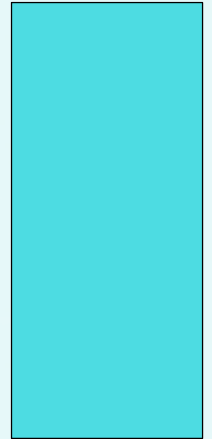


ROLE OF THE NURSE WITHIN U.S. HEALTHCARE SYSTEM

KECHI IHEDURU-ANDERSON
DNP, CNE, RN, CWCN



OBJECTIVES

- At the end of this series the nurse will be able to;
 - Understand how the nursing profession is regulated in United States.
 - The different roles of a registered nurse (RN) within the United States healthcare setting
 - List the seven rights found in the ANA's Nurses' Bill of Rights and explain how the rights may be used to influence professional practice.
 - Identify 2 other resources that may be used to expand the nurses knowledge about the role of nurses in the U.S.

INTRODUCTION

- Nurses make up the largest segment of the health care workforce.
- They are involved in almost every part of the care and services provided to patients.
- Nurses spend the greatest amount of time in delivering patient care as a profession.
- Nurses practice in many settings, including hospitals, schools, homes, retail health clinics, long-term care facilities, battlefields, and community and public health centers.
- They have varying levels of education and competencies— from licensed practical nurses (LPN), who greatly contribute to direct patient care in nursing homes, to nurse scientists, who research and evaluate more effective ways of caring for patients and promoting health (IOM, 2010)

REGISTERED NURSE

- A registered nurse is one who (a) has successfully completed a program of education approved by the nursing board/council, (b) has passed the examination established by the nursing board/council (if appropriate), and (c) continues to meet the standards of the nursing board (ICN, 2009).
- Nurse – An individual registered or licensed by a state, commonwealth, territory, government, or other regulatory body to practice as a registered nurse (ANA, 2010, p. 18).

WHAT IS NURSING?

- “Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations”
(ANA, 2014, p. 18).

THE NURSE PRACTICE ACT (NPA)

- The practice of nursing is a right granted by a state to protect those who need nursing care. Safe, competent nursing practice is grounded in the law as written in the state nurse practice act (NPA) and its rules.
- All nurses have a duty to understand their NPA and to keep up with ongoing changes as this dynamic document evolves and the scope of practice expands (Russell, 2012).
- The specificity of NPAs varies among states.
- The NPA defines nursing practice and is the legal foundation for the practice of nursing in each state.

- “Although the specificity of NPAs varies among states, all NPAs include:
 - definitions
 - authority, power, and composition of a BON
 - educational program standards
 - standards and scope of nursing practice
 - types of titles and licenses
 - protection of titles
 - requirements for licensure
 - grounds for disciplinary action, other violations, and possible remedies” (Russell, 2012, p. 37).
- The NPA gives authority to regulate the practice of nursing and the enforcement of law to an administrative agency or Board of Nursing (BON).

NPA

- The act is a dynamic document that evolves and is updated or amended as changes in scope of practice occur.
- The laws of the nursing profession can only function properly if nurses know the current laws governing practice in their state. Ignorance of the law is never an excuse! (NCSBN, 2013)
-
- The nurse should use the Nurse Practice Act Toolkit to:
 - Learn about the law and regulations that guide and govern nursing practice
 - Locate your state nurse practice act and regulations
 - Access nurse practice act educational resources
- To learn more go to <https://www.ncsbn.org/4253.htm#courses>

NURSE PRACTICE ACTS

- The website below provides information on individual state nurse practice acts and Professional Regulation
- <http://www.the-travel-nurse.com/nursepracticeacts.html>.
- The following links to an article that reviews the reasons for and the importance of state nurse practice acts (NPAs) and associated rules review to learn more.
- https://www.ncsbn.org/2012_JNR_NPA_Guide.pdf

SCOPE OF PRACTICE

- The range of roles, functions, responsibilities and activities, which a registered/licensed professional is educated for, competent in, and is authorized to perform.
- It defines the accountability and limits of practice.
- It is the nurses responsibility to identify their own scope of practice as permitted by professional practice standards and guidelines, by state and federal laws, by relevant societal values, and by the Code of Ethics.

SCOPE OF PRACTICE

- It is the responsibility of nurses to identify their own scope of practice as permitted by professional practice standards and guidelines, by state and federal laws, by relevant societal values, and by the Code of Ethics.
- It is important that the nurses also understand the scope of practice of the others who make up a part of your nursing team.

- Licensing and practice rules vary across states,
- The regulations regarding scope-of-practice—which defines the activities that a qualified nurse may perform—have varying effects on different types of nurses in different parts of the country.
-
- The tasks nurse practitioners are allowed to perform are determined not by their education and training but by the unique state laws under which they work
 - For example, while some states have regulations that allow nurse practitioners to see patients and prescribe medications without a physician's supervision, a majority of states do not.
- Scope of practice barriers are particularly problematic for advanced practice registered nurses (APRNs) (IOM, 2010).

ANA CODE OF NURSING ETHICS

- A code of ethics states the primary goals and values of the profession of nursing.
- A code of ethics serves to inform both nurses and society of the profession's expectations and requirements in ethical matters.
- An ethical code provides a framework within which nurses can make ethical decisions and fulfill their responsibilities to the public, to other members of the health team, and to the profession.
- The code has nine provisions. Interpretive statements follow each provision to explain and amplify the terms of the provisions.
- To review the code of nursing ethics visit <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.aspx>

RN BILL OF RIGHTS

- “The ANA Bill of Rights for Registered Nurses is a powerful statement of the rights that every nurse must have to provide high quality patient care in a safe environment” (ANA, 2001).
- The Bill of Rights for Registered Nurses sets forth seven premises concerning workplace expectations and environments that nurses from across the United States recognize are necessary for sound professional nursing practice.
- RN Bill of rights provide several tools that can facilitate discussions about workplace concerns.
- The Bill of Rights is a statement of professional rights, not a legal document.

