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Carol Crevacore
*Edith Cowan University*, c.crevacore@ecu.edu.au

Elisabeth R. Jacob
*Edith Cowan University*, e.jacob@ecu.edu.au

Linda L. Coventry
*Edith Cowan University*, l.coventry@ecu.edu.au

Christine Duffield
*Edith Cowan University*, c.duffield@ecu.edu.au



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REVIEW

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# Integrative review: Factors impacting effective delegation practices by registered nurses to assistants in nursing

Carol Crevacore[1,2] | Elisabeth Jacob[1,3] | Linda L. Coventry[1,2,4] | Christine Duffield[1,2,5]

[1]School of Nursing and Midwifery, Edith Cowan University Joondalup, Joondalup, Western Australia, Australia

[2]Centre for Research in Aged Care, Edith Cowan University, Joondalup, Western Australia, Australia

[3]Australian Catholic University, Melbourne, Victoria, Australia

[4]Centre for Nursing Research, Sir Charles Gairdner Hospital, Nedlands, Western Australia, Australia

[5]University of Technology Sydney, Sydney, New South Wales, Australia

**Correspondence**
Carol Crevacore, School of Nursing and Midwifery, Edith Cowan University Joondalup, Joondalup, Western Australia, Australia.
Email: c.crevacore@ecu.edu.au

## Abstract

**Aim:** To identify the evidence on factors that impact delegation practices by Registered Nurses to Assistants in Nursing in acute care hospitals.

**Design:** An integrative review.

**Data Sources:** Database searches were conducted between July 2011 and July 2021.

**Review Methods:** We used the 12-step approach by Kable and colleagues to document the search strategy. The (Whittemore & Knafl. 2005. *Journal of Advanced Nursing*, **52**(5), 546–553) integrative review framework method was adopted and the methodological quality of the studies was assessed using Joanna Briggs critical appraisal instruments.

**Results:** Nine studies were included. Delegation between the Registered Nurse and the Assistant in Nursing is a complex but critical leadership skill which is impacted by the Registered Nurse's understanding of the Assistant in Nursing's role, scope of practice and job description. Newly qualified nurses lacked the necessary leadership skills to delegate. Further education on delegation is required in pre-registration studies and during nurses' careers to ensure Registered Nurses are equipped with the skills and knowledge to delegate effectively.

**Conclusion:** With increasing numbers of Assistants in Nursing working in the acute care environment, it is essential that Registered Nurses are equipped with the appropriate leadership skills to ensure safe delegation practice.

KEYWORDS
assistant in, decision making, delegation, healthcare assistants, integrative review, nurse, nursing, nursing, unregulated healthcare worker

## 1 | INTRODUCTION

Globally there has been an increased use of unregulated healthcare workers (UHCW) due to rising demands for healthcare, escalating healthcare costs and nursing workforce shortages (Duffield et al., 2018). The COVID-19 pandemic has placed further pressure on already struggling healthcare systems resulting in an immediate need to build workforce capacity to meet care demands (Dow et al., 2020; Fan et al., 2021). However, prior to COVID-19 healthcare organizations were already redesigning care delivery models in

an attempt to extend, expand and supplement the registered nurse (RN) workforce (Fawcett, 2021).

Various countries worldwide have different levels of nurses within their workforce with experienced and qualified staff supervising and supporting less experienced and less qualified staff such as the UHCW to provide patient care (Crevacore et al., 2019). UHCWs support RNs to assist patients meet their fundamental care needs including toileting, mobilization, sleep and rest, being respected, maintaining a sense of safety and having a choice in care provision (Kitson et al., 2013). As the number of UHCWs grows it is imperative that RNs have the requisite skills and knowledge to delegate and supervise this growing workforce (Duffield et al., 2018).

The UHCW is known throughout the world by more than 300 titles including unlicensed assistive personnel (United States of America), healthcare assistants (Australia and the United Kingdom), unlicensed care providers (Canada) and assistants in nursing (Australia) (Cavendish, 2013; Francis, 2013). In this integrative review, the term Assistant in Nursing (AIN) will be used.

Delegation is a necessary leadership skill that can impact quality of care and patient satisfaction (Kalisch, 2011). Nurses complete this activity many times a day to ensure that the best health outcomes are achieved for patients while considering available resources (Nurses and Midwifery Board of Australia, 2020). RNs delegate patient care to a range of staff that support them including AINs. Delegating care is a complex decision-making process that requires the nurse to utilize leadership and change management skills to demonstrate assertiveness within the teams they work, advocate for patients and ensure nursing activities are effectively executed (Hansten, 2011; Magnusson et al., 2017; Marquis & Huston, 2021). In order for safe delegation to occur nurses must ensure that they follow the five rights of delegation namely the right task, right circumstance, right person, right supervision and right direction and communication (American Nursing Association, 2012). To achieve the five rights of delegation nurses need to develop a therapeutic relationship with the patient to understand them and their care requirements. It is important that nurses engage patients in the decision making surrounding delegation to ensure they maintain a sense of control in the care they receive (Feo & Kitson, 2016).

