Effective Delegation: Understanding Responsibility, Authority, and Accountability

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The obligation to provide safe, quality care creates challenges and concerns when registered nurses (RNs) delegate duties to unlicensed assistive personnel. These challenges and concerns are magnified in today’s health care environment of shrinking resources; patients with complex, chronic conditions; health care settings with high patient acuity rates; and the use of sophisticated technology. To make safe, effective delegation decisions, RNs must understand the responsibility, authority, and accountability related to delegation. Delegation decisions must be based on the fundamental principle of public protection. This article describes effective delegation by presenting the factors affecting delegation, explaining when and what an RN can delegate, and describing the delegation process.

Learning Objectives

- Identify three factors that affect delegation.
- Discuss what registered nurses can and cannot delegate.
- Explain the steps of the delegation process.

Factors Affecting Delegation

A thorough investigation of the literature on delegation reveals several critical factors that influence the effectiveness of nursing delegation, including NPAs and administrative rules, variations in the titles and training of UAP, differences among care settings, care delivery models and staffing, and communication.

Nursing’s Social Policy Statement (American Nurses Association [ANA], 2010), the Code of Ethics for Nurses with Interpretive Statements (ANA, 2001), and individual state nurse practice acts (NPAs) underscore the responsibility, authority, and accountability of registered nurses (RNs) for their nursing practice. The RN’s obligation to provide safe, quality care creates distinct challenges when delegating care to unlicensed assistive personnel (UAP). These challenges are amplified in today’s health care environment of shrinking resources; patients with complex, chronic conditions; hospitals, home care settings, and nursing homes with high patient acuity; and the use of sophisticated technology.

An understanding of the responsibility, authority, and accountability related to delegation is essential to making safe, effective delegation decisions. Delegation takes place when the RN, who holds the authority for nursing care delivery, transfers responsibility for the performance of a task to nursing assistive personnel while retaining accountability for a safe outcome (ANA, 2012). When the nursing assistant accepts the responsibility for the delegated task, he or she has the authority to complete it as directed. Responsibility is both allocated and accepted (Weydt, 2010). Yet, accountability for the outcome of the task rests with the RN, who must supervise the assistant and ensure a safe, effective outcome (ANA, 2005; National Council of State Boards of Nursing [NCSBN], 2005; Standing & Anthony, 2008). This article describes effective delegation by presenting the factors affecting delegation, discussing when and what an RN can delegate, and explaining the delegation process.

Nurse Practice Acts and Administrative Rules

Boards of nursing (BONs) have jurisdiction over licensed nurses and the nursing care they provide, including the care they delegate. NPAs define the legal limits of nursing practice, and the majority of jurisdictions refer to delegation in their NPA or administrative rules. Thirty-nine NPAs authorize delegation by RNs (NCSBN, 2005). Corazzini et al. (2011) analyzed the NPAs and administrative rules in 50 states and the District of Columbia related to delegation by licensed practical nurses (LPNs) and found that 24 jurisdictions explicitly stated that LPNs could delegate and supervise care and only four explicitly prohibited LPNs from delegating and supervising care. The remaining jurisdictions were silent on delegation, supervision, or both.

When an NPA is silent on RN and LPN delegation, the state’s BON may have written guidance on delegation in their administrative rules, or the BON may provide a position statement on the topic, including specific criteria for delegation and lists of tasks that may or may not be delegated.
These findings underscore the importance of licensed nurses knowing the NPA and administrative rules in their state.

**Differences in Titles, Training, and Care Settings**

Titles for UAP vary widely. Among the various titles are “nursing aides,” “nursing assistants,” “certified nursing assistants,” “health aides,” “health attendants,” “orderlies,” and “certified technicians.” Job descriptions, training, testing, and supervision vary among—and even within—states (Budden, 2011). For example, in some states, UAPs must be certified to perform certain tasks. Some UAP are required to have 1,000 hours of work experience before administering medications; others must have a year of full-time employment in a nursing facility to be certified (Budden, 2011). These variations emphasize the need for licensed delegating nurses to know exactly which tasks UAP are able and permitted to perform.

RNs are expected to delegate effectively and safely in a variety of health care settings, including long-term care facilities, schools, and hospitals. In some settings, the availability of RNs creates challenges for safe delegation. In skilled nursing facilities and assisted living facilities, assistive personnel such as certified nursing assistants provide the majority of direct nursing care. The requirements for RN staffing in these facilities is minimal (Mitty et al., 2010; Mueller et al., 2006), and in a number of states, UAP are permitted to administer medication (Mitty et al., 2010; Reinhard, Young, Kane, & Quinn, 2006).