RN BILL OF RIGHTS

- The Bill of Rights was conceived to support nurses in an array of workplace situations including
 - unsafe staffing,
 - mandatory overtime and
 - health and safety issues such as needle stick injuries, workplace violence, and latex allergies.
- Nurses realize that bringing these issues to the attention of employers is essential in meeting their responsibilities to their patients and to themselves.
- For more information on **RN Bill of rights** visit <http://nursingworld.org/DocumentVault/NursingPractice/FAQs.aspx>

NURSES' BILL OF RIGHTS

1. Nurses have the right to practice in a manner that fulfills their obligations to society and to those who receive nursing care.
2. Nurses have the right to practice in environments that allow them to act in accordance with professional standards and legally authorized scopes of practice.
3. Nurses have the right to a work environment that supports and facilitates ethical practice, in accordance with the Code of Ethics for Nurses with Interpretive Statements.
4. Nurses have the right to freely and openly advocate for themselves and their patients, without fear of retribution.
5. Nurses have the right to fair compensation for their work, consistent with their knowledge, experience and professional responsibilities.
6. Nurses have the right to a work environment that is safe for themselves and for their patients.
7. Nurses have the right to negotiate the conditions of their employment, either as individuals or collectively, in all practice settings. (ANA, 2001)

PROFESSIONAL STANDARDS

- Standards are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable.
- Standards reflect the values and priorities of the profession and provide direction for professional nursing practice and a framework for the evaluation of this practice.
- Standards also define the nursing profession's accountability to the public and the outcomes for which registered nurses are responsible.

NURSE OF THE FUTURE CORE COMPETENCIES

- The Nurse of the Future will demonstrate accountability for the delivery of standard-based nursing care that is consistent with moral, altruistic, legal, ethical, regulatory, and humanistic principles.
- KNOWLEDGE
 - K1a Understands the concept of accountability for own nursing practice
 - K1b Justifies clinical decisions
- ATTITUDES/BEHAVIORS
 - A1a Accepts responsibility for own behavior
 - A1b Shows commitment to provision of high quality, safe, and effective patient care
- SKILLS
 - S1a Demonstrates accountability for own nursing practice.
 - S1b Exercises critical thinking within standards of practice

NURSE OF THE FUTURE CORE COMPETENCIES

- KNOWLEDGE
 - K2 Describes legal and regulatory factors that apply to nursing practice
- ATTITUDES/BEHAVIORS
 - A2a Values professional standards of practice
 - A2b Values and upholds legal and regulatory principles
- SKILLS
 - S2a Uses recognized professional standards of practice
 - S2b Implements plan of care within legal, ethical, and regulatory framework of nursing practice
 - S2c Complies with mandated reporting regulations

NURSE OF THE FUTURE CORE COMPETENCIES

- ∞ The preceding slides does not contain the NOF core competencies in its entirety. To read more about professionalism and accountability go the links below.

- ∞ Sources: NOF core competencies
 - Massachusetts Department of Higher Education. (2010). Creativity and Connections: Building the Framework for the Future of Nursing Education and Practice: Nurse of the Future Nursing Core Competencies. And

 - Maine Partners in Nursing Education and Practice. (2013). The Maine Nurse: Nursing Core Competencies.

- ∞ You can read more about the nurse of the future core competencies the knowledge, behavior and skills required for the entry level nurse by visiting
- ∞ <http://www.mass.edu/currentinit/NiNofCompetencies.asp> OR
- ∞ <http://www.mass.edu/currentinit/currentinitNursingNurseFutureComp.asp> OR
- ∞ <http://www.mainenursepartners.com/competencies.html>

STANDARDS OF PROFESSIONAL NURSING PRACTICE

- The Standards of Professional Nursing Practice are authoritative statements of the duties that all registered nurses, regardless of role, population, or specialty, are expected to perform competently.
 - Application of the standards is context-dependent.
 - Standards are subject to change with the dynamics of the nursing profession, as new patterns of professional practice are developed and accepted by the nursing profession and the public.
 - Standards are subject to formal, periodic review and revision.

STANDARDS OF PRACTICE

- “Describe a competent level of nursing care, as demonstrated by the critical thinking model known as the nursing process, which includes the components of assessment, diagnosis, outcomes identification, planning, implementation, and evaluation. These standards encompass significant actions taken by registered nurses and form the foundation of the nurse’s decision making” (ANA, 2010).

ANA STANDARDS OF NURSING PRACTICE

- Scope and Standards of Practice. 2nd Edition © 2010 American Nurses Association;
http://www.texasnurses.org/associations/8080/files/ANA_Scope_Standards.pdf

ANA Position Statement on Professional Role Competence. 2008

- “The public has a right to expect registered nurses to demonstrate professional competence throughout their careers. ANA believes the registered nurse is individually responsible and accountable for maintaining professional competence. The ANA further believes that it is the nursing profession’s responsibility to shape and guide any process for assuring nurse competence. Regulatory agencies define minimal standards for regulation of practice to protect the public. The employer is responsible and accountable to provide an environment conducive to competent practice. Assurance of competence is the shared responsibility of the profession, individual nurses, professional organizations, credentialing and certification entities, regulatory agencies, employers, and other key stakeholders.”

