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Delegation in nursing

Entrusting staff with authority creates a ground for the workers to put into practice their skills and abilities. Giving the responsibility to the staff creates a feeling of importance as they get the motivation to put a better performance for the group. Motivation brings positive results to any organization. This document reviews the concept and principle of delegation in the field of nursing.

Definition and Principles of Delegation

Delegation is the process whereby a senior officer assigns some responsibility to other staff, or a subordinate member to inspect the completion of some task on their behalf. In the nursing profession, delegation means the transfer of the nursing duties of the carrying out of a task to another nurse staff while remaining accountable for the results. The process involves two nurses: the delegator and delegatee. Mostly a registered nurse (RN) is the delegator who hands duties of patient care to delegatee with no license.

The healthcare team has licensed health workers as well as unlicensed assistive personnel (UAP) and caregivers. Nursing activities are often available for the non-RN staff, and it is the duty of RN to transfer the responsibility to the other team members. When delegating the duties, the nurses have principles that offer guidance and inform RN about delegation (American Nurses Association, 2012). First, the nurse must understand that delegation is a crucial facet in the field of nursing and should show the primary devotion to a patients safety and health. In other words, transferring responsibility is a response to the patients needs.

Secondly, RNs employ critical thinking skills when deciding on how to allocate various clinical roles to ensure patient care (American Nurses Association, 2012). In addition to the care requirements and the patients condition, the RN considers task complexity, harm potential,

outcome predictability, the soundness of the clients condition and the ability of the staff to whom the responsibility is passing to and the level of supervision that is necessary.

Thirdly, RN ought to transfer sides of care that are constant with the delegatee qualifications and the permissible scope of practice (American Nurses Association, 2012). The principle demands the registered nurse be familiar with the breadth of practice that the state authority allows as well as the policies and rules of the employer when deciding on delegation.

Moreover, when making decisions on the delegation, the RN retains answerability for patient results (American Nurses Association, 2012). The principle is crucial so that the adoption and modification of a care plan is based on the evaluation by the nurse on the patient's condition. The staff taking the delegated duties is in charge of monitoring task completion and are liable for the safe performance of the duty as per the existing standards and regulations.

Lastly, registered nurses must understand that interpersonal relationship forms the basis on which to build delegation (American Nurses Association, 2012). Therefore, for the success of a delegation process, trust, respectful conduct, and two-way communication are crucial.

Effective and Ineffective Delegation Practices

Effective delegation is more than simply transferring responsibility to other staff members. It is more about comprehending the commitment and competence of the staff one wants to delegate to as to how the workers with experience are doing. Learning how to delegate is a crucial skill for registered nurses to own, since strong delegation practices save time, train people, and motivate the staff to ensure quality patient care.

For effective delegation, the RN must observe certain steps (Williams & Cooksey, 2004). First, the leaders ought to prepare the staff. Employees are not in a place to offer quality services if the delegated duties are not clear or if the expectation keeps shifting. Therefore, it is necessary

to take time and explain the duties and the expected results. Secondly, when assigning tasks, there is the need for clarity on timing, context, and set expectations for updates and communication, including format, content, and frequency. For instance, the RN will explain the frequent update about the health changes of a critical patient. Thirdly, it is crucial to confirm understanding (Bittner & Gravin, 2011). The most common problem of delegation is not asking whether the subordinate staff understands their responsibilities. By confirming understanding, the team leader gets to clarify certain information and to change the caregiver who feels uncomfortable working on specific duties. Another practice is ensuring commitment. The RN must confirm that the staff commits to the expected results, goals, and to the set-out process. The delegatee must understand the consequences of failing to deliver on the task. Finally, yet importantly, ensuring accountability. The employees must keep up constant communication about the status of the task to avoid last-minute surprises.

The skills of the effective delegation are extremely important. The skills can make or break a leader's career, however, getting it right is always a challenge. A leader makes certain mistakes that bring about ineffective delegation (Bittner & Gravin, 2011). The first step to ineffective delegation is offering vague instructions. For effective delegation, clear communication is critical. If the staff fails to get clear and precise terms of the responsibility, the outcome might fall of the expectation. Secondly, delegating to the wrong person who is not capable or suitable for doing a task may result in poor results. In the health setup, choosing the wrong person and risk the lives of clients can bring about dissent from the subordinate. The third practice is transferring the duties and failing to check progress. Although delegating is passing responsibility, it does not guarantee task completion, therefore, it is vital to ask for regular updates and step in case of delays or errors. Lastly, micromanagement. Expecting perfection

hinders the achievement of the organization's goal. Obsession with perfectionism brings about constant meddling and micromanagement, which demotivates the staff.