### Impact

**What problem did the study address**

Factors impacting a Registered Nurse's (RN) decision to delegate to the Assistant in Nursing (AIN) in the acute care environment are not known.

**What were the main findings**

Factors that impact on the RN's decision to delegate include understanding the role and scope of practice of the AIN, and their level of experience and self-confidence levels. RNs are reluctant to delegate as they remain accountable and responsible for the action of others. Delegation education needs to be expanded in the pre-registration curricula and revisited regularly throughout the nurse's career.

**Where and on whom will the research have an impact**

Nurses and nursing management will benefit from understanding the factors that act as barriers and facilitators for effective delegation practice.

## 1.1 | Background

Delegation has been defined in the literature in a variety of ways. The common theme between definitions is that the activity, which is the responsibility of one person, is completed by another who accepts the responsibility of completing the activity in an appropriate manner (Haugen et al., 2019; Marquis & Huston, 2021). Mullins (2019) elaborates further by saying that the concept of delegation is founded upon authority and responsibility, and through this a special relationship is created between those involved. Marquis and Huston (2021) reiterate that both accountability and responsibility are also retained by the delegating staff member who needs to ensure that the work is completed appropriately. The legal responsibility of the delegator is highlighted by Dimond (2018) who states that it is the personal and professional responsibility of each nurse who delegates health care activities to ensure that the delegatee is educated, competent and experienced in the task to be undertaken to ensure patient safety.

Research has identified that some nurses do not understand the meaning of delegation and do not believe they are delegating if the activities are part of the AIN job description (Corazzini et al., 2010; Kalisch & Aebersold, 2006). When we consider the definition of delegation above, if a nurse is not aware that they remain accountable for nursing activities, it is likely that they will not provide suitable supervision to the AIN while they complete these direct care activities. This lack of supervision may lead to omissions of care and adverse events which compromise patient safety (Hughes et al., 2017; Wagner, 2018).

This integrative review is important because the number of AINs being employed within the acute hospital sector is increasing, which in turn has resulted in an increase in the number of nursing activities delegated to staff such as the AIN. As patient acuity increases, the range and complexity of activities delegated, and thus undertaken by less-skilled staff, may also increase. Even direct patient care such as bathing and ambulating may become more complex or difficult in this higher acuity environment, resulting in higher supervision requirements. If RNs do not understand that they are delegating these activities and therefore are accountable for the outcomes of the care, ineffective division of workload may result, and oversight of the delegated activity may not occur (Walker et al., 2021). Furthermore, care may be overlooked, repeated, or inappropriately performed (Johnson et al., 2015; Roche et al., 2016). This may impact on the patients' safety and experience and potentially, on health outcomes (Chaboyer et al., 2021).

## 2 | THE REVIEW

### 2.1 | Aim

The aim of this review was to identify, integrate and critique the best available evidence regarding the factors that impact effective delegation practices by RNs to AINs in the acute care environment.

### 2.2 | Design

An integrative review framework was selected as it allows for the inclusion of both experimental and non-experimental research to systematically identify practice standpoints of interest and importance in nursing. Additionally, it combines both empirical and theoretical research, has a range of applications including defining concepts, appraising theories and evidence, while potentially identifying complex concepts (Whittemore & Knafl, 2005). In this review factors affecting delegation practices between the RN and the AIN are presented in tables and diagrammatic illustrations detailing the search results and evaluation of the data. Finally, a synthesis in the form of an integrated summary is provided. As suggested by Whittemore and Knafl (2005), the outcome of the review may provide a greater understanding of a phenomena and will help to identify areas for future research, guide education and policy initiatives. This review has adopted the 12-step systematic approach described by Kable et al. (2012). One criterion of an integrative literature review is a detailed search strategy to confirm rational and thorough selection of the literature.