Delegating nursing care in schools is a critical concern for school nurses because of budgetary constraints, the lack of qualified nurses, and the increased use of UAP (Gordon & Barry, 2009). Compounding the problem are federal and state requirements of the Individuals with Disabilities Education Act that mandate school services for complex student health needs as well as state and school administrators’ directives requiring school nurses to delegate (Resha, 2010). The result is that delegation to UAP in schools has become a necessary but challenging practice; principals, teachers, and office staff are often administering medications to children without close supervision or appropriate delegation by the licensed nurse (Resha, 2010).

The high acuity of patients in hospitals requires RNs to make complex delegation decisions (Gravlin & Bittner, 2010). RNs need assistance in coordinating and providing care for these patients. UAP can provide such support, yet RNs in this setting have to be extremely mindful of delegating to UAP and at times are reluctant to delegate because of the patients’ health care conditions that are complex, unpredictable, and variable (Gravlin & Bittner, 2010).

**Care Delivery Models and Staffing**

How nursing care is organized and delivered can also affect the efficacy and safety of delegation. Consider nursing home staffing in which there may only be one RN serving as the supervisor, an LPN administering medications and treatment to 30 or more residents, and three nursing assistants, each of whom provides direct care to 10 residents. Based on the definitions of responsibility, authority, and accountability, can the one RN be accountable for safe, quality outcomes? It seems unlikely. Staffing and the availability of RNs in nursing homes creates ongoing circumstances in which LPNs delegate nursing tasks to UAP, even when they know their state’s NPA does not permit such delegation (Mueller, Anderson, McConnell, & Corazzini, 2012).

Weydt (2010) proposes that the amount of nursing care that can be safely delegated to nursing assistive personnel is correlated with consistent nursing staff. When RNs and UAP are partnered for the same shifts, positive work relationships can develop, resulting in respect, trust, and effective communication. The familiarity with each other’s work style can enable the nursing assistant to anticipate the RN’s requirements. The RN also knows the nursing assistant’s capabilities and can help develop the assistant’s knowledge about delegated tasks. The RN also can be more confident regarding accountability for patient outcomes. Wendt notes that when the nursing care delivery model uses a partnership approach, delegation potential is high because consistent relationships enhance the knowledge capabilities and foster trust.

**Communication**

Essential to any effective nursing care delivery system is communication among nursing staff members. Evidence shows that communication lapses were a root cause of sentinel events from 1995 to 2006 (Institute of Medicine, 2006). As a result, in 2008 the Joint Commission included the need to develop standards for effective communication among staff members in their National Patient Safety Goals. Anthony and Vidal (2010) assert that the right communication and direction are “instrumental in shaping quality and safety outcomes.” Communication among nursing staff members is supported through trustful interpersonal relationships (Anthony & Vidal, 2010; Gravlin & Bittner, 2010; Kalisch, 2011; Potter, DeShields, & Kuhrik, 2010).

Many times, the routine assignments are delegated to nursing assistants, but effective delegation requires mindful communication, even for routine tasks (Anthony & Vidal, 2010). When delegating, RNs need to provide the right direction. An RN should not simply tell an assistant to weigh a patient without explaining why and how. She or he should explain that the patient is to be weighed daily to monitor an acute exacerbation of congestive heart failure. Without understanding the reason for daily weight measurements, the need to weigh the patient at the same time of day using the same scale, and the need to report a weight gain or loss to the RN, the nursing assistant will simply weigh the patient as a mechanical exercise. When a nursing assistant has more knowledge and
Understanding about the importance of the task, the outcome is more likely to be positive.

UAP often receive a work assignment consistent with their job description and consequently the RN takes for granted the assignment will be completed with minimal communication (Potter et al., 2010). As noted, the care delivery model can facilitate the frequency, quality, and timeliness of communication between the RN and the nursing assistant. Any care delivery model can build strategies to facilitate effective communication associated with the delegation process. These strategies include shift reports, huddles, rounds, and the use of communication technologies (portable phones, hands-free mobile communication). The RN may also establish bedside rounds with the nursing assistant at the beginning and end of a shift.

What and When Can Nurses Delegate

Delegation decisions must be based on the fundamental principle of public protection. The RN cannot delegate responsibilities requiring nursing judgments, such as patient assessment, care planning, and evaluation of care. To delegate a task, the RN must use judgment regarding the condition of the patient, the competence of UAP, and the degree of supervision needed (ANA, 2012; NCSBN, 2005).