STANDARDS OF PRACTICE (MASSACHUSETTS)

- The Standards of Practice describe nursing competence as:
 - understanding policies and procedures of the employing institution
 - assuring that delegation of a nursing act to a licensed or unlicensed person can be done safely
 - remaining knowledgeable about current nursing procedures
 - obtaining the necessary training before accepting a nursing responsibility that one does not have the knowledge to implement. (Massachusetts nurses association (MNA), 2013)

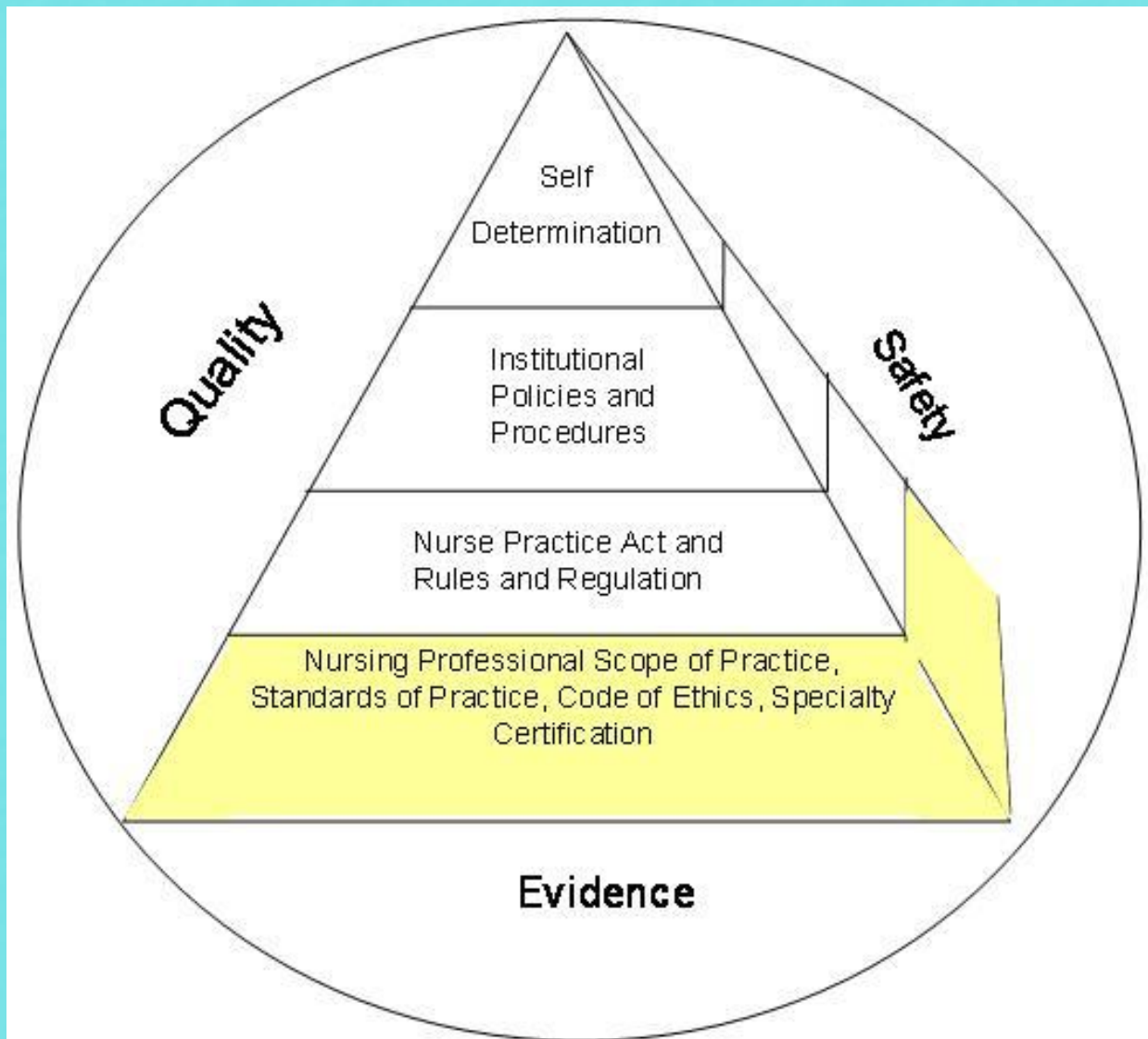
GROUNDS FOR DISCIPLINARY ACTION BY THE BOARD OF NURSING

- The states Board of nursing is authorized to take action against nurses who fail to perform in a manner that ensures safe nursing practice.
- Behavior and activities that could be the basis of disciplinary action by the Board include but are not limited to:
 - Practicing beyond the scope permitted by the NPA.
 - Accepting a work assignment that the nurse is not competent to perform and/or failing to perform it competently.
 - Failing to exercise oversight over individuals to whom the nurse has delegated nursing functions.
 - Abandoning or neglecting a patient. (MNA, 2013)

ANA FOUNDATIONAL RESOURCES FOR NURSING PRACTICE

- Three documents establish the foundation and create the framework for all nursing practice within the global domains of practice, education, administration, and research, as well as other discrete areas of specialty practice.
- They are;
 - Nursing's Social Policy Statement: The Essence of the Profession,
 - The Code of Ethics for Nurses With Interpretive Statements, and
 - Nursing: Scope and Standards of Practice, Second Edition (ANA, 2010).

ANA MODEL OF PROFESSIONAL NURSING PRACTICE REGULATION



PHILOSOPHY OF NURSING

- “philosophy is an attitude toward life and reality that evolves from each nurses beliefs” (Edwards, 1997, p. 1089).
- Philosophy of nursing states our thoughts on what we believe to be true about the nature of the profession of nursing and provide a basis for nursing activities.
- It endorses ethical values we hold as basic and bases our beliefs in theory.
- ***What is your Philosophy of Nursing?***

WHO IS A NURSE IN U.S.?

- Nurses have professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.
- Grounded in their scope of practice, nurses provide socially appropriate, universally accessible, scientifically sound, first level care. They work independently and interdependently in teams to;

TYPES OF NURSES IN U.S.

- Licensed practical nurse (LPN)/licensed vocational nurse (LVN) diplomas;
- Associate's degree nurses (ADN) = Registered nurses
- Diploma prepared nurses = Registered nurses
- Bachelor's (BSN) degrees; = Registered nurses
- Master's prepared nurses
- PhD, and doctor of nursing practice (DNP) degrees.

