

Assigning vs Delegating: Is there a difference in nursing care?

By Virgil Guitard

Yes, there is a difference. Nursing is one discipline with one body of knowledge. Nursing care in New Brunswick is provided by two categories of self-regulated care givers: registered nurses (RNs) and licensed practical nurses (LPNs), who work collaboratively as a team to provide safe, quality care that maximizes benefits to the clients. "Given the depth and breadth of knowledge which differentiate their education, the scope of practice of registered nurses (RN) and licensed practical nurses (LPN) is not the same" (NANB, 2003).

The RN is responsible for the overall direction of nursing care. The LPN provides care within their scope of practice and under the direction of the RN. The level of communication necessary between the RN and LPN during a shift is determined by the client predictability. As client outcomes become more predictable, the LPN functions with minimal direction, following the plan of care. As client outcomes become less predictable, the RN takes a lead role in the care and gives specific direction to the LPN. This lead role includes supervision of nursing care provided which means consultation, guidance, evaluation and follow-up by the RN at the point of care, for the purpose of overseeing the care which is assigned.

When the RN/LPN team is sharing a client assignment, the following factors must be taken into consideration when determining workload:

- what care requirements are needed for the client,
- who will be responsible for implementing these interventions, and
- how the RN and LPN communicate about the patient's care needs throughout the shift.

Work is divided up using each care team member's skills to the fullest extent, freeing the RN to do the work that only an RN can do. When help is needed, care team members assist each other or reorganize their work plan for the shift. The LPN is responsible for requesting direction from the RN when assistance is required.

Work assignment

Assignment is "the selective designation of specific responsibilities for client care within the legislated scope of practice, role description and employer policies" (NANB, 2003).

In different settings, the work assignment for nursing care is determined by different nursing personnel. For example, it can be done by a nurse manager, team leader, resource nurse, cover nurse or case manager. When assigning clinical responsibilities, many key factors must be considered. Those factors are (1) the care requirements, (2) the com-

petencies and the care provider characteristics, and (3) the practice setting.

Delegation of nursing functions

It is important to note that there is a clear distinction between assigning care and delegating care. Assignment occurs when the required care falls within the scope of practice and within the employing agency's role description and policies.

Delegation is defined as the "formal transference of authority to perform a specific function in a selected situation" (CNPS, 2000). Delegation of nursing function occurs when the function is outside the caregiver's scope of practice. This will require that the one delegated to will need to be taught how to perform the desired work. Although nurses are responsible to clients for ensuring safe nursing care, health care facilities are also responsible for authorizing nurses to delegate to other health care workers. Because of agency liability, nursing tasks or procedures cannot be delegated to other health care workers without the presence of the employer's authorization.

When deciding to delegate care, the following factors must be considered:

- the presence of agency policies and protocols that support nurses delegating nursing tasks and procedures (NANB, 2002),
- the complexity and variability of the care needs,
- the level of supervision needed,
- the complexity of the client's condition and how it is expected to change over time,
- the cognitive and technical requirements of nursing care for the client,
- the intensity and range of potential negative outcomes of the care activities, and
- the availability of resources to consult or intervene.

For more information on assignment or delegation, please contact the Nurses Association of New Brunswick at 1-506-458-8731 or 1-800-442-4417 or go to our Web site at www.nanb.nb.ca.

References:

Nurses Association of New Brunswick (2002). Position Statement: *Delegated Nursing Tasks and Procedures*. Fredericton, NB. Author. http://www.nanb.nb.ca/pdf_e/



Advisor...continued on page 21



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Boardroom

Continued from page 5

the practice consultation service at 1-800-442-4417.

UNB nurse practitioner program approved

The nurse practitioner program at the University of New Brunswick was approved by the NANB board of directors for the maximum of three years. The approval visit was conducted last November by Luisa Barton, NP, Ryerson University, Toronto, Ontario and Barbara Waters, NP, Health Canada, Edmonton, Alberta.

UdeM basic program receives approval

The NANB board of directors accepted a recommendation from an approval team that the basic nursing education program be approved for five years. The approval team consisted of Chantal St-Pierre from the Université du Québec en Outaouais, Gatineau, Quebec; Sylvie Larocque, Université Laurientienne, Sudbury, Ontario and Suzan Banoub-Badour, Memorial University, St. Johns, Newfoundland. □

Advisor

Continued from page 12

[Publications/Position_Statements/POSITION_STATEMENTS_pdf/DELEGATING_NURSING_TASKS_AND_PROCEDURES_E.pdf](http://www.nanb.nb.ca/pdf_e/Publications/Position_Statements/POSITION_STATEMENTS_pdf/DELEGATING_NURSING_TASKS_AND_PROCEDURES_E.pdf)

Nurses Association of New Brunswick and Association of New Brunswick Licensed Practical Nurses (2003). *Working Together: A Framework for the Registered Nurse and the Licensed Practical Nurse*. Fredericton, NB. Author.

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Canadian Nurses Protective Society (CNPS) (2000). *Delegation to Other Health Care Workers*. Info Law, 9 (2). Ottawa, Ont. Author.

http://www.cnps.ca/members/pdf_english/delegation.pdf □

Editor's note: Virgil Guitard is a nursing practice advisor at the Nurses Association of New Brunswick.

Proxy

Continued from page 15

signed, if it is not completely filled out or if there are more than four forms received for one proxy holder. Since one nurse may hold only four proxies, a fifth form received for that nurse is void. Also no forms are accepted if received after May 25, 2007 at 1300 hrs. Forms sent by FAX will be declared void.

Information for nurses who carry proxies at the meeting

Keep the following facts about proxy voting at the tip of your fingers:

- Practising members of NANB may carry proxies.
- The maximum number of proxies that can be held is four. There is no minimum.
- Know the persons whose votes you carry and discuss with them how they want to vote on issues.
- At the time of the meeting, pick up your proxy votes at the proxy table.
- Sign your name on the proxy card.
- Proxy votes are non-transferable. They cannot be given to someone else in attendance at the meeting.
- During the meeting, participate in discussions. If information is presented that could change the opinion of nurses whose vote you carry, you may either get in touch with them, vote according to your own opinion or withhold your proxy vote.
- Always carry your proxy flags with you. If they are lost, you may not be able to retrieve them to vote.

Clarification

Anyone wishing clarification on proxy voting is welcome to call the Association toll free at 1 800 442-4417 or locally at 458-8731. □