Specifically, the RN must evaluate the following:

- **Potential for harm.** What is the likelihood of patient harm?
  - The greater the potential for harm, the greater the need for the RN to render the care.

- **Complexity of care.** Which cognitive and psychomotor skills are required? If a problem develops during a seemingly uncomplicated task, would problem solving or innovation be needed? The more complex the care, the more likely nursing assessment and judgment are needed.

- **Unpredictability of the outcome.** Is this the first time the patient will experience the procedure? Is the patient’s condition stable? How severe is the patient’s illness? The less predictable the outcome, the greater the need for an RN’s judgment (New York State Nurses Association, 2007).

As mentioned earlier, some BONs provide lists of nursing tasks that should or should not be delegated, and some nursing organizations, including the American Nurses Association, the National Association of School Nurses, and the American Association of Critical-Care Nurses, have developed statements and guidelines regarding delegation. Tasks that may or may not be assigned to UAP include measuring vital signs, applying dressings, monitoring intake and output, performing oral suctioning, and providing mouth care. With training and demonstrated competency, some states may allow UAP to perform phlebotomies, carry out care of external catheters, and obtain rhythm strips. Tasks not usually assigned to UAP include performing sterile or invasive procedures, inserting urinary catheters, administering oxygen, and performing tracheal suctioning.

Before delegating any task, the RN must verify that she or he has the authority to delegate and supervise (NCSBN, 2005). Also, the RN must determine that the activity may be delegated based on the law, organizational standards, and the RN’s scope of practice and that she or he is appropriately educated and competent to perform and supervise the activity. RNs should not delegate if they do not have the authority to intervene, have never performed the activity to be supervised, or are not in proximity to intervene or effectively monitor the assistant. Furthermore, the RN should rescind delegation if at any time she or he believes that patient safety is in jeopardy or is compromised or if other reasons exist to terminate the assignment. When rescinding delegation activities, the RN needs an alternative plan to ensure safe and appropriate care. Likewise, 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.

The Delegation Process

The delegation process requires sophisticated clinical judgment, critical thinking, and decision making. 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 right supervision. The ANA and NCSBN (2012) provides a decision tree for RN delegation that incorporates the five rights and the critical elements of the delegation decision-making process. (See Figure 1.)

To delegate effectively, the RN must know the patient’s condition as well as the nursing assistant’s capabilities, ensure the task corresponds with the nursing assistant’s preparation and demonstrated abilities, direct and support the assistant, and monitor the effectiveness and outcome of the activity. However, a single RN is rarely accountable for all aspects of the delegation decision-making process, implementation, supervision, and evaluation. Nursing administrators and staff nurses must work together (NCSBN, 2005; Vogelsmeier, 2011).

Administrators must establish the infrastructure for safe delegation, including confirming the credentials and qualifications of employees. This responsibility is particularly important if RNs frequently work with temporary personnel or infrequently work with other facility employees. As noted, established partnerships work best. Administrators also must ensure that staff resources are adequate and organization standards regarding delegation are well known.

The RN is responsible for determining whether delegating a specific nursing task in a specific setting to a specific assistant is appropriate. Assignments should be based on patient needs,
FIGURE 1

Decision Tree for Delegation by Registered Nurses

Has there been an assessment of the healthcare consumer’s needs by an RN?

Is the task within the delegating RN’s scope of practice?

Are statutes and regulations in place that support delegation? Authority to delegate varies, so RNs must check the jurisdiction’s statutes and regulations.

Does the organization/agency permit this delegation?

Is the delegating nurse competent to make delegation decisions?

Is the task consistent with the recommended criteria for delegation?

Must meet all the following criteria:

⦁ Is within the caregiver range of functions,
⦁ Frequently recurs in the daily care of a healthcare consumer or group,
⦁ Is performed according to an established sequence of steps,
⦁ Involves little or no modification from one care situation to another,
⦁ May be performed with a predictable outcome,
⦁ Does not inherently involve ongoing assessment, interpretation, or decision-making that cannot be logically separated from the procedure(s) itself, and
⦁ Does not endanger a healthcare consumer’s life or well-being.

Does the caregiver have the appropriate knowledge, skills, and abilities (KSAs) to accept the delegation? Does the caregiver’s ability match the care needs of the healthcare consumer?

Are there organizational/agency policies, procedures, and/or protocols in place for this task or activity?

Is RN supervision available?

Proceed with delegation. Complete documentation of delegation decisions and evaluation actions and findings as appropriate.