REGISTERED NURSES

- Most nurses are registered nurses (RNs).
 - Education: Associate degree (ADN), Diploma or Bachelor of Science in Nursing (BSN).
- Advanced practice registered nurses (APRNs) are RNs who have received additional education, especially in diagnosis and treatment of disease.
- Education: master's or doctoral degrees and pass national certification exams.
- APRNs generally hold a master's degree and must have a national certification in a specialty area.
 - Such as gerontology, psychiatry,

ADVANCED PRACTICE REGISTERED NURSES (APRN)

- Advanced practice registered nurses (APRN) are registered nurses educated at Masters or post Masters level and in a specific role and patient population.
- APRNs are prepared by education and certification to assess, diagnose, and manage patient problems, order tests, and prescribe medications (NCSBN, 2013).
- Advanced practice registered nurses specialty areas include;
 - Family Nurse Practitioner,
 - Nurse Midwifery/Women's Health Nurse Practitioner,
 - Pediatric,
 - Psychiatric,
 - Women's Health,
 - Nurse researchers,

ADVANCED PRACTICE REGISTERED NURSES (APRNS)

- Advanced practice registered nurses (APRNs) include;
 - Nurse practitioners (NPs),
 - clinical nurse specialists (CNS),
 - clinical nurse leaders (CNL),
 - nurse anesthetists (NA), and
 - nurse midwives all are licensed as APRNs.

NURSES RESPONSIBILITIES

- The nurse is responsible and accountable for making decisions and for practicing in accordance with the states Board of Registration in Nursing (BORN), Nurse Practice Act (NPA) regulations, and with the nurse's educational background, competencies and experience.

NURSES RESPONSIBILITIES

- Individual nurses have responsibilities to contribute to safe, effective patient care.
- Key responsibilities of licensed nurses [244 CMR: 3.00] in the provision of nursing care are summarized below.
- The individual nurse:
 - Determines and maintains nursing competence consistent with the NPA and Board regulations.
 - Provides competent nursing care to patients.
 - Exercises informed judgment and uses individual competence and qualifications as criteria in accepting responsibilities, seeking consultation, and delegating nursing activities to others.

- Clarifies assignments and assesses personal knowledge, skills, and abilities prior to accepting a work assignment.
- Seeks assistance and/or additional training if gaps in knowledge, skills, or abilities are identified. If necessary, negotiates options for all or part of the work assignment when appropriate training and supervision are not available to meet immediate patient care needs.
- Communicates the need for alternate means of care when patient needs exceed the individual nurse's knowledge, skills, or abilities, or other available resources.

- Delegates only those activities which are within the nurse's area of responsibility and competency to delegate. Assesses the needs of patients and the documented competency of unlicensed personnel prior to delegating nursing activities. [244 CMR: 3.05(4)].
- Refuses to engage in nursing activities that are beyond the parameters of the NPA, and/or the nurse's education, capabilities, and experience.
- Does not (cannot) accept responsibility and accountability for an unlicensed individual performing a nursing task that has been delegated by another nurse or individual.

RESPONSIBILITIES OF THE NURSE IN A SUPERVISORY ROLE

- Evaluates the knowledge, skills, and abilities of nursing staff to provide care.
- Identifies nursing care requirements and organizes resources to ensure that patients receive appropriate care.
- Collaborates with the nurse to clarify work assignments. Also collaborates with the nurse to assess knowledge, skills and abilities, and options for performing a work assignment or components of it when the nurse judges the work assignment to be beyond his/her competency.
- Provides education to staff and supports the decision-making process regarding patient care assignments and reassignments, including patient placement and allocation of resources.
- Provides the nurse with documented competencies of unlicensed personnel.

ROLES AND RESPONSIBILITIES OF THE NURSE

- Nursing is more than knowing how to perform tasks and procedures
- It is about being a more effective member of the health care team and navigating complex clinical systems.
- Nurses drive standards, policies and practices within the healthcare system.

ROLES AND RESPONSIBILITIES

- In the United States registered nurses (RNs) partner with other health professionals to lead the transformation of American healthcare systems from a traditional medical model to a team-based system that advances a health care delivery model focused on preventing illness, disease, and unnecessary complications; promoting wellness; and eliminating unnecessary costs.

ROLES AND RESPONSIBILITIES

- The roles and responsibilities of nurses in patient care have increased and is more complex.
 - increased demand for care
 - health care reform
 - advance improvements in America's increasingly complex health system
- Nurses contribute as partners with other health care professionals in improving the quality and safety of care.
- RNs are critical to improving quality and safety and reducing costs in health care systems.

- RNs are responsible for the design, administration, and evaluation of professional nursing services within an organization in accordance with the framework established by state nurse practice acts, nursing scope of practice, and organizational standards of care.
- It is important to obtain and review your state's nurse practice acts and scope of practice
- RNs provide the leadership necessary for collaboration and coordination of services, which includes defining the appropriate skill mix and delegation of tasks among licensed and unlicensed health care workers.

- The Code of Ethics and states' Nurse Practice Acts clearly indicate that the nurse should accept assignments only for duties within their own competency.
- Boards of Nursing, state Nurse Practice Acts, and Rules and Regulations also emphasize the nurses' obligation to practice within own competency.
- The Code of Ethics for Nurses states that "Where the care required is outside the competencies of the individual nurse, consultation should be sought or the patient referred to others for appropriate care" (Provision 5, Interpretive statement 5.2, ANA, 2001 p. 159 in 2010 reissue).

- RNs are fully accountable in all healthcare settings for all nursing services and associated patient outcomes provided under their direction and supervision
- With the evolution of medical home concept registered nurses are charged with the provision of chronic disease management, care coordination, health risk assessment/appraisal, health promotion, and disease prevention services (IOM, 2011)

OTHER THINGS NURSES DO.

- Nurses give speeches
- Publish scientific research
- Developing mobile medical applications,
- Actively address health care policy.
- Collaborate with their colleagues, from social workers and oncologists to hospital administrators and public safety personnel.

