Delegation is a talent, but one that can be learned given the opportunity for practice and a basic interest in this specific method for distribution of labor. At its most basic, delegation is empowering one person to act for another. But in the realm of nursing, there can be a lack of clarity to discussions about delegating. Commonly there is a degree of confusion and a lack of knowledge of how to effectively delegate, and which tasks from the body of nursing knowledge can be safely and legally delegated.

A great deal of this uncertainty comes from the lack of uniformity among the individuals to whom tasks can be delegated: the term “unlicensed assis-tive personnel” (UAP) covers some 65 potential job descriptions, including unit clerk, secretary, patient care technician, nurses’ aide, transporter, and orderly. There is no specific certification or licensing requirement for UAP who are involved in direct patient care, and “UAP” can mean different things among units in the same facility. Often there is not a universal job description or detailed prerequisites that exist to guide hiring, so each individual may have a unique skill set. While this can create a diverse team, it can make delegation that much more complex: one can delegate only to another person who has the skills, knowledge, and judgment to carry out the specific task being delegated.

These issues are further complicated by the fact that nurse practice acts may address the issue of delegation vaguely, offering little guidance, and making it unclear what the legal role of the RN is when delegation becomes a necessity or a job requirement, whether the situation involves delegating to UAP, licensed vocational or licensed practical nurses (LVN/LPN), or other RNs. This means finding the right task to delegate is fundamental to the success of the entire process. Furthermore, institutions cannot wholesale delegate nursing tasks; this would mandate the practice of nursing by nonnurses and would violate any state’s nurse practice act. The ANA issued a statement saying that it is against programs which unilaterally delegate traditional nursing tasks to UAP as this may be dangerous to patients (ANA, 1995).

Deciding what to delegate. This may be the most vital step, as it can determine the likelihood for success with the delegated task. The scope of delegation within the nursing environment will be dictated by the nurse practice act of the state, coupled with the needs of the unit or nurse at that particular time. Activities, tasks, and their implementation can be delegated; anything that requires professional judgment or evaluation, such as teaching, assessment, and physical examination, cannot be delegated. This means finding the right task to delegate is fundamental to the success of the entire process.

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Selecting delegates. Knowing the skills of the
available staff is vital; without confidence in coworkers, the chance that attempts at assigning tasks will succeed is lowered. This is for two reasons: first, the person who is attempting to delegate is less likely to delegate the number of tasks that should be assigned; and second, tasks may be given to UAP inappropriately. Confidence, experience, and actual job description must be taken into account in order to match the correct task with a delegatee’s skills. This assures the right person receives the assignment. Vague job descriptions not only challenge the effectiveness of the delegation process, but make accountability difficult.

Assigning the right task(s) under the right circumstances. Assignment of a task is a lateral or downward transfer of authority (and the accountability that accompanies it) based on the individual’s skill and knowledge. Specific tasks must be described in detail to the delegatee including the responsibilities associated with the task. The boundaries of the task should also be detailed; for example, clerks cannot provide medical test results and nursing assistants cannot provide teaching. This step also provides opportunity to confirm that the task is within the skill set of the delegatee and that he or she is comfortable with it. Creating specific assignments and expectations requires clear directions and rationale for tasks that are more complex. Depending on the environment, it can be helpful if the person creating the assignments includes a brief description of his/her own responsibilities within that particular context.

The person doing the delegation must make clear at this point that she/he will be available for questions and guidance. The key to the success of this step is in making sure that assignments are in line with the policies of the facility and state law. Ineffective delegation can create additional stress and adverse events; assigning appropriate tasks under the right circumstances is the responsibility of the delegating RN.

Assessing and communicating. Whenever possible, delegatees should be included in the decision process to show respect for their input. This also provides an opportunity for staff to discuss tasks that they may feel unprepared to handle, and creates a chance for growth through opportunities for further training. It is a time for delegatees to discuss expanded responsibilities and the effect that specific responsibilities may have on the overall daily workload. It avoids duplication of efforts and ensures that the right direction and communication are given for the assigned task. Staff should not get the impression that work is simply being “passed on” or they may not understand they are valued as fellow professionals.

In a more practical sense, discussion provides the opportunity to indicate to the UAP priorities among delegated tasks, the expected time frame for completion, and that requests may change throughout the day. But UAP must feel the environment allows them to state that they do not feel prepared for a task without fear of reprisal. It must also be clear to UAP that they cannot “re-delegate” to another UAP. This also holds for the case of a nurse practitioner or physician assistant delegating a task to an RN; he or she cannot then delegate that same task to a UAP, LVN/LPN, or another RN. The NP or PA could have directly delegated to a UAP, LVN/LPN, or other RN if it was appropriate.

