

Delegation or Assignment: Registered Nurses' Ambiguity in Interpreting Their Scope of Practice in Long Term Care Settings

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Abstract : Introductory Statement: Delegation is when a registered nurse (RN) transfers a task or activity that is normally within their scope of practice to another person (delegatee). RN delegation is common practice with unregistered staff, e.g., student nurses and health care assistants (HCAs). As the role of the HCA is increasingly embedded as a direct care and support role, especially in long-term residential care for older adults, there is RN uncertainty as to their role as a delegator. The assignment is when a task is transferred to a person that is within the role specification of the delegatee. RNs in long-term care (LTC) for older people are increasingly working in teams where there are less RNs and more HCAs providing direct care to the residents. The RN is responsible and accountable for their decision to delegate and assign tasks to HCAs. In an interpretive, multiple case studies to explore how delegation of tasks by RNs to HCAs occurred in long-term care settings in Ireland the importance of the RN understanding their scope of practice emerged. Methodology: Focus group interviews and individual interviews were undertaken as part of a multiple case study. Both cases, anonymized as Case A and Case B, were within the public health service in Ireland. The case study sites were long-term care settings for older adults located in different social care divisions, and in different geographical areas. Four focus group interviews with staff nurses and three individual interviews with CNMs were undertaken. The interactive data analysis approach was the analytical framework used, with within-case and cross-case analysis. The theoretical lens of organizational role theory, applying the role episode model (REM), was used to understand, interpret, and explain the findings. Study Findings: RNs and CNMs understood the role of the nurse regulator and the scope of practice. RNs understood that the RN was accountable for the care and support provided to residents. However, RNs and CNMs could not describe delegation in the context of their scope of practice. In both cases, the RNs did not have a standardized process for assessing HCA competence to undertake nursing tasks or interventions. RNs did not routinely supervise HCAs. Tasks were assigned and not delegated. There were differences between the cases in relation to understanding which nursing tasks required delegation. HCAs in Case A undertook clinical vital sign assessments and documentation. HCAs in Case B did not routinely undertake these activities. Delegation and assignment were influenced by the organizational factors, e.g., model of care, absence of delegation policies, inadequate RN education on delegation, and a lack of RN and HCA role clarity. Concluding Statement: Nurse staffing levels and skill mix in long-term care settings continue to change with more HCAs providing more direct care and support. With decreasing RN staffing levels RNs will be required to delegate and assign more direct care to HCAs. There is a requirement to distinguish between RN assignment and delegation at policy, regulation, and organizational levels.

Keywords : assignment, delegation, registered nurse, scope of practice

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