NURSING SPECIALTIES AND CERTIFICATIONS

- Many nursing roles require certification or additional training and education.
- Certification is the formal recognition of the specialized knowledge, skills, and experience demonstrated by the achievement of standards identified by a nursing specialty to promote optimal health outcomes (American Board of Nursing Specialties, 2009).
- The American Nurses Credentialing Center (ANCC) offers certification in approximately 30 specialties.
- Other nursing specialty organizations also offer certifications.

SOME NURSING SPECIALTIES AND CERTIFICATIONS

- Ambulatory care nursing
- Diabetes management,
- Wound care and wound, ostomy, continence nursing
- Psychiatric–Mental Health Nursing
- Critical care nursing
- Hospice and palliative care nursing
- Oncology nursing
- Intravenous therapy nursing
- Perioperative nursing

PROFESSIONAL NURSING SPECIALTY ORGANIZATION

- Some professional nursing specialty organization include
 - American Association of Critical Care Nurses (AACN)
 - The Oncology Nursing Certification Corporation (ONCC)
 - Hemodialysis/Renal American Nephrology Nurses Association (ANNA)
 - Wound, Ostomy, and Continence Wound, Ostomy and Continence Nurses Society (WOCN),
 - National Gerontological Nursing Association and much more.
- To learn more about certification opportunities and requirements contact your nursing specialty organization to learn more about.

CHALLENGES OF NURSING IN THE U.S.

- Staffing
- Work hours
- High-acuity patients
- Regulatory readiness.
- Work Related injuries
- Working with limited resources

ADVOCACY

- The ANA Scope and Standards of Practice identifies advocacy for safe, effective practice environments as a responsibility of the professional nurse (American Nurses Association (ANA), 2010).
- Provisions of the ANA Code of Ethics for Nurses, 2001, Provision 3:
 - The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient (p. 12).

DEFINITION: ADVOCACY

- Advocacy is defined as “seeking to influence policy makers to design, adopt, implement or change policies and practices” (Worldwide Palliative Care Alliance, 2005).
- An advocate is defined as one that pleads, defends, or supports a cause or interest of another (Merriam-Webster Collegiate Dictionary, 2013).
-
- “The role of an advocate is to work on behalf of self and/or others to raise awareness of a concern and to promote solutions to the issue” (Tomajan, 2012, para. 5).

ADVOCACY

- Advocacy is speaking for something important, and it is one of the major roles of a nurse.
- Nurses also need to be advocates for themselves and for the profession.
- To do this successfully, nurses need to feel empowered and be assertive.

ADVOCACY

- The Code of Ethics identifies a range of advocacy skills and activities that nurses are expected to demonstrate.
- These activities promote the profession and form the basis of the advocacy role for the professional nurse.
- The skills include service to the profession through teaching, mentoring, peer review, involvement in professional associations, community service, and knowledge development/dissemination (ANA, 2001).
- These activities and skills form the basis of advocacy role of the professional nurse.

ADVOCACY SKILLS

- Problem Solving: Advocacy is focused on addressing problems or issues in need of a solution.
- Communication: Successful advocacy requires effective communication skills.
- Influence: To facilitate change or solve an issue, the advocate must be able to influence others to action.
- Influence is built on competence, credibility, and trustworthiness.
- Collaboration: Collaboration is working with other individuals or groups to achieve a common goal (Tomajan, 2012).
- Assertiveness.

3 ASPECTS OF ADVOCACY

- Lobbying – influencing through direct, private communications with decision makers
- Campaigning – speaking publicly on an issue with a view to generating a response from the wider public.
- Educating – building understanding of issues to provide a more receptive context for change (Worldwide Palliative Care Alliance, 2005)

WHAT IS ADVOCACY?

- Is a process which can lead to change through influence.
- Is a way of influencing public policy through information and communication.
- Can act as a voice of the voiceless
- Is a way of directing decision-makers towards a solution.
- Can be used to inform influential groups and raise their awareness of specific issues (Worldwide Palliative Care Alliance, 2005).

ADVOCACY

- Patient advocacy is an expectation of U.S. nurses acting in the best interests of the patient.
- It is expected that a nurse will follow a hospital procedure even if this means going “above” the physician in charge.
- Patient advocacy requires good communication skills, diplomacy and the ability to work with people from many backgrounds.

MORE RESOURCES ON ADVOCACY

- The article can be viewed at doi:10.3912/OJIN.Vol17No01Man04 at <http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Advocating-for-Nurses.html>
- <http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-17-2012/No1-Jan-2012/Professional-Organizations-and-Advocating.html>

DELEGATION

- Provisions of the ANA Code of Ethics for Nurses, 2001
- Provision 4:
 - The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care (p. 16).

DELEGATION

- Delegation is a concept, an art, a skill and a process.
- The nurse who can effectively work through others is able to expand access to nursing care, maintain and promote quality health care and facilitate the effective utilization of health care resources.
- Ineffective delegation of basic nursing care can result in poor patient outcomes.
- Delegation can be a struggle for many nurses.
- Included in this section are resources to help you plan and delegate effectively.

DELEGATION AND SUPERVISION

- The nurse delegates activities to others, according to ability, level of preparation, proficiency and legal scope of practice.
- Accepts delegated activities in line with personal level of proficiency and legal scope of practice.

DEFINITION DELEGATION

- **The National Council of State Boards of Nursing (NCSBN) (1995)**
 - The transferring to a competent individual the authority to perform a selected nursing task in a selected situation.“
- American Nurses Association (ANA) (1996).
 - the transfer of responsibility for the performance of a task from one individual to another while retaining accountability for the outcome.”
- RNs are accountable for supervising those to whom they have delegated tasks.
- RNs are accountable for the decision to delegate and for the adequacy of nursing care to the patient.
- The RN retains accountability for the outcome of delegation.

