staff be given some responsibility for the more interesting activities, not just the boring or less important ones.

How can barriers be overcome? The most important strategy to remove barriers is for the RN to fully understand why delegation would be used and the delegation process. Following this, the RN needs to accept that delegation is part of the job and the RN cannot do everything. The RN uses experience and judgment to arrive at delegation decisions. Assuming new graduates are able to effectively delegate is risky; they need mentorship on delegation from experienced RNs.

## Supervision, Assignment, and Delegation

It is difficult to discuss delegation without considering supervision and assignment. All three can be confusing, particularly to new graduates. **Supervision** is part of effective delegation. This involves guidance or direction, including evaluation and follow-up provided by the delegator to the delegatee. An example of supervision is when a nurse visits all of the team's patients to ensure that the UAP/delegatee has completed an assigned task. **Assignment** is determining which staff will do which task or series of tasks. Assignment may also include staff work schedule, although this is not covered in this chapter, it is discussed in Chapter 8. What does assignment mean in practice? A staff member is assigned to do an activity (responsibility and accountability) based on need, competency, number of available staff, and scope of practice and state practice act. When a nurse is told to care for a group of patients by the nurse manager, this is an assignment. In this example, the nurse manager is accountable only for making the assignment and selecting who will be responsible for the care of the patients. The staff nurse is accountable and responsible for actually providing the care or ensuring that it is provided. Delegation is different in that it is a temporary transfer of a task to another with accountability and responsibility remaining with the delegator.

Monitoring progress of a delegable task, activity, or project can be difficult. Too much or too little monitoring may get in the way of success. General principles of supervision apply to delegation as noted in Figure 15-1. It is important to allow the delegatee

some space to do the work and not to over supervise, unless there is serious concern about outcome, in which case the delegation probably should not have occurred. Ask the delegatee questions and ask if the staff member has questions or needs help. Verbal and nonverbal communication and trust in the delegatee to do the job effectively are important. This is often easier when the staff know one another and work together on a team. New RNs are often hesitant to delegate, and this is communicated to the delegatee and may be viewed as lack of trust. In reality the underlying process is the new RN may fear the delegatee knows more. The nurse manager expects the RN to complete the work assigned. Even if the RN delegates to other staff, the RN must still ensure effective completion of the work. The RN as the delegator must analyze and evaluate the outcome of the delegated task or activity.

A key question is what activities can be delegated to the UAP (American Nurses Association, 2007; American Nurses Association & National Council of State Boards of Nursing, 2006). Nursing practice delineates between UAP direct patient care activities and indirect ones by describing them in the following manner:

- **Direct patient care activities:** These activities assist the patient in meeting basic human needs within the HCO, at home, or in other healthcare settings. This includes activities such as assisting the patient with feeding, drinking, ambulating, grooming, toileting, dressing, and socializing. It may also involve collecting, reporting, and documenting data related to the previous activities. Data are reported to the RN, who uses the information to make clinical decisions or judgment about patient care.
- **Indirect patient care activities:** These activities support the patient and the patient's environment and may only involve indirect patient contact. These activities assist in providing a clean, efficient, and safe patient care milieu and typically include keeping the care environment in order, companion care, housekeeping, transporting, clerical, stocking supplies, and maintenance tasks.

It is important to note that there are specific types of activities that cannot be delegated to UAP. These include health counseling; teaching; and activities that require independent, specialized nursing knowledge, skill, or judgment.

It may seem clear what activities can be delegated and what activities cannot; however, this is a topic that does lead to discussion and debate. Efforts have been made by various groups to change what certain healthcare providers can or cannot do. This is a great example of when it is important for nurses to become politically active, and many have done this to ensure that RNs have a voice in setting these parameters. There is, however, no consensus on this issue other than what is defined by state boards of nursing.

Methods that might be used to monitor and supervise delegation include observation, verbal feedback, written feedback, review of records such as medical records and other standard records, and email. During monitoring, it is important to praise and reward delegates. Finding something positive to comment on is important even when progress may not be all that was hoped for. Recognizing effort sometimes falls by the wayside because it is taken for granted and can lead to problems. There are times when difficulties are identified during monitoring. How should the delegator handle these difficulties? The first step is to analyze the difficulties before jumping to conclusions. Then talk with the delegatee in a nonthreatening manner. Getting the delegatee engaged in solving the problem can be used to help the delegatee improve and also feel a commitment to assisting in problem solution. There are some circumstances where performance is an issue, and in these cases, the HCO's procedure for performance evaluation and documentation should be followed. The nurse manager or whoever is the delegator's and the delegatee's supervisor needs to lead this process.

## CASE STUDY

### Getting the Work Done to Reach the Best Outcomes

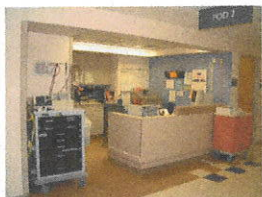
A new team leader is struggling with learning a new role and getting the work done. It is like learning on the run. This day is particularly difficult on the surgical unit. There were four new admissions last night, one from a serious automobile accident, and a second, a gunshot wound. Five patients are scheduled for morning surgery. A nursing student is assigned to a patient who is one of the team's patients. Since this is the student's first clinical course, the student can only provide basic care. The team includes the team leader; another RN, who graduated six months ago; two LPNs; and one UAP, who has worked on the unit for 10 years and must be shared with another team depending on need. The night shift reported that two patients have elevated temperatures and both are one-day postoperative. Today, there are six patients assigned to the team; four patients have IVs, with two to be discontinued. Two patients will be discharged, and three admissions for elective surgery are expected toward the end of the shift. The report has been given, and the

team leader is meeting with the team, including the student, to plan the day.

