



## **New Zealand Nurses Organisation**

Submission to Nursing Council of New Zealand

on

Draft Guideline: direction and delegation  
Consultation document

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## INTRODUCTION

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to respond to the review of the existing Nursing Council of New Zealand (NCNZ) guideline on direction and delegation. There has been little guidance over the past 4 years leading to inconsistency of practice related to this theme.
2. Education of the sector is needed by NCNZ when completed, including employers, DHBs, Aged Care sector, and education providers.
3. Effective direction and delegation does not occur in isolation of the seven elements of safe staffing/healthy workplaces<sup>1</sup> as outlined in the Report of the Safe Staffing/ Healthy workplaces Committee of Inquiry 2006.

## RECOMMENDATIONS

1. The New Zealand Nurses Organisation recommends that you:
  - **note**, there is an implementation plan needed if this guideline is to be effective.
  - **note**, widespread education in the sector on direction and delegation is required.
  - **note**, the whole health care team has a role in delegation and direction.
  - **note**, the safe staffing principles support nurses in practice in decision making regarding delegation and direction.
  - **note**, when addressing the new Nurse Practitioners competencies that these clearly outline the intention for Nurse Practitioners in the role of delegation and direction.

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<sup>1</sup> These elements are: the requirement for nursing and midwifery practice, the cultural environment, creating and sustaining quality and safety, authority and leadership on nursing and midwifery, acquiring and using knowledge and skills, the wider team and the physical environment, technology, equipment and work design.

- **note**, NCNZ enters into a dialogue with the Midwifery Council of New Zealand (MCNZ) to develop a joint statement to clarify the midwifery competency on delegation and direction of the nursing team.
- **note**, NCNZ suggests to the MCNZ to change the wording in the competency to reflect the changes in the Registered Nurse titles.
- **that**, a statement regarding the establishment of mutually agreeable guidelines between employers and employees on the management of the client who becomes ~~%unstable~~ and or unpredictable+ when in the care of an EN/NA and unregulated healthcare worker is undertaken.
- **note**, NCNZ needs to remove the word supervision from the document and have a clarifying statement on why this is not used.
- **Note**, NCNZ needs to clarify where the student nurse is placed within this direction and delegation guideline
- **note**, NCNZ needs to incorporate the principles of social, spiritual and cultural needs of clients.
- **note**, NCNZ needs to incorporate the principle of cultural safety in regards to delegation and direction.
- **note**, NCNZ needs to be consistent and clear on its policy regarding delegation and direction and that the language used in the guideline reflects this.
- **note**, NCNZ recognises that education and learning continues post registration for NA/ENs.
- **note**, NZNO fully endorses the need for employers to understand their role in delegation and direction.
- **note**, NCNZ should not implement this guideline in its current form without significant reworking of the flowchart, narrative and wording in the guideline.

- **note**, NCNZ uses the Attached %Draft 1 Nursing Practice (NZ) Flow Chart for Direction and Delegation+. This is a flowchart NZNO has designed based on the ANMC model. NZNO recommends that a focus group of relevant clinical stakeholders is established to pilot the draft.

## **ABOUT THE NEW ZEALAND NURSES ORGANISATION**

2. The New Zealand Nurses Organisation (NZNO) is a Te Tiriti o Waitangi based organisation which represents over 40 000 nurses and health workers. NZNO is the professional body of nurses and the leading nursing union in Aotearoa New Zealand. Our members include nurses, midwives, students, health care workers and other health professionals.
3. The NZNO vision is %Freeed to care, Proud to nurse+. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.
4. NZNO has consulted its members and staff in the preparation of this submission in particular, the Professional Nursing Advisors, The Enrolled Nurses Section, the Gerontology Nurses Section, and the wider NZNO membership.