### 2.3 | Search methods

A search of electronic databases was conducted between July 2011 and July 2021 using the PRISMA-S guideline. The authors chose to search from July 2011 to find the most recent evidence reflecting the current acute care environment. The last search was completed on the 9th July 2021. CINAHL, Medline, Proquest and Pubmed Databases were searched to identify appropriate studies. CINAHL and Medline were searched concurrently whereas Pubmed and Proquest were searched separately. Ten search terms were used in this review: nurs*; delegate*; assist* nurs*; client care attend*; health care assist*; nurs* aid*; patient care assist*; person* care attendant; unlicensed assist* person*; unregulat* health care assist (Table 1). A manual review of the reference lists of all abstracts was undertaken to identify any further relevant articles. Only original research articles published in peer-reviewed, indexed scientific journals that discussed delegation practices between the RN and the AIN in the acute care hospital setting were included. Studies were excluded if they were not conducted in an acute care setting (for example long-term or residential aged care); and, if they examined RN's delegation practices to other licensed nurses (enrolled nurses (EN) or licensed vocational nurses (LVN)). In addition, literature reviews, grey literature, letters to the Editor, position statements, question and answer forums and studies not written in English were also excluded.

### 2.4 | Search outcome

The database search identified 315 articles and a further two were identified through checking of end text reference lists. After duplicates were removed 305 articles remained. Two researchers reviewed titles and abstracts and excluded 290 articles. The remaining 15 articles were read in full by authors one and two. Six articles were excluded. See Table 2 which outlines the reasons for exclusion. A total of nine articles were included (See Figure 1).

### 2.5 | Quality appraisal

To assess the rigour, credibility and relevance of the 15 retrieved articles for inclusion in the integrative review the Joanna Briggs

**TABLE 1** Search results: Factors impacting effective delegation practices by registered nurses for assistants in nursing

| Search (S) terms | CINAHL/Medline | EMCARE | Pub med | Proquest |
|---|---|---|---|---|
| S1 Nurs* | 107,695 | 27 | 105, 018 | 254,579 |
| S2 Delegat* | 885 | 6 | 198 | 7353 |
| S3 Assist* nurs* | 2924 | 2 | 11,194 | 17,076 |
| S4 Client care attend* | 20 | 5 | 1042 | 801 |
| S5 Health care assist* | 1061 | 18 | 7251 | 28,882 |
| S6 Nurse aid* | 561 | 18 | 972 | 7320 |
| S7 Patient care assist* | 351 | 26 | 4877 | 20,962 |
| S8 Person care assist* | 106 | 18 | 6328 | 9134 |
| S9 Unlicensed assist* person* | 20 | 0 | 48 | 18 |
| S10 Unregulat* health care assist* | 0 | 18 | 20 | 37 |
| S11 S1 and S2 | 373 | 0 | 190 | 756 |
| S12 S3 OR S4 OR S5 OR S6 OR S7 OR S8 OR S9 OR S10 | 4441 | 4 | 13,792 | 49,912 |
| S11 and S12 | 66 | 0 | 61 | 188 |

**TABLE 2** Articles excluded including explanation

| Author | Year | Title | Reason for exclusion |
|---|---|---|---|
| Allan et al. | 2014 | People, liminal spaces an experience: Understanding recontextualization of knowledge for newly qualified nurses | Did not explore delegation practises between the RN and the AIN |
| Baddar et al. | 2016 | Nurse managers' attitudes and preparedness towards effective delegation in Saudi hospitals | This study did not clearly articulate who the nurse manager was delegating to |
| Bystedt et al. | 2011 | Delegation within municipal healthcare | The study did not clearly explain what municipal healthcare incorporates. Therefore, we were unable to ascertain if it was the acute care environment |
| Huang & Liang | 2011 | The skill mix model: a preliminary study of changing nurse role functions in Taiwan | Did not explore the factors impacting delegation decision making between the RN and the AIN |
| Klein et al. | 2017 | Delegation documentation and knowledge of evidence based practise for oral hygiene | This study did not explore the RN position when delegating to the AIN |
| Saqer & AbuAlRub | 2018 | Missed nursing care and its relationship with confidence in delegation among hospital nurses | Did not explicitly state factors impacting the RN's decision to delegate to the AIN |