Assess the healthcare consumer’s needs and then proceed to a consideration of delegation as part of the planning and implementation processes.

Do not delegate

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available staff and resources, job descriptions, scope of practice for licensed nurses, and scope of functions for UAP.

Assessment and Planning
The delegation process requires assessment of the patient and the nursing assistant. The RN must understand the complexity of patient care needs, including the goals for care, the level of decision making, the patient’s response to health care interventions, and the potential for adverse outcomes. Patient assessment must also include an understanding of the benefits and risks of the delegated task and actions required if an adverse event occurs.

The delegating nurse must know the overall role for UAP in the organization as well as the individual’s ability to perform the task. The nursing assistant should be aware of the context in which the task is to be performed, the expected outcomes of the task, and the potential for adverse outcomes that require prompt reporting to the RN.

Using information about the patient and the assistant, the RN plans by specifying each task and the knowledge and skills required to perform it. Based on assessment and planning, the RN decides if the patient-care needs can be met while maintaining safety for the patient and staff.

Communication
After deciding to delegate a task, the RN must communicate the patient’s situation to the nursing assistant, assess the assistant’s understanding of the expectations, and provide clarification as needed. The RN provides direction, addresses any distinct patient requirements and characteristics, and clearly explains how the task is to be accomplished and why, which information needs to be reported, and when it needs to be reported. While acknowledging the need for flexibility if patient conditions or needs change, the RN specifies expected observations to be reported and recorded, specific patient concerns that require prompt reporting, and priorities for accomplishing tasks.

The RN’s communication should be clear, concise, correct, and complete. He or she should confirm that the assistant understands the assignment and express his or her willingness and availability to guide and support the assistant (Hansten & Jackson, 2004). Once communication has occurred, the RN is responsible for timely, complete, and accurate documentation of the care provided. Documentation facilitates communication with other health care team members and records the nursing care provided.

Surveillance and Supervision
The frequency of surveillance and monitoring varies with the needs of the patient and the experience of the nursing assistant. In determining the level and nature of appropriate supervision, the RN considers the patient’s health status, condition, and response to care. Moreover, the RN considers the setting, the availability of the support system and resources, and the complexity of the task.

The RN monitors the performance of the task and ensures compliance with standards of practice, policies, and procedures. The RN is responsible for overseeing the patient and nursing assistant, including intervening and following up on patient problems and concerns, watching for subtle signs of patient decline, and determining any difficulties the assistant may have in completing the task safely and accurately.

Evaluation
In evaluating the effectiveness of delegation, the RN should consider if the delegation was successful in achieving the desired outcomes or if a better approach could be used to meet the patient’s needs. Additionally, she or he should consider whether the assistant completed the task accurately, communication was appropriate and timely, and successes and challenges were acknowledged. Finally, the RN should evaluate whether the nursing assistant had the opportunity to learn and receive feedback.

Conclusion
Delegation decisions must be based on the fundamental principle of public protection. When used effectively, delegation leads to safe, effective patient care and provides more time for RNs to handle complex patient care. Delegation also develops the skills of UAP and promotes cost containment for the organization. But effective delegation is no simple matter. It is a skill that develops and improves with education and practice. Delegation skill development must begin during nursing education through such opportunities as simulation and mentored clinical experiences and continue into practice with ongoing support, education, and self-evaluation (Hansten, 2011). Mastering the skill and art of delegation is a critical step on the pathway to nursing excellence.

References


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Learning Objectives

● Identify three factors that affect delegation.
● Discuss what registered nurses can and cannot delegate.
● Explain the steps of the delegation process.

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Posttest

Please circle the correct answer.

1. What should nurses understand about the legal authorization of delegation in their state?
   a. The nurse practice act (NPA) in every state and the District of Columbia defines and authorizes delegation.
   b. Every NPA explicitly authorizes delegation by registered nurses (RNs).
   c. Some states have administrative rules or position statements about delegation.
   d. Delegation by RNs and licensed practical nurses (LPNs) is legally authorized in all 50 states and in the District of Columbia.

2. Which of the following statements about unlicensed assistive personnel (UAP) is correct?
   a. Job titles and training requirements for UAP vary widely.
   b. School office staff must complete medication-aide training before they can administer medications.
   c. Medication aides must work full time for 1 year before becoming certified.
   d. Certified nursing assistants have a greater scope of practice than other UAP.