DELEGATION

- Before a registered nurse assumes responsibility for delegating duties to an unlicensed person, regulations and legal issues must be considered.
- Ineffective delegation of basic nursing care can result in poor patient outcomes.
- In order to delegate effectively the RN must critical thinking and professional judgment following the 5 rights to effective delegation:
 - 1. Right task
 - 2. Right circumstances
 - 3. Right person
 - 4. Right directions and communication
 - 5. Right supervision and evaluation (NCSBN 1995).

DELEGATION

- For more information on delegation read the National Coalition of State Boards of Nursing overview of the five rights of delegation at;
 - <https://www.ncsbn.org/fiverights.pdf>
 - <https://www.ncsbn.org/delegationgrid.pdf>
 - https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf
 - http://www.indiananurses.org/education/principles_for_delegation.pdf
 - Glossary - Delegation Terminology:
<https://www.ncsbn.org/pdfs/glossary.pdf>
- The National Council of State Boards of Nursing have a decision model to assist the RN to correctly delegate the task. To view this model please go to;
 - <http://www.ncsbn.org/pdfs/delegationtree.pdf>

RESOURCES

- Delegation in the clinical setting:
<http://www.us.elsevierhealth.com/media/us/samplechapters/9781437725674/Chapter%2014.pdf>

DELEGATION

- Nurses have accountability in assuring that the delegation process is implemented safely and effectively to produce positive health outcomes.
- Scopes of practice are different from state to state so check the regulations in your jurisdiction prior to delegating to unlicensed assistive personnel (UAP).
- Authority to delegate varies, so licensed nurses must check the jurisdiction's statutes and regulations, and the scope of practice and standards established by professional nursing organizations.
- It is important to recognize the limits of scope of practice and personal competence.

DELEGATION CONT.

- Communication is a critical component of delegation
 - Two-way communication is an essential component of the delegation process
 - It is important to articulate clear expectations during the delegation process.
- Evaluation
 - Delegation decisions and client outcomes must be continually evaluated.

OUTCOMES OF EFFECTIVE DELEGATION

- Allows protection of public/client safety.
- Achievement of desirable client outcomes.
- Achievement of potential benefits for the licensed nurse and the UAP.
- Reduction of health care costs.
- Facilitation of access to appropriate level of health care.
- Delineation of the spectrum of accountability for nursing care.
- Decreased nurse liability.

Registered Nurses Utilization of Nursing Assistive Personnel in All Settings

ANA Position Statement – 2007

“The American Nurses Association (ANA) reaffirms its belief that the utilization of nursing assistive personnel (NAP) in the provision of specific aspects of direct and indirect patient care, as the result of delegation and direction by a registered nurse (RN) in accordance with state nurse practice acts, is an appropriate, safe, and resource-efficient method of providing nursing care.”

EDUCATOR

- Patient education is one of the most crucial aspects of nursing practice.
- Patient teaching can improve health status, decrease the incidence of disease, and prevent costly complications.
- Patient teaching can also reduce the chance of litigation for health care organizations and individual practitioners.
- The nurse plays a very important role as an educator.
- Patient teaching need to be adapted to best meet the needs of a variety of patients, such as older adults, those from diverse cultural backgrounds, and individuals who have little education and low literacy skills.

EDUCATOR

- Agency for Health Research and Quality (AHRQ) include patient guide with each of the clinical practice guidelines developed.
- Patients and their families look to nurses for education and support to manage their health.
- Nurses work in settings where they have contact with large numbers of people of varied ages and ethnic, cultural, and social backgrounds.
-
- Nurses spend more time with patients than other team members; this contact provides the opportunity to develop trust, to assess individual learning needs, and to provide continuity throughout the learning process.

PROCESS OF PATIENT EDUCATION

- The process of patient teaching refers to the steps you follow to provide teaching and to measure learning. The steps involved in the teaching-learning process are:
 - Assessing learning needs
 - Developing learning objectives
 - Planning and implementing patient teaching
 - Evaluating patient learning
 - Documenting patient teaching and learning
- For more information on patient teaching and education visit Patient Teaching into Practice: The nurse's role in patient education at:
<http://www.euromedinfo.eu/>

ACCOUNTABILITY

- The nurse accepts accountability for own professional judgment, actions, outcomes of care and continued competence in accordance with scope of practice, increased responsibility, legislative acts and regulations (ICN, 2009).

- To be and accountable it's important to determine whether an activity or task is within your scope of practice.
- It is in your best interest to clarify what the specific activity or task entails, and obtain any additional information that you may need, such as facility policies or procedures.
- You should conduct a self-assessment with regards to your own skills and abilities, and your documented competency to perform the task.
- If you question your abilities, you must express this concern to the appropriate supervisor/staff person.
- Once you accept an assignment, you are accountable for completing it in a safe and competent manner.
- If other options may be available to you, explore these and obtain assistance if you are unsure as to how to proceed.

ACCOUNTABILITY

- Working outside your scope of practice or delegating inappropriately to another person could potentially be grounds for disciplinary action against nurses or medical malpractice claims by the Board of Nursing (Anderson, 2013).

WHO ARE NURSES ACCOUNTABLE TO?

- To patients, through a duty of care, underpinned by a common-law duty to promote safety and efficiency, and legal responsibility through civil law;
- Your employer, as defined by your contract of employment and job description;
- Your profession, as stated in the relevant codes of conduct; and
- The public.
- One aspect of exercising your professional accountability as a nurse is the need to recognize and balance a range of perspectives on what constitutes acceptable standards of care and practice.

STANDARDS OF PROFESSIONAL PERFORMANCE

- Describe a competent level of activities and behavior in the professional role.
- Registered nurses are accountable for their professional actions to themselves, their patients, their peers, and ultimately society (ANA, 2010, p. 18).

AUTONOMY AND SELF REGULATION

- Self-regulation is “the governance of nurses by nurses in the public interest” (Styles & Affara, 1997, p 45)
- The processes of self regulation are aimed at “providing evidence that practitioners are meeting society’s expectations and maintaining expected standards of practice” (Gibson & Lawson,1996).
- Professional self-regulation is grounded in the ideals of professional behavior and conduct or professionalism for the protection of the public and the development of the profession.