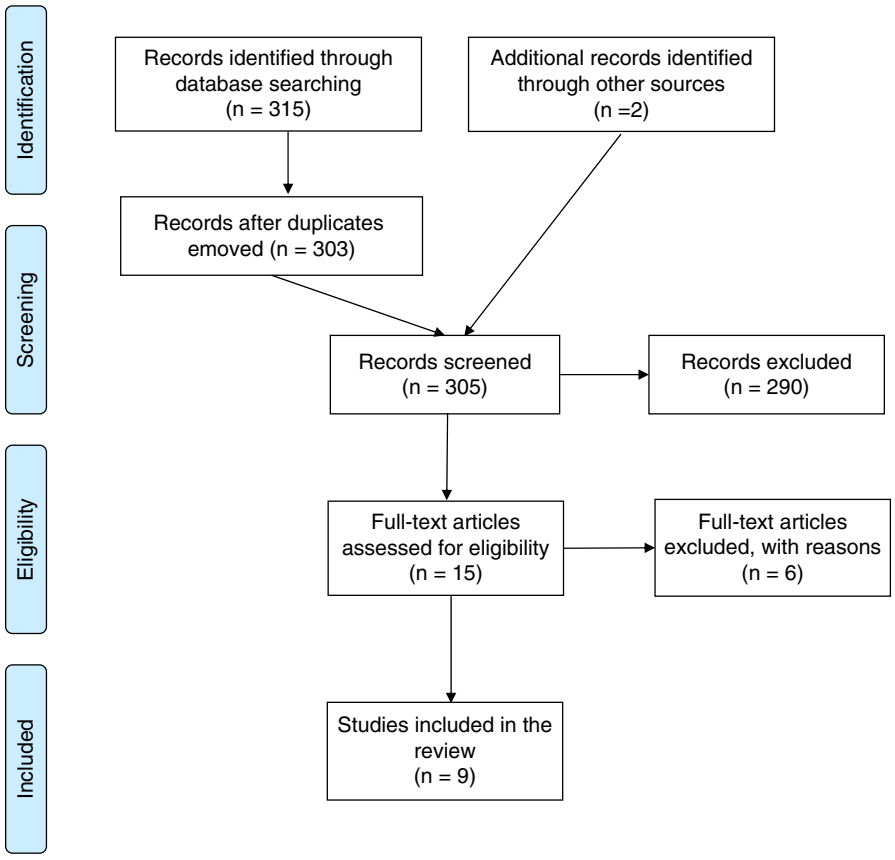


**FIGURE 1** Prisma flow chart.

Institute (JBI) Quality Appraisal Framework (2017) was employed. The appraisal of the qualitative studies was based on the JBI Critical Appraisal Checklist for Qualitative Research. The quantitative studies were assessed either the JBI Critical Appraisal Checklist for Quasi-experimental studies or the JBI Critical Appraisal Checklist for Analytical Cross Sectional studies. (The Joanna Briggs Institute, 2017; see Supplementary Files). Each reviewer independently rated the paper as "include", "exclude," or "seek further information" as per JBI recommendation. The two reviewers differed in their ratings in just one of the 15 articles which was referred to author four for review. Six papers were excluded after reading the full text leaving nine papers for inclusion in the integrative review (see Table 2).

## 2.6 | Data abstraction

Data were extracted from the included studies by author one and checked for accuracy by the second author. The data abstracted

included details about the study year, study country, study aim, sample size, methods and key findings.

### 2.7 | Synthesis

Whittemore and Knafl (2005) suggest the identification of themes is central to data abstraction and synthesis of meaning for integrative reviews. This review adopted the thematic analysis described by Whittemore and Knafl (2005) to ensure rigour in the creation of themes. Data reduction, display and comparison were completed to allow conclusions to be drawn and a comprehensive integrated representation of the factors impacting the RNs decision to delegate to the AIN in the acute care environment to be made (Whittemore & Knafl, 2005). To ensure validity of the conclusions and to minimize interpretation bias and error they were verified with the original texts for accuracy and confirmability (Whittemore & Knafl, 2005).

## 3 | RESULTS

Nine studies were identified that discussed delegation practices between the RN and the AIN in the acute care setting. The studies were critically appraised (Tables S4–S6, Supplementary File) for methodological quality using the JBI critical appraisal tools. The overall methodological quality of the included studies was moderate to good. For the qualitative studies only two questions were not answered well and they were; is there a statement locating the researcher culturally or theoretically; and, is the influence of the researcher on the research addressed? For the quasi-experimental study, the following items were unclear; were the participants included in any comparisons similar; and was follow-up complete and if not, were differences between groups in terms of their follow-up adequately described and analysed? For the cross-sectional study most questions were answered positively.