#### Questions:

1. Identify the key team member characteristics demonstrating potential strengths or limitations the team leader needs to consider.
2. What should the team leader remember about delegating to LPNs and to the UAP?
3. What should the team leader consider about assignments for the nursing student and working with the student and faculty? What are the priorities?
4. Considering the patients assigned to the team and possible tasks and responsibilities, describe how the team leader might delegate to the team.
5. How should the team leader supervise the team members' work?

## Applying Leadership and Management



### My Hospital Unit: An Evolving Case Experience

You have just reviewed your unit's quality improvement data and the most current staff performance appraisal information. You are concerned about a trend that you identify: Delegation is not as effective as it should be. Using the information in this chapter, develop a staff education module on delegation. Develop the content and describe the teaching methods you will use, how

staff will access the content, and evaluation methods. Remember, evaluation of the educational experience should not just focus on the learning experience but also on its impact on care outcomes. Consider how you will individualize the content for your unit, considering how you have described your staff and unit over time in this course. Use the information found in Figure 15-1.

## BSN and Master's Essentials: Application to Content

**BSN Essentials (American Association of Colleges of Nursing, 2008) as applied to this chapter:**

- II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety
- V. Healthcare Policy, Finance, and Regulatory Environments
- VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes

- VIII. Professionalism and Professional Values
- IX. Baccalaureate Generalist Nursing Practice

**Master's Essentials (American Association of Colleges of Nursing, 2011) as applied to this chapter:**

- II. Organizational and Systems Leadership
- VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- IX. Master's-Level Nursing Practice



## Applying AONE Competencies

Identify the AONE nurse executive competencies found in Appendix A and nurse manager competencies found in Appendix B and Chapter 1, Figure 1-2 that apply to the content in this chapter.

## Engaging in the Content: Critical Thinking and Clinical Reasoning and Judgment

### Discussion Questions

All of these discussion questions may be used in an online discussion or in the classroom.

1. How do accountability, authority, and responsibility relate to delegation?
2. What are the benefits of using delegation?
3. Identify three barriers to effective delegation.
4. Find your state's nurse practice act on the internet. Why is it important for you to be aware of this law? Compare your state's nurse practice act with a UAP position description from a local HCO. Does the law say anything about delegation, and if so, how does it relate to the position description? Is there other information on your state's board of nursing website on delegation, and how might this information be useful? Sharing information may allow the team to look at position descriptions from different HCOs.

### Application Exercises

All of these exercises may be applied in an online course or in the classroom.

1. What are some of the critical aspects of delegation that are identified by the nursing profession? Visit the National Council of State Boards of Nursing website to learn more about the critical issues related to delegation. Explore the following content areas: Delegation decision-making tree, five rights of delegation, and delegation terminology. This is important information to know as you begin to delegate to others.

2. Identify a task or activity and describe how you would delegate the task to a UAP. Respond to each of the questions found in the Decision Tree (see Figure 15-1). How might you remember this decision-making tree so you can apply it in your practice?
3. Standards for UAP have been a major concern. Obtain a copy of a UAP position description from a local HCO. Working in small teams, review the descriptions collected. Summarize your review. What resources might you use to determine the quality of the position description? Your review should consider UAP qualifications, what the UAP may do (tasks and activities), who must supervise the UAP, any restrictions noted, and any information about staff education. Are there any conflicts with the information that you find in your search for information about UAP? Resources that you might use are the HCO's standards of care, state board of nursing practice act and other related information, nursing literature, observation, and interviews (nurse managers, team leaders). With sicker patients, shorter lengths of stay, increased use of UAP, and heightened demand for cost-effective care, it is imperative that RNs delegate some aspects of patient care to others.
4. Discuss delegation with a team leader and staff nurses. Document your data.

## Case Study

### Staff Education on Delegation

The Director of Staff Education is meeting with his staff educators following the monthly management meeting with nurse managers and the Chief Nurse Executive. He tells his staff that there is concern about the effectiveness of delegation with recently hired new graduate nurses. Management requests a special education program on delegation, and

now they need to develop the program. The director comments that the managers do not expect the entire problem to be solved by education as they too have a major responsibility in assisting new staff with delegation. One of the staff educators comments that new graduates lack background. The discussion opens up for clarification of this comment and then proceeds to planning.

### Questions:

1. New graduates may not understand accountability, responsibility, and authority. What do these concepts mean and why are they important in effective delegation?
2. What would you include in an educational plan to clarify these concepts?
3. Would it be useful to get feedback from newly hired graduates? Why would you want to do this?

## What Do You Observe?

Observation is a key skill you need to develop as a nurse, for all types of practice. It is also important in management—for managers and for staff to use as they work with managers. For this chapter, use your observation to respond to the following, which you may share with your student team, full class, and your faculty.

You should not share any identifying information for people or place.

Consider one of your current clinical sites. Identify barriers to effective delegation that you have observed. For each barrier, describe a strategy that might be used to prevent or overcome the barrier.

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