## **NZNO Responses to Nursing Council of New Zealand on the Consultation Document Questions 1- 7.**

### **Question 1:**

***Does this guideline provide sufficient guidance for registered nurses to direct and delegate the work of others in all situations?***

NZNO notes that there is insufficient guidance in the current consultation document. The following points need to be addressed:

- This document alone will not address the implementation of this new guidance. We note that the Australian Nursing and Midwifery Council have an implementation plan related to their National Decision Making Framework (Australian Nursing and Midwifery Council, 2007). NZNO recommends that this approach is adopted to ensure the sector is fully informed on NCNZ policy, and to ensure effective engagement with nurses using the guideline. In addition, a focus group with all the relevant stakeholders is recommended to pilot the guidelines.
- NZNO believes the document must acknowledge that it is equally an important guideline for registered nurses (RN) as well as for Enrolled Nurses (ENs), Nurse Assistants (NAs) and unregulated health care workers. NZNO members note from their clinical experiences that RNs continue to face challenges in understanding their direction and delegation roles throughout their careers.
- We believe the role of the Nurse Practitioner in relation to direction and delegation needs to be clarified to avoid any confusion in the clinical setting. As the NCNZ has been reviewing the Nurse Practitioner competencies, it is logical that the competencies related to direction and delegation will be cross referenced to this guideline.

- Under the heading *Responsibilities of the registered nurse*, NZNO recommends the addition of a statement regarding the RN who works in an obstetric setting. NZNO notes that one of the competencies for the entry to the register for midwifery states that the midwife:

directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurses, registered general nurses or registered comprehensive nurses+(Midwifery Council of New Zealand (2004), Competencies for Entry to the Register<sup>2</sup>, P.6).

There are 3 points that need attention with this competency:

- I. NZNO notes that the above issue is not addressed within the consultation document. This needs to be included to give clear guidance to staff working in the obstetric setting.
  - II. Although the terms registered general and comprehensive nurse are no longer used, they are still currently included in the midwifery competencies. We recommend that NCNZ requests that this midwifery competency is updated to reflect current terminology via dialogue with the Midwifery Council of NZ.
  - III. It is unclear what is the position of the Midwifery Council of NZ in relation to the NCNZ position on direction and delegation. NZNO recommends that this issue is clarified in this guideline, and a joint statement is issued by both regulatory authorities.
- We recommend the addition of a statement regarding the establishment of mutually agreeable guidelines between employers and employees re how to manage the client who becomes unstable and unpredictable+when under the care of an enrolled nurse, nurse assistant or unregulated

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<sup>2</sup> Retrieved from [www.midwiferycouncil.org.nz/main/competencies](http://www.midwiferycouncil.org.nz/main/competencies).

caregiver, as it is well recognized that a clients status can change from stable to unstable during care. A good example of direction and delegation policy that addresses this theme is available from Waikato District Health Board.

- It is noted that the term %supervision+ has been used on page 6 of the consultation document which could lead to confusion for regulated nurses. We believe it must be clarified in the guideline why the term %supervision+ is not used in this document.
- We recommend the adjustment of bullet point 4 which states %physical, mental and emotional needs of the client+. In addition this needs to incorporate the principles of social, spiritual and cultural needs.
- There is an increasing trend for regulated nurses to work within a health team that is multicultural. As a result one is working with team members who may have different experiences regarding direction and delegation. This key principle of cultural safety needs to be discussed in this guideline.

**Question 2:**

***Do you think these guidelines provide appropriate guidance for employers?***

- NZNO recommends that on page 4 of the consultation document, that the title *%Direction and delegation of nursing care to enrolled nurses and nurse assistants+* is changed to *%The Health Team: Responsibilities and Accountabilities related to direction and delegation+*. This would send a clear message that effective direction and delegation is the responsibility of the entire health team, and that it cannot be achieved in isolation.
- It is noted that the term *%supervision+* has been used on page 5 of the consultation document which could lead to confusion for employers. We believe it must be clarified in the guideline why the term *%supervision+* is not used in this document as it is noted to be in use intermittently by employers in the workplace.
- As previously mentioned, we recommend the addition of a statement regarding the establishment of mutually agreeable guidelines between employers and employees re how to manage the client who becomes *%unstable and unpredictable+* when under the care of an enrolled nurse, nurse assistant or unregulated caregiver, as it is recognized that a clients status can change from stable to unstable during care.
- Bullet points number two and number four (on page 7) needs the addition of the terms regulated nurses and unregulated health care workers to ensure there is no misinterpretation.
- Bullet point number three (on page 7) needs to have the term *%policies+* added next to the word *%processes+*.