Three of the studies were conducted in the USA (Bellury et al., 2016; Kalisch, 2011; Wagner, 2018), three from the United Kingdom (Allan et al., 2016; Johnson et al., 2015; Magnusson et al., 2017) one each from Australia (Walker et al., 2021), Canada (Dahlke & Baumbusch, 2015), and Iceland (Kaernested & Bragadottir, 2012). Sample sizes varied between 18 and 71 for RNs; 3 and 118 for AINs; 3 and 20 for NM or Nurse leaders; three studies included 33 newly qualified nurses (NQNs); and two studies LVNs and ENs. Methodological approaches included baseline observations and pre-post testing (Wagner, 2018); focus groups and interviews (Kalisch, 2011); interviews, focus groups and baseline observation (Walker et al., 2021); descriptive surveys (Kaernested & Bragadottir, 2012); focus groups and qualitative surveys (Bellury et al., 2016); interviews and participant observation (Allan et al., 2016; Johnson et al., 2015; Magnusson et al., 2017); and a thematic analysis of an existing grounded theory study (Dahlke & Baumbusch, 2015). The reviewed literature revealed five main themes that impact on delegation practice; understanding the role of the AIN and their scope of practice (SOP); ability of the AIN; newly qualified nurses; accountability and responsibility and delegation education.

### 3.1 | Understanding the role of the AIN and their SOP

Seven studies identified that it is important for RNs and AINs to understand one another's role and scope of practice (SOP) to delegate effectively (Bellury et al., 2016; Dahlke & Baumbusch, 2015; Johnson et al., 2015; Kaernested & Bragadottir, 2012; Kalisch, 2011; Wagner, 2018; Walker et al., 2021). Interestingly, RNs in three studies were of the opinion that there was no need to delegate those activities listed on the AIN job description as they were activities already approved by management (Kaernested & Bragadottir, 2012; Wagner, 2018; Walker et al., 2021). This would suggest that some RNs are unable to differentiate between a SOP and the AIN job description. Dahlke and Baumbusch (2015) propose that the time taken to understand the AIN role and assess the individual SOP prevented some nurses from delegating. Nurses in other studies were prevented or delayed from delegating as they did not understand what activities they were able to delegate to the AIN (Johnson et al., 2015; Kaernested & Bragadottir, 2012; Wagner, 2018). Walker et al. (2021) suggested that when there is a lack of understanding of the AIN role and SOP, it prevents the RN from working to their full SOP as they are reluctant to delegate to the AIN. This in turn may result in an overworked RN and an underworked AIN.

### 3.2 | Ability of the AIN

RNs were more likely to delegate to the AIN who they deem as competent (Johnson et al., 2015) and they became frustrated when the AIN was not working to the expected level (Kaernested & Bragadottir, 2012; Kalisch, 2011; Magnusson et al., 2017). One way RNs determined an AIN's competence was through completion of an activity together (Johnson et al., 2015). The AIN's ability to complete the task in a timely, safe manner would determine whether the RN would delegate to the AIN in the future (Johnson et al., 2015). Trust was also identified as an issue when making the decision to delegate. If the RN was able to trust that the AIN would complete the activity in a safe manner then they were more likely to delegate (Kaernested & Bragadottir, 2012; Wagner, 2018; Walker et al., 2021).

### 3.3 | Newly qualified nurses

The art of delegating involves complex assessment and decision-making processes (Walker et al., 2021) that develop over time

through practice (Allan et al., 2016; Kaernested & Bragadottir, 2012). Being a newly qualified nurse was identified in five studies as impacting on the RN's delegation decision making (Allan et al., 2016; Johnson et al., 2015; Kaernested & Bragadottir, 2012; Magnusson et al., 2017; Walker et al., 2021). NQNs felt that they lacked the necessary leadership skills required to effectively delegate (Johnson et al., 2015; Magnusson et al., 2017; Walker et al., 2021) and that they 'muddled through' or learnt through mistakes (Allan et al., 2016). Compounding this issue for the NQNs was the challenge of telling people who were older or those that they respected what was required in order to provide safe, timely patient care (Johnson et al., 2015;Kaernested & Bragadottir, 2012; Magnusson et al., 2017). This lack of skill and confidence (Kaernested & Bragadottir, 2012; Magnusson et al., 2017) may result in missed care or burnout for the NQN as they attempt to complete all care independently (Johnson et al., 2015; Magnusson et al., 2017) and may lead to nurses leaving the profession. Wanting to be seen as a valuable staff member and not considered as being lazy by more experienced staff was a further reason that NQNs chose not to delegate (Johnson et al., 2015; Kaernested & Bragadottir, 2012; Magnusson et al., 2017).

Many factors reduced the NQN's likelihood of delegating however, in an attempt to manage their time and keep up to date with their record keeping role, the NQN in some studies delegated more frequently to the AIN (Johnson et al., 2015; Kaernested & Bragadottir, 2012). The use of a 'nursing diagnosis' for nurses in the study by Kaernested and Bragadottir (2012) also resulted in them delegating more. Further explanation as to why this occurred was not clearly articulated.