Ethical and Legal Facets of Delegation

The RN is answerable to the public for offering culturally sensitive, fair, efficient, effective, safe, and patient-centered nursing services to healthcare clients in multiple healthcare settings (American Nurses Association, 2012). These settings include private homes, schools, community health centers, acute care settings, and long-term care units. In each environment, the RN performs as essential members of the health team, which has both workers with health licenses and unlicensed assistive healthcare workers. Clients of health services can take control of their personal care and can ask for a consultation from RN to take charge of such roles.

The authority for nurse practicing comes from social responsibility that in turn obtains affirmation from a social agreement and a complex social base (American Nurses Association, 2012). Through public affirmation, licensure, and legal parameters, society endorses the existence of a profession. The ethical responsibility of nursing is to offer services to all who demand it, regardless of economic, social, and cultural background.

The profession explains the standard and scope of practicing nursing. State statute equivalents elaborate the legislative limits of practicing nursing which includes the delegation (American Nurses Association, 2012). The RN assigns responsibility according to the principles of delegation. Identifying the activities of nursing is according to the legal boundaries of each state and by the extent and caliber of practice the professional nursing association outlines. Therefore, the determining of health care practices, including delegation, is done by individual state legal acts, policy statements, and state regulations, the nurse practice act, and by the overall standards of practice of professional nurses.

Accountability

Healthcare workers are responsible for civil and criminal courts to make sure their activities go along with legal outlines. Also, the staff is accountable to the employer to observe work guidelines. The RN is also liable to professional organizations in terms of patient care and quality of services. The law outlines a duty of care on health experts whether they are RNs, students, UAP, doctors, or others when it is evidently clear that there is a chance of harming the patient through their conduct or their failure to respond (American Nurses Association, 2012; Nursing and Midwifery Council, 2019). The duty of care covers all activities from complex surgeries to simple tasks like bathing patients.

All healthcare workers have to perform in a competent way (Nursing and Midwifery Council, 2019). In addition, they must update the supervisors when they face challenges in their roles. Being accountable, one must own the capacity to do the given task; they must welcome the responsibility of offering certain services and must own the authority to oversee the duties within their role through delegation and guidelines of the organization.

The RNs have a legislative responsibility and duty of care with respect to healthcare clients. If they transfer responsibility, they ought to ensure proper delegation. The guidelines by the nursing and midwifery council, explain that the RN is in charge of making the decision to hand over tasks and duties to other staff members (Nursing and Midwifery Council, 2019). For liability, first, the RN must only hand over responsibilities that are within the delegatee range of competence, ensuring they comprehend the instruction. Secondly, the RN must make sure that the subordinates are under adequate supervision and receive support to make sure they can offer compassionate and safe care. Lastly, the RN must make sure the task under delegation meets the right standards.

Patent Safety Concerns

UAP aid RN in providing patient care while under monitoring. UAP often takes care of nursing activities that do not need nursing judgment or skills. Before making a choice on whether to transfer responsibility, nurses have to look at the state of the nursing tasks and what the facility stances on delegation since improper delegation can result in negative consequences on patient safety and has the potential of exposing the RN to a liable legal proceeding or complains by the board of nursing (Cipriano, 2010). Delegating effectively allows nurses to take care of their nursing duties by making effective judgments about patient safety and coordinating a proper type of care.

In addressing patient safety concerns, the American association of nurses lists five rights that enable RN to make safe decisions (Barrow & Sharma, 2018). First, the Right task which responses to the question if the state and facility policy allow delegation, thus, addressing the proper role for delegations. Secondly, the Right circumstances. The RN considers the appropriateness of care settings and other important factors. For instance, the RN questions about the available resources to see the completing of responsibility, whether the UAP have enough supervision, and whether the situation favors delegation. In the case where the UAP takes the role of feeding a stroke patient, the nurse has to test if the patient can swallow.

Thirdly, the Right person, who makes sure that the proper person transfers the right responsibility to the most capable subordinate to perform on the exact patients. Fourthly, Right supervision. The RN is responsible for offering proper evaluation, monitoring, and intervention for all delegated duties. Lastly, Right communication and directing which elaborate that the RN must convey a clear task description, including time limit, goals, and expectations (Barrow &

Sharma, 2018). The process of handing over roles requires mutual trust and understanding between the delegator and UAP. Also, UAP should ask questions and demand more training.

Conclusion

In conclusion, considering the shortage of nurses across different medical settings, delegation becomes a crucial skill in the field of patient care. Delegation involves transferring some roles to the other staff members including UAPs. The skills unburden the RNs from simple tasks others can do, as they remain answerable for patient care and outcome. With the ever-increasing patient complexity, the nurses are under pressure to use critical thinking skills to check the type of patient care, healthcare situation, and ability of assistive caregivers before assigning roles and authority. Accountability and the principles of delegation help the nurses when assigning roles to the UAP. The success or failure of a delegation process relies on mutual understanding and respect between the nurse and the UAP who is in charge of a certain task. The relationship demands frequent monitoring, communication, and change to attain good results that address the goals of patient care.

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