- Bullet point 3 ( on page 7) needs adjustment to include the legislation that mandates the employer to have processes in place for monitoring the standard of care and for staff to document and report client related concerns. An example is the Health and Disability Sector Standards NZS 8134:2001 .
- We strongly support bullet point 4 on page 7. This emphasises that the employer is responsible for ensuring the skills mix of staff provides a safe standard of care to clients - this necessitates professional nursing input to determine that the standard of care is safe. Therefore, the employer must be sure that the nurse(s) managing this process have the expertise and time to be able to assess the standard of care that is required for patients.

**Question 3:**

***Are the responsibilities of the enrolled nurse and nurse assistants sufficiently clear?***

- Under the heading *Responsibilities of the enrolled nurse and nurse assistant*, (page 4) NZNO recommends that the 3<sup>rd</sup> bullet point is changed from *to inform the registered nurse (or midwife) of any aspects of care which are beyond his/her educational preparation and competency to perform* to *to inform the registered nurse (or midwife) of any aspects of care which are beyond his/her educational preparation/post registration endorsements, and competency to perform*.

This acknowledges that the Enrolled Nurse/Nurse Assistant develop knowledge and skills post registration.

- We seek clarification in the document that the EN or NA cannot delegate his or her cares to an unregulated health care worker. This is particularly important in the aged care sector where there is potentially one registered nurse with a small number of EN/NAs and many unregulated health care workers. In rest homes there is frequently only eight hours of Registered Nurse cover per week. This point is of particular importance in rest homes where the EN/NA could be directing off the care plan written by the RN.
- The EN/ NA need to understand their role and that of the RN who works in an obstetric setting. NZNO notes that one of the competencies for the entry to the register for midwifery states that the midwife:

*directs, supervises, monitors and evaluates the obstetric nursing care provided by registered obstetric nurses, enrolled nurses,*

registered general nurses or registered comprehensive nurses+  
(Midwifery Council of New Zealand (2004), Competencies for Entry  
to the Register<sup>3</sup>, P.6).

- NZNO believes this theme needs to be clarified for the EN/NA in addition to the RN.

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<sup>3</sup> Retrieved from [www.midwiferycouncil.org.nz/main/competencies](http://www.midwiferycouncil.org.nz/main/competencies).

**Question 4:**

***Do you agree with the delegation guidelines for registered nurses working with unregulated healthcare workers?***

- NZNO disagrees that unregulated health care workers are a more efficient use of skilled resources+as stated on page 5 of the consultation document. This is a matter of debate.
- We believe the content under the heading **Direction and delegation of care to unregulated care workers**+needs to be restructured to fit the document purpose by addressing the following:
  - a. The first paragraph would fit in to the **purpose**+and/ or **introduction**+section of the document on page 3.
  - b. The second paragraph appears to be a definition of unregulated health care workers and should thus be placed in the glossary of terms.
  - c. The third paragraph has valuable information regarding nurses who are employed as consultants or resource people. This information is equally applicable to the enrolled nurse and nurse assistant. It is advised that paragraph has a separate heading such as **Responsibilities of the Registered Nurse/ Nurse Practitioner in a consultancy role**+. This paragraph could then be moved logically to follow the section entitled **The responsibilities of the Registered Nurse**+

**Question 5:**

***Do you consider the five rights of delegation to be useful?***

- NZNO notes that
  - a. These 5 rights are a useful adjunct as they serve the purpose of triggering regulated staff to recall the essential components of the process. It is not useful in isolation but beneficial as part of an education package.
  - b. There is potential for confusion with the 5 rights of medicine administration, thus a mnemonic could be devised to distinguish.
  - c. The production of laminated cards with the 5 rights of delegation is a potentially useful tool.