### 3.4 | Accountability and responsibility

Retaining accountability and responsibility when delegating impacted the RN's decision to delegate. Some of the nurses in a study by Walker et al. (2021) had a strong understanding of their accountability and responsibility surrounding delegation and were more willing to delegate. These RNs practiced in environments where the AIN was firmly embedded as a member of the team and delegation between the RN and the AIN was part of the daily routine. However, some nurses were anxious regarding their accountability and responsibility, resulting in them not delegating (Walker et al., 2021). Being responsible for mistakes made by others (Johnson et al., 2015) and the extra work required to correct errors when they occurred (Kalisch, 2011) were further reasons for RNs not delegating and completing the activities themselves. For some nurses the amount of time taken to check on the AIN to ensure that the activity was performed correctly negated the time saving aspect of delegation which resulted in the RN not delegating (Magnusson et al., 2017). Of concern were the findings in the study by Magnusson et al. (2017) where AINs were observed to be working independently and making clinical decisions that appeared to be beyond their SOP.

### 3.5 | Delegation education

Lack of education on delegation was identified in six studies (Dahlke & Baumbusch, 2015; Johnson et al., 2015; Kaernested & Bragadottir, 2012; Magnusson et al., 2017; Wagner, 2018; Walker et al., 2021). Nurse leaders in a study by Walker et al. (2021) stated RNs lack the requisite skills to effectively delegate including, providing feedback and being able to critically appraise what needs to be delegated. Many of the RNs also discussed the importance of having education that was revisited throughout the year to improve these skills (Walker et al., 2021). Nurses in a study by Dahlke and Baumbusch (2015) preferred to rely on the established nursing value of reciprocity to achieve care delivery rather than delegate. Reciprocity in this research was explained as 'believing they would be reciprocated in the future for their assistance' now (p. 3180). It was suggested that these nurses needed delegation education to improve their skills (Dahlke & Baumbusch, 2015). When nurses completed an education program surrounding delegation there was a notable improvement in their ability to effectively communicate, seek feedback and explain tasks when delegating to the AIN (Wagner, 2018). As mentioned previously, NQNs believed they needed more education in this area to have the confidence to delegate (Johnson et al., 2015). In contrast, more experienced nurses argued that delegation skills develop through trial and error rather than structured educational opportunities (Kaernested & Bragadottir, 2012). Despite this, most nurses were interested in further education on delegation to be more effective delegators (Kaernested & Bragadottir, 2012; Table 3).

## 4 | DISCUSSION

The findings suggest that many factors influence a RN's decision to delegate to the AIN in the acute care environment. The complexities of delegation impact the RN's confidence to delegate resulting in some RNs avoiding delegation. When nurses fail to delegate it may result in missed care (Chaboyer et al., 2021; Johnson et al., 2015; Saqer & AbuAlRub, 2018); overworked RNs (Albsoul, 2019; Johnson et al., 2015); and demotivated AINs (Bellury et al., 2016; Walker et al., 2021). Lack of knowledge and delegation experience may negatively impact patient outcomes (Gravlin & Bittner, 2010; Kalisch, 2011; Standing & Anthony, 2008), and a nurse's progression from lower to higher levels of practice (Benner et al., 2008).

The finding that RNs do not have a comprehensive understanding of the SOP or the job description of the AIN with whom they work is a concern. SOP documents are developed to ensure that staff are completing activities in which they are 'educated, competent to perform and permitted by law' (Nurses and Midwifery Board of Australia, 2020, p. 13). The AIN's SOP is influenced by the context in which they are working; their own level of competence, qualification and experience and the culture, policies and procedures of the facility in which they are working (Birks et al., 2016). These factors result in AINs having variable abilities or skill sets based