AUTONOMY AND SELF REGULATION

- As members of a self-regulating profession, nurses also have a commitment to help regulate nursing to protect the public's right to quality nursing services.
- It is in the public's interest that the profession continue to regulate itself by developing and changing the methods of self-regulation to meet the changes in health care and society.
- Nurses have an obligation to participate in the effective evolution of self-regulation.
- Self-regulation is a privilege, and each nurse is accountable for the responsibilities that accompany this privilege (CNO,2009).

- Nurses demonstrate regard for maintaining commitments to the nursing profession by:
 - promoting the goals of the profession in a manner that meets the needs of clients;
 - conducting themselves in a way that promotes respect for the profession;
 - participating in Quality Assurance Program;
 - contributing to continual quality improvement initiatives for the profession;
 - following the standards and practice expectations of the profession;
 - notifying BORN of issues that are relevant for safe, effective and ethical care;
 - cooperating with regulatory functions (e.g., an investigation of a peer's practice); and
 - being accountable for their actions and behaviors (College of Nurses of Ontario (CNO), 2009).

ETHICAL PRACTICE

- The nurse practices in a manner that conforms to the ICN Code of Ethics for Nurses, the professional code in force in the jurisdiction and employer's code of conduct (ICN, 2009).
- “The nurse respects the worth, dignity and rights of all human beings irrespective of the nature of the health problem” (ANA, 2001, p. 7).
- Putting aside personal biases and prejudices to implement care may not be easy, however, the nurse need to remember that we have a moral commitment to care for all patients.

CONCEPTS THAT MAKE-UP NURSING ETHICS

- Respect,
 - Confidentiality,
 - Moral courage,
 - Culturally sensitive care,
 - Power, and
 - Good global citizenship (Butts, ***)
-
- The following link provides a quick reference guide to the nursing code of ethics with interpretative statements
<http://nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics.pdf>

ETHICAL NURSING PRACTICE

- As a nurse educated outside of the United States, you will encounter individuals with chronic illnesses, disabilities and at end of life.
- The care of these patients may present significant challenges to you and a person and as a caregiver.
- Performing within the ethical boundaries of nursing requires moral courage.
- Moral courage is described as having the will to speak out and do the right thing even when constraint or forces to do otherwise are present.
- Use the code of nursing ethics as a guide to help you develop moral grounding for professional practice

WHEN VALUES DIFFER

- The patients/clients values, beliefs, and wishes may differ from yours.
- Because you have your own personal values and you may experience an ethical conflict and disagree with clients' decisions.
- You must remember that the clients have the right to choose a risky course of action.
- If a client's wish conflicts with your personal values, and you believe that you cannot provide care, it is important to notify the person in charge, arrange for another caregiver and withdraw from the situation.
- If no other caregiver can be arranged, you must provide the immediate care required.
- If no other solution can be found, you may have to leave a particular place of employment to adhere to your personal values.

LEGAL PRACTICE

- The nurse practices in accordance with professional, relevant civil legislation and regulations (ICN, 2009).
- A nurse may provide nursing services allowed by the state in which he/she practices only if the nurse is personally competent to deliver the services.
- The nurse is not legally allowed to provide nursing services that he/she is not personally competent to perform, even if the state law generally allows a nurse to provide the service.

LEGAL PRACTICE

- As a licensed professional, it is your responsibility to practice within the scope of your abilities and as authorized by your state law.
- If you practice outside your personal scope of competence or outside of what is allowed by your state you could be charged with professional misconduct.
- RNs are not authorize to make medical diagnoses or prescribe medical treatments or medications or develop a medical plan of care.
- Nurses are legally required to wear an identification badge indicating name and professional title if practicing at a hospital, clinic, group practice or other establishment offering health services to the public.
- If you are unsure about whether something falls within your legal scope of practice you may seek guidance from your Nursing Board office.

LEGAL PRACTICE

- The legal implications of nursing practice are tied to licensure, state and federal laws, scope of practice and a public expectation that nurses practice at a high professional standard.
- The nurse's education, license and nursing standard provide the framework by which nurses are expected to practice.
- When a nurse's practice falls below acceptable standards of care and competence, this exposes the nurse to litigation (Muse, 2011).

LEGAL PRACTICE

- The basis for litigation can relate to
- Negligence: failing to exercise the level of care that a reasonable, prudent nurse would under similar circumstances;
- Malpractice; and
- Professional negligence: which means an act of neglect committed in the nurse's professional role.
- Acts of omission and commission will also subject the nurse to litigation and professional license review.
- Both litigation and professional license review can result in reprimand of a nurse's license or loss of a license (Muse, 2011).

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

- Undertakes regular review of own practice by engaging in reflection, critical examination and evaluation and seeking peer review.
- Assumes responsibility for lifelong learning, own professional development and maintenance of competence.
- Takes opportunities to learn with others contributing to health care (ICN, 2009)
- The nurse has a responsibility to update competence continuously. “Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning” (ANA, 2001, p. 8).

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

- Being a member of the profession brings with it the respect and trust of the public.
- To continue to deserve this respect, nurses have a duty to uphold the standards of the profession, conduct themselves in a manner that reflects well on the profession, and to participate in and promote the growth of the profession (CNO, 2009)

THERAPEUTIC COMMUNICATION AND INTERPERSONAL RELATIONSHIPS

- Initiates, develops and discontinues therapeutic relationships through the use of appropriate communication and interpersonal skills.
- Maintains a relationship that respects the boundary between clients and self.
- Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives.
- Discussed in more detail on the topic of communication.