**Question 6:**

***Do you consider the Nursing practice delegation flowchart and narrative to be useful?***

- NZNO notes that the proposed nursing practice delegation flowchart is not useable in the NZ health setting as:
  - I. The delegation flowchart has been significantly modified from the Australian original and has removed significant critical questions from the Australian original.
  - II. The original Australian delegation flowchart has information under the section %Competence, Confidence and Accountability+which guides the practitioner to safely make a direction and delegation decision. This is a significant omission from the adapted version in the consultation document proposed by NCNZ.
  - III. The adapted flowchart does not address the issue that the Nurse Assistant can only practise in the setting as per education programme restrictions.

Because the adapted flowchart needs revisiting, the adapted narrative also needs to be reviewed again. There is a current disconnection between the flowchart, the narrative and the rest of the guideline. The three documents need to %talk to each other+. It is also recommended that the flowchart is placed on a formal software package so it can be printed for ease of use in the clinical setting. The layout of the NCNZ guideline as it stands needs to be structured in such a way that it will reflect what is portrayed on the flowcharts

so that nursing staff can easily access and follow the more expanded details given through the visual tools.

Further clarity must be added to the NCNZ document in order to facilitate the potentially complex processes surrounding direction and delegation.

For example, in the following clinical setting:

*I am a senior nurse in the Emergency Department. I have a patient who needs an orthopaedic procedure that I am unfamiliar with, which can be completed by an Enrolled Nurse. However, I have been on maternity leave and am unfamiliar with the procedure myself. The NCNZ delegation flowchart does not give me the option to consider whether it is safe to delegate if I lack confidence.*

There is an important opportunity to reduce the confusion regarding direction and delegation in the clinical setting. NZNO believes that the ANMC guidelines and tools are very valuable documents on this subject that offer in-depth and practical advice.

Attached ~~to~~ Draft 1 Nursing Practice (NZ) Flow Chart for Direction and Delegation+is a flowchart NZNO have designed based on the ANMC model. It has been trialled by some members who delegate and direct every day in the clinical setting. Their feedback has been positive. NZNO recommends that a focus group of relevant clinical stakeholders is established to pilot the draft.

**Question 7:**

***Please add any other comments on the draft document***

As previous stated NZNO recommends

- a. Be consistent with terminology for reference to the unregulated workforce, as the terms ~~%caregiver+~~, ~~%health care worker+~~, ~~%other+~~ and ~~%non-nurse+~~ are used in the document. The one chosen generic term also needs to be defined in the glossary to prevent any misinterpretation by the reader.
- b. Need clarification where the student nurse is placed within this direction and delegation guideline.
- c. Add Nurse Practitioners to the regulated workforce description in the introduction.
- d. The addition of the definition of the terms Nurse Assistant and Enrolled Nurse are added to the glossary , as NZNO members note there continues to be confusion in the sector on the term ~~%Nurse Assistant+~~
- e. Add statements under the heading ~~%The responsibilities of the registered nurse+~~, that
  - the RN needs to understand the difference between the Enrolled Nurse and Nurse Assistant scopes of practice, and how this will affect direction and delegation.
  - The RN needs to recognize when he or she lacks the confidence and/or experience to delegate a task, and he or she needs to seek appropriate advice in such a situation.

## CONCLUSION

The responsibilities of the RN are crucial within this process of direction and delegation. It is vital that RNs are given more education and experiential learning in understanding the scopes of practice of ENs and NAs; the differences that exist between those scopes; and the implications for safe nursing practice. The professional responsibilities of regulated nurses need be shared (according to the scopes) and mutually respected. Therefore, this fundamental premise must be understood and integrated into nursing practice. NZNO believes that further clarity need be given to this guideline and accompanying flowcharts so that safe, clear practice can be better facilitated.

## REFERENCES

Australian Nursing and Midwifery Council (2007). *Report to the Australian Nursing and Midwifery Council : Project to produce a national framework for the development of decision making tools for nursing and midwifery practice* (National DMF). Dickson: Author.

New Zealand Nurses Organisation. (2006). *Report of the Safe Staffing/ Healthy Workplaces Committee of Inquiry*. Wellington: Author.

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