**TABLE 3** Articles included for review

| Author | Year | Country | Aim | Sample size | Methods | Key findings relating to delegation |
|---|---|---|---|---|---|---|
| Allan et al. | 2016 | UK | To understand how NQNs recontextualise knowledge to allow them to delegate and supervise the AIN | 33 NQNs, 10 AINs and 12 ward managers | Ethnographic case studies using a mixed methods approach involving participant observations and interviews | NQNs learn to delegate through a variety of mechanisms including visible and invisible learning.<br>Invisible learning includes: learning through mistakes; learning from difficult experiences; informal learning from colleagues; and by 'muddling through' |
| Bellury et al. | 2016 | USA | To gain insights into the perceptions of AIN and RNs on teamwork in acute care | RNs = 18, AINs = 33 | Qualitative descriptive approach including focus groups for the AINs and qualitative surveys for the RNs | Contrasting team and task mental models exist for the RN and the AIN. RNs and AINs work in parallel to provide patient care. One-way communication requests are the dominant form of communication between the RN and AIN. AIN feel undervalued and not respected by the RNs |
| Dahlke & Baumbusch | 2015 | Canada | To explain how RNs' provide care in nursing teams which comprise of a variety of roles and educational levels | 18 RNs, 3 Licensed practice nurses, and 3 Certified assistants | Thematic analysis of data from a previous grounded theory study | Mutual trust was desired, however, the RN's approach to delegation of care tasks communicated to the AIN a lack of trust and respect. In order to ensure care provision during changing patient priorities RN's needed to delegate to the AIN |
| Johnson et al. | 2015 | UK | To understand how newly qualified nurses (NQNs) recontextualise the knowledge learnt in university to enable them to delegate to and supervise AINs | 33 NQNs, 10 AINs and 12 ward managers | Ethnographic case studies using a mixed methods approach involving participant observations and interviews | NQNs struggle to keep up with the multiple demands placed on them, particularly the administrative side of nursing. This impacts on their ability to effectively delegate to, and supervise, healthcare assistants. Some RN/AIN teams work effectively together whereas other teams work 'in parallel' rather than as an efficient team |
| Kaernested & Bragadottir | 2012 | Iceland | Identify the attitudes of RNs towards delegation, their preparedness to delegate effectively | RNs = 71 | Descriptive correlation design study with questionnaire | Most RNs have a positive attitude towards delegation. Confidence in delegating, mutual trust, collaboration, and communication impact the delegation behaviour of the RN. Effective delegation by RNs needs to be supported by teaching, practising and nurturing mutual trust and effective communication in nursing teams |
| Kalisch. | 2011 | USA | To determine barriers that inhibit effective RN-AIN teamwork and then to ascertain if and how dysfunctional teamwork leads to problems in quality of care and patient safety | Phase 1: RNs = 81, AINs = 118. Phase 2: RNs = 10, AINs = 6, nurse managers = 3 | Phase 1: Semi-structured focus groups. Phase 2: Structured individual interviews | The RN and the AIN did not fully understand each other's work roles or responsibilities. RNs and AINs do not work as a team to achieve care provision. RNs demonstrated deficient delegation skills in the focus groups. RNs were unable to articulate effective delegation practices when asked.<br>AINs did not understand their role in the delegation process |
| Magnusson et al. | 2017 | UK | Explore delegation styles of the NQN when working with health care assistants | 33 NQNs, 10 AINs and 12 ward managers | Ethnographic case studies using a mixed methods approach involving participant observations and interviews | Five styles of how NQNs delegate to the AIN were identified. These styles include the 'do-it-all' nurse; the justifier; the role model; the inspector; and the buddy.<br>Education and organizational support are required to ensure NQNs develop robust delegation skills |

(Continues)

TABLE 3 (Continued)

| Author | Year | Country | Aim | Sample size | Methods | Key findings relating to delegation |
|---|---|---|---|---|---|---|
| Wagner | 2018 | USA | To determine the effect of a delegation-communication learning intervention for RNs and AINs on pressure injury rates, falls, patient satisfaction, and delegation practices | RNs = 23, AINs = 14 | Base line observations and Pre-post-test design | RNs tend to delay delegating to the AIN unless it was for standard activities such as bathing or taking of vital signs. Deliberate attention to delegation communication can improve patient outcomes and satisfaction |
| Walker et al. | 2021 | Australia | To explore the supervision of AINs practising in the acute care setting | Nurse leaders = 20, RN/EN = 74, AINs = 10 | Exploratory descriptive design including semi-structured individual interviews, focus groups and documentary information | Clear frameworks for care delivery are needed in the practice of supervision and delegation when working in a multi-tiered nursing team. A clear understanding of the roles, responsibilities, skill level and competencies of members of a multi-tiered nursing team is needed. Collegiality, respect and trust are required when delegating and supervising AINs. RNs needs to understand the process of indirect and direct supervision when delegating. The RN's understanding of accountability and responsibility is linked to the RN's practice of delegation |

on their SOP. In Australia, a job description for the AIN typically includes a list of approved activities the RN is permitted to delegate to the AIN (Health Department of New South Wales, 2015a; Health Department of WA, 2018; Health Department of New South Wales, 2015b). With each delegation, the RN needs to undertake a risk assessment, assess the AIN regarding their competence and willingness to complete the delegated task in line with their SOP and the approved list of activities. If the time taken to assess the AIN's SOP, understand the activities that are approved for delegation and complete a risk assessment prior to delegation is too extensive the RN may decide that it is not worth the effort. Alternatively, RNs may complete delegations without completing the above requirements and this may result in AINs being delegated activities outside of their SOP and job description.