Executing the task with appropriate supervision. Time is very important, as to when the UAP is expected to report back to the supervising RN, and this expectation should be expressly spelled out. The UAP should keep the delegating RN updated as far as progress toward completion of the task. But delegates have a continuing role as well. They must be available for supervision and to provide feedback, and be able to provide both as appropriate to the task and the skill level of the delegatee. Ensuring that the delegated task is performed with the right supervision will also protect against legal challenges.

Completion of the task and evaluation. Those who are delegating are responsible for making sure the task is completed successfully and within a reasonable time frame. Delegates should be complimented on and held responsible for the quality of their work, or offered guidance if the task was not completely finished. Specific feedback, both positive and negative, can provide a chance for personal and professional growth; this includes feedback both to and from the UAP. The evaluation step provides a chance to review the preceding steps to insure that the entire process of delegation has proceeded as intended.

Obstacles to Delegation

Delegation assumes a hierarchy among staff, regardless of environment. This aspect can be the most difficult for nurses to address, as the “team approach” is commonly seen as the more valuable option. This can lead to a feeling of guilt among those who are the delegators (Curtis & Nicholl, 2004) that precludes successful distribution of tasks. But working in an organizational hierarchy should not
delegation will be unsuccessful if the only tasks that are delegated are those that are time-consuming or unpleasant; this approach risks exhausting staff that are otherwise capable. If delegatees are resistant, the delegator may simply choose to do the task him/herself to avoid confrontations; instead, the situation should be reevaluated from the UAP’s point of view. It may be the case that the UAP feels unprepared for the task. But if it is due to a resistance to authority, clear guidelines for delegation should be (re)established.

There are still other barriers to delegation. Nurses who lack self-confidence may fear competition and feel that they diminish their own role when assigning nursing tasks, when in fact they are fostering efficiency by increasing the amount of work that can be handled in a particular situation. They may feel they are putting their own skills on the line if they are concerned that UAP may perform a given task better. There may be the concern that delegation takes too much time, and choose to complete the tasks on their own, creating an environment in which they are consistently overburdened, instead of an environment that allows them to focus on the unique aspects of nursing rather than repetitive non-nursing tasks. Nurses may feel that delegation to UAP is demonstrating a lack of loyalty to their profession, and feel they should only delegate to graduate and student nurses. The RN can worry about being called lazy when he/she delegates rather than taking responsibility for the job him/herself.

After staff become comfortable with their skill at delegation, the next challenge is making sure they have the skills necessary to assess the competence of their UAP for individual tasks. Nurses who delegate to a UAP who does not have the needed training and experience for the delegated task can be held legally liable and negligent. This is why the NCSBN statement regarding delegation is so clearly worded: it makes the responsibility of the RN clear. The RN retains the responsibility, and must make certain that the delegation that occurs is safe in order to avoid legal liability.

result in the delegator taking on a disproportionate amount of the responsibility in order to “respect” the feelings of the delegatees. Nurses will always remain accountable, but can safely delegate once the necessary assessment, planning, implementation, supervision, and evaluation have preceded the delegation (Fisher, 1999) (see Tables 2 & 3).

If a delegator does not have confidence and trust in the abilities of the delegatee, transfer of authority is unlikely to occur, as the delegator will not wish to assume the consequences of mistakes. Similarly,
Conclusions

The UAP role was formed as a direct reaction to the nursing shortage after World War II (Brannon, 1990), and they played a vital role in routine patient care until the mid-1980s, when the shift back toward all-RN staffing occurred. Cost-containment issues have necessitated a return to wider interdependence on UAP, and they may be performing more complex tasks. But it remains the RN's duty to determine the individual's competency in a particular situation prior to delegation.

The basis of any act of delegation must be a solid understanding of what the practice of nursing is, and how any characterization of nursing is necessarily defined by each state's nurse practice act (ANA, 1992), as well as the fact that the RN remains accountable for the outcome of the delegated tasks, regardless of whom the delegatee may be (UAP, LVN/LPN, or RN).

Delegation is a very effective means through which to take advantage of the varying skill levels of available staff. When done effectively, it can improve job satisfaction, reduce burnout, enhance time management, clarify accountability, and facilitate access to care. Delegation contributes to a reduction in health care costs, as well-trained UAP can be very cost-effective and important members of the patient care team as the delivery of health care continues to evolve. The use of UAP might be seen as an innovation that allows RNs to concentrate more on the functions that are unique to nursing. Insuring the right person performs the right task guarantees that the process of delegation can be successful in creating an environment that respects personalities and skills, as well as one of trust and cooperation.

References