CULTURALLY COMPETENT PRACTICE

- Nurses need to be culturally wise. The U.S. healthcare settings are increasingly diverse, cultural melting-pots where nurses work on the front lines of race, religion, and gender.
- Nurses need to develop the ability to listen and understand people from all walks of life.
- Nursing has become more complex.
- ***Learn more on the lecture titled 'nursing in a multicultural environment.'***

RESOURCES

- You can read more about the nurse of the future core competencies the knowledge, behavior and skills required for the entry level nurse by visiting
- <http://www.mass.edu/currentinit/NiNofCompetencies.asp> OR
- <http://www.mass.edu/currentinit/currentinitNursingNurseFutureComp.asp> OR
- <http://www.mainenursepartners.com/competencies.html>

NON CLINICAL NURSING JOBS

- Nurses can transition to a variety of interesting and challenging non-clinical nursing jobs. Such as;
 - Healthcare Recruiting
 - Nursing Informatics
 - Teaching
 - Patient Advocate
 - Nursing Administrator
 - Insurance Agency
 - Pharmaceutical Sales
 - Medical Device Sales
- To make the transition to a non-clinical career, research your options and find out what training and education you need to enter the field that best fits your interests.

CAMPAIGN FOR NURSING'S FUTURE

- Review the nurse of the Institute of Medicine (IOM) 'Future of Nursing: Leading Change, Advancing Health' at <http://www.thefutureofnursing.org/IOM-Report>
- The IOM report, The Future of Nursing: Leading Change, Advancing Health, is a thorough examination of the nursing workforce.
- The recommendations offered in the report focus on the critical intersection between the health needs of diverse, changing patient populations across the lifespan and the actions of the nursing workforce.
- The recommendations are intended to support efforts to improve the health of the U.S. population through the contributions nurses can make to the delivery of care.

CONCLUSION

- As nursing continues to evolve with new organizational structures, technology, and political challenges, the heart of the profession stays the same.
- It still is the job of the nurse to provide care and advocate for the most sick and vulnerable members of our communities.
- A key area of nursing professional development is collaboration with other members of the healthcare team.
- The patient/client remains the central focus of healthcare delivery.

CONCLUSION

- It is important that as a nurse, you engage in quality improvement efforts by continually upgrading and improving your knowledge, skills and abilities.
- Stay up to date with current information on patient care innovations in your field of practice and do not be afraid to seek career progression.
- Set a goal for yourself and find what is required to achieve set goals.
- ***The following slides have resources to expand your knowledge on some topics discussed here.***

RESOURCES

- To prepare soon-to-be nurses for the challenges of the workplace, Johnson & Johnson recently developed Your Future in Nursing, a training program that combines the interactivity of video computer gaming with real-life nursing scenarios. New and future nurses can practice responding to scenarios in a risk-free and relaxed virtual environment while developing the communication skills that are such a critical part of the transition from classroom to bedside.
- Your Future In Nursing: A simulated environment for student nurses to prepare for their first job.
- <http://www.discovernursing.com/yourfutureinnursing#.Un569OMo7cs>

RESOURCES

- To learn more about nursing standards of practice visit <http://www.rn.com/getpdf.php/1677.pdf>
- Topic: Professional Nursing Practice: An Update
- This course has been awarded five (5.0) contact hours that expires on July 7, 2014.
- The course has other Professional Practice Resources and references you may find valuable.

RESOURCES

- State and Territorial Boards of Nursing: What Every Nurse Needs to Know.
- This brochure offers nurses an explanation of what boards of nursing (BONs) do for the profession and those who work in it. This brochure provides information regarding:
 - A BON's investigation into violations of a state's nurse practice act (NPA)
 - The process for filing a complaint against a nurse who has exhibited unsafe, negligent or incompetent behavior
 - What a nurse can expect while their complaint is being investigated .

Download full version for free at

- https://www.ncsbn.org/What_Every_Nurse_Needs_to_Know.pdf

RESOURCES: ETHICS IN NURSING

- Ethics in practice for registered nurses. http://www.cna-aiic.ca/~media/cna/page%20content/pdf%20en/2013/07/26/10/43/ethics_in_practice_jan_2010_e.pdf
- Social justice in practice http://www.cna-aiic.ca/~media/cna/page%20content/pdf%20en/2013/07/26/10/38/ethics_in_practice_april_2009_e.pdf
- Ethics in practice: <http://www.cna-aiic.ca/en/on-the-issues/best-nursing/nursing-ethics/ethics-in-practice>
- Ethics Reading Resources: <http://www.cna-aiic.ca/en/on-the-issues/best-nursing/nursing-ethics/ethics-reading-resources>

RESOURCES

- PRACTICE Standard: Ethics.
http://www.cno.org/Global/docs/prac/41034_Ethics.pdf
- The international code of ethics for nurses
http://www.icn.ch/images/stories/documents/about/icn_code_english.pdf
- Massachusetts nurses association: Accepting, Rejecting & Delegating a Work Assignment: A Guide for Nurses.
<http://www.massnurses.org/nursing-resources/nursing-practice/accept-reject/legal>

SELF TEST

- Which of these tasks can the RN delegate to an UAP?
 1. Routine, stable vital signs.
 2. Blood glucose via fingerstick
 3. Feeding a pt
 4. ADL care- basic hygiene care
 5. Ambulating a stable patient
 6. Performing a ROM on a stable patient

- 1. All of the above.

SELF TEST

- Can the RN delegate any of these tasks to an LPN or UAP?
 1. Therapeutic nursing techniques and comprehensive care planning (e.g. Medication administration, teaching ostomy care, teaching blood glucose monitoring).
 2. Any part of the NURSING PROCESS:
 - Assessments that identify needs and problems which diagnose human responses.
 - Any provision of teaching, health counseling, or referrals to other healthcare providers.
 - Planning and evaluating nursing care.
- No the RN cannot delegate any of the above tasks to an LPN or UAP.

SELF TEST

- What are the five rights of delegation?
- Five rights
 - Right task
 - Right Circumstance
 - Right Person
 - Right Supervision
 - Right Direction/Communication

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