NQNs report a range of practice issues they need to overcome as they transition into the clinical setting. Some state they have difficulties managing their time which results in them being unable to complete all care requirements (Johnson et al., 2015; Labrague & De los Santos, 2020). Magnusson et al. (2017) suggest that when NQNs begin working clinically the need to organize, delegate and supervise care when working with AINs is overwhelming and they choose not to delegate. Furthermore, NQNs are eager to be seen as productive team members who can complete all activities without the aid of the AIN (Magnusson et al., 2017). In these instances, the NQN fails to understand that the AIN is there to support care provision and involving the AIN in care delivery is not a sign of weakness but shows leadership and management capabilities.

For safe delegation to occur nurses must ensure that they follow the five rights of delegation namely the right task, right circumstance, right person, right supervision and right direction and communication (American Nursing Association, 2012). Education which outlines this critical aspect of delegation must be provided in pre-registration programs and reinforced during employment. However, research identified most pre-registration curricula only partially provided RN students with the leadership skills of prioritization, delegation and supervision of care (Henderson et al., 2013; Pollard & Wild, 2014; Saccomano & Zipp, 2014). Furthermore, there is limited opportunity during clinical placements for pre-registration students to grow their confidence and authority to supervise and coordinate care (Hasson et al., 2013). Nurses need theoretical education and opportunities to practice delegation in their pre-registration studies (Ericson & Zimmerman, 2020; Sowko et al., 2019) and yearly refreshers on the ward (Kaernested & Bragadottir, 2012) to facilitate safe delegation practice. Ongoing clinical education needs to incorporate the regulatory bodies decision making frameworks that support delegation practice (Australian Nursing and Midwifery Federation, 2018).

### 4.1 | Implications for practice and policy and future research

Nursing as a profession is viewed as altruistic in nature, where nurses are dedicated to positive patient outcomes through provision

of efficient and safe health care. As more fundamental care activities are being completed by AINs, it is imperative that RNs fully understand their roles and responsibilities when delegating aspects of this care to the AIN. This includes being cognisant of the AIN role and the activities that they may delegate to the AIN and the supervision, education and support that they are required to provide. RNs need to fully assess if the AIN is the best person to complete the fundamental care, ensure that they have the required skills and knowledge of the care delegated and follow-up to confirm that the care has been provided in an appropriate manner. Clear communication between the RN and the AIN is essential to ensure safe provision of fundamental care.

To ensure nurses are able to effectively delegate care activities including those considered as fundamental, they need to be provided with education concerning delegation in their pre-registration curriculum and regularly updated on the ward. Furthermore, the adoption of a risk management approach when delegating as outlined by the NMBA decision making framework (2020) is necessary. If these approaches are not adopted patient safety may be jeopardized if the RN does not engage in safe delegation practices.

As this review demonstrates, there is a paucity of current research focussing on delegation practice in the acute care environment. Further research into the delegation process of the RN is warranted to guide and support care delivery. Similarly, the experience of the AIN working under the supervision of the RN is needed to ensure both voices of this partnership are heard.

## 5 | CONCLUSION

The review highlighted that delegation is a leadership skill that is underdeveloped in many nurses. The RN's lack of knowledge of the AIN's SOP and lack of clarity in the AIN role causes confusion during the delegation process which often results in the RN choosing not to delegate. Importantly, when RNs choose not to delegate or delegate without completing the required assessments patient safety may be at risk (Kalisch, 2011).

As nursing shortages continue to rise, the acuity of patients increases, and the AIN to RN ratio grows it is essential that nurses are being effectively utilized and working to their full scope of practice. When nurses work to the full extent of their nursing scope of practice, it ensures the unique knowledge and capacity of the RN workforce is completely leveraged. To be fully optimized RNs need to identify patient care that requires the skill and expertise of the RN and whenever possible, delegate fundamental care activities to AINs that are safe to do so.

### AUTHOR CONTRIBUTIONS

All Authors have agreed on the final version and meet the following criteria:

1. substantial contributions to conception and design, acquisition of data or analysis and interpretation of data;
2. drafting the articles or revising it critically for important intellectual content.

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Data sharing is not applicable to this article as no new data were created or analyzed in this study.

### ORCID

*Carol Crevacore* https://orcid.org/0000-0003-4008-1418
*Elisabeth Jacob* https://orcid.org/0000-0002-3506-8422
*Linda L. Coventry* https://orcid.org/0000-0002-3598-9942

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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