3. Which factor, regardless of work setting, has the greatest impact on successful delegation?
   a. Consistent direct care staff
   b. Inadequate funding
   c. Federal and state mandates
   d. Patient acuity

4. What does it mean when the nurse delegates a task to the unlicensed assistive personnel (UAP)?
   a. The nurse assigns accountability for a safe patient outcome.
   b. The nurse transfers authority to that individual to perform the task.
   c. The UAP is practicing under the nurse’s license.
   d. The UAP must accept any delegated tasks.

5. What is the responsibility of unlicensed assistive personnel in the delegation process?
   a. To evaluate and report client outcomes to the nurse
   b. To accept the assignment and perform the task
   c. To plan for safe completion of the delegated task
   d. To assess the client for appropriateness of the delegated task

6. Under what circumstances will delegation be successful?
   a. When administrators hire adequately trained and certified staff
   b. When the nurse assumes an assignment will be completed with minimal intervention
   c. If the nurse and unlicensed assistive personnel (UAP) have a trusting professional relationship
   d. If the UAP is not confused with all the details about patients and their condition

7. What is the fundamental principle of delegation?
   a. Public protection
   b. Adequate unlicensed assistive personnel training
   c. Scope of practice
   d. Organizational policies and procedures

8. Before delegating a task, what must the licensed practical nurse (LPN) do first?
   a. Review the benefits and risks of delegating the task
   b. Determine if she or he is the authority to delegate
   c. Review the workplace policies and procedures manual
   d. Prepare the unlicensed assistive personnel for the expected outcomes of the task

9. Which of the following assignments could be assigned to the unlicensed assistive personnel?
   a. Assisting the patient to ambulate to the bathroom
   b. Measuring the vital signs of a patient who returned from surgery 30 minutes ago
   c. Assessing the degree of skin breakdown on a patient’s heels
   d. Evaluating the effectiveness of pain medication administration

10. Which of the following tasks would not be assigned to unlicensed assistive personnel (UAP)?
    a. Obtaining a urine specimen
    b. Providing oral hygiene
    c. Inserting a urinary catheter
    d. Assisting with ambulation
11. How does a nurse know if the delegated task is appropriate for unlicensed assistive personnel (UAP)?
   a. The task corresponds with the unlicensed assistant’s preparation and demonstrated abilities.
   b. The task is allowed by the state nurse practice act.
   c. The unlicensed assistant is in nursing school and has performed the skill in clinical.
   d. The nurse has observed other UAP performing the skill.

12. Which is not one of the steps of the delegation process?
   a. Right direction
   b. Right task
   c. Right supervision
   d. Right remediation

13. The nurse delegates a task to unlicensed assistive personnel but then learns the nursing assistant has not received proper training on the equipment necessary to complete the task. What action should the nurse take first?
   a. Assign another unlicensed assistant to demonstrate how to use the equipment
   b. Show the nursing assistant how to perform the task
   c. Terminate the assignment and rescind the delegated task
   d. Report the nursing assistant for insubordination

14. How can delegation positively influence client outcomes?
   a. Relieves the nurse of being the only one accountable for patient care
   b. Reduces the need for mindful communication
   c. Increases health care costs and allocation of resources
   d. Allows the nurse more time to handle complex patient care

15. What does the nurse need to decide during the “assessment and planning” step of the delegation process?
   a. If the patient-care needs can be met while maintaining safety for the patient and staff
   b. If the unlicensed assistant will learn anything by performing the procedure
   c. If the unlicensed assistant can be counted on to complete the task before the end of the shift
   d. If the licensed practical nurse is available to monitor the unlicensed assistant

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**Evaluation Form (required)**

1. Rate your achievement of each objective from 5 (high/excellent) to 1 (low/poor).
   - Identify three factors that affect delegation.
     1 2 3 4 5
   - Discuss what registered nurses can and cannot delegate.
     1 2 3 4 5
   - Explain the steps of the delegation process.
     1 2 3 4 5
   - Were the methods of presentation (text, tables, figures, etc.) effective?
     1 2 3 4 5
   - Was the content relevant to the objectives?
     1 2 3 4 5
   - Was the article useful to you in your work?
     1 2 3 4 5
   - Was there enough time allotted for this activity?
     1 2 3 4 5

2. Rate each of the following items from 5 (very effective) to 1 (ineffective):
   - Was the author knowledgeable about the subject?
     1 2 3 4 5
   - Were the methods of presentation (text, tables, figures, etc.) effective?
     1 2 3 4 5
   - Was the content relevant to the objectives?
     1 2 3 4 5
   - Was the article useful to you in your work?
     1 2 3 4 5
   - Was there enough time allotted for this activity?
     1 2 3 4 5

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