

## Chapter 2: NCSBN Delegation Decision-Making Tree and the Five Rights

### MULTIPLE CHOICE

1. The National Council of State Boards of Nursing (NCSBN) Delegation Decision-Making Tree consists of four steps. Which of the following is *not* one of these steps?
  - a. assessment of the patient, staff, and situational context
  - b. planning of the context based on the delegation needs
  - c. surveillance, supervision, and monitoring of the delegation to assure compliance with standards of practice, policy, and procedures
  - d. evaluation and feedback to consider the effectiveness of the delegation

ANS: B

The National Council of State Boards of Nursing (NCSBN) developed a Delegation Decision-Making Tree as a means of providing consistent guidelines for nursing delegation of staff. The NCSBN Delegation Decision-Making Tree consists of four steps: 1) assessment of the patient, staff, and situational context, and planning of the delegation based upon the patient's needs and resources available (*not planning of the context based on the delegation needs*); 2) communication with the delegate to provide direction and opportunities for interaction while the task is being completed; 3) surveillance, supervision, and monitoring of the delegation to assure compliance with standards of practice, policy, and procedures; and 4) evaluation and feedback to consider the effectiveness of the delegation.

PTS: 1

DIF: Comprehension

TOP: The National Council of State Boards of Nursing (NCSBN) Delegation Decision-Making Tree

2. A nurse who will be delegating some nursing tasks to other staff members has considered the client's health care status and stability of condition, the predictability of risks and responses, the setting where the care occurs, and the complexity of the task being performed. Which of the four steps of the NCSBN Delegation Decision-Making Tree was used?
  - a. assessment
  - b. communication and planning
  - c. surveillance and supervision
  - d. evaluation and feedback

ANS: C

Step Three: Surveillance and supervision in the NCSBN Delegation Decision-Making Tree is related to the nurse's responsibility for client care from a supervisory role. The nurse who operates in this stage considers client's health care status and stability of condition, predictability of risks and responses, setting where the care occurs, and complexity of the task being performed; determines the frequency of the supervision required; and is responsible for the timely intervention and follow-up based on problems and concerns (NCSBN, 1995).

PTS: 1

DIF: Application

TOP: The National Council of State Boards of Nursing (NCSBN) Delegation Decision-Making Tree

3. When a nurse decides to delegate a nursing task to others, a number of considerations take place before the decision itself is made. Which of the following is *not* one of these considerations?
  - a. needs of the patient
  - b. condition of the patient
  - c. potential harm
  - d. status of the staff

ANS: D

Decisions to delegate nursing tasks take into consideration a number of factors. Some of these include: 1) needs of the patient; 2) condition of the patient; 3) potential harm; 4) stability of the patient's condition; 5) the task itself; 6) the ability to predict the outcome of the delegation; and 7) knowledge of the staff's competencies and abilities.

PTS: 1 DIF: Comprehension

TOP: The Five Rights of Delegation

4. Education, training, utilization, and legal parameters for nurses are guided by a number of organizations and acts/laws. Which of the following is *not* one of these organizations or acts/laws?
- State Nurse Practice Act
  - ANA
  - IOM
  - State Boards of Nursing

ANS: C

The scope of nursing practice, education, training, utilization, and legal parameters of nursing practice are guided and defined by a number of organizations and legal acts. Some of these include: 1) State Nurse Practice Act; 2) ANA; 3) NCSBN (*not the IOM, which is the Institute of Medicine*); and 4) State Boards of Nursing.

PTS: 1 DIF: Knowledge TOP: Regulations

5. Nursing tasks that can sometimes be delegated if the staff has received additional speciality training and credentialing are listed below. Which of the following is *not* correct?
- sterile procedures
  - medication administration
  - IV therapy
  - health teaching

ANS: D

Some nursing tasks which are not commonly delegated can be delegated to staff members who have received specialty training and credentialing. Some of these tasks include: 1) sterile procedures; 2) medication administration; 3) IV therapy; 4) care of broken skin and other minor cuts or abrasions; and 5) invasive procedures such as inserting tubes into body cavities and instilling substances via an indwelling tube. Tasks that cannot be delegated include: 1) health teaching; 2) planning of care; and 3) evaluation of care given.

PTS: 1 DIF: Knowledge TOP: Regulations

6. Organizations have certain responsibilities to their staff and employees. Some of these organizational responsibilities are listed below. Which of the following is *not* one of these organizational responsibilities regarding nursing staff?
- designing policies and procedures that are congruent with the State Nurse Practice Act
  - documenting staff competencies for staff who provide direct patient care
  - implementing a system that ensures ongoing education of only registered nurses to maintain their competencies
  - allocating resources for adequate nurse staffing that allows the nurse to delegate appropriately

ANS: C

Organizations are responsible for providing an environment that is conducive to the determination and maintenance of competent staff and for effective nursing delegation. Some of these organizational responsibilities include: 1) designing policies and procedures that are congruent with the State Nurse Practice Act; 2) documenting staff competencies for staff who provide direct patient care; 3) implementing a system that ensures ongoing education of the staff (*not only registered nurses*) to maintain their competencies; and 4) allocating resources for adequate nurse staffing that allows the nurse to delegate appropriately (ANA and NCSBN, 2006).

PTS: 1

DIF: Comprehension

TOP: Regulations

7. Acquiring the ability to effectively delegate nursing tasks involves different types of skills and experiences. Some of these are listed below. Which is *not* necessarily correct regarding primary means by which nurses learn how to delegate?
- using intuition of how to delegate first
  - discussion of knowledge and skills related to delegation
  - clinical mentorship
  - practice of responsibilities related to delegation

ANS: A

Delegation of nursing tasks consists of knowledge, skill, behavior, experience, and training. Some ways in which nurses learn how to effectively delegate are: 1) discussion of knowledge and skills related to delegation; 2) clinical mentorship; and 3) practice of responsibilities related to delegation. While intuition may be helpful for nurses in certain situations, it is not considered a key or primary means by which nurses learn how to effectively delegate nursing tasks.

PTS: 1

DIF: Application TOP: Knowledge and Skill of Delegation

8. Nurse B is respected and admired by her staff and it has been noted that she seems to have the ability to attract people and is considered to have great vision for the future of the unit and nursing in general. What type of power is Nurse B exhibiting?
- expert
  - referent (charisma)
  - connection
  - reward

ANS: B

Fisher & Koch (1996) identified a kind of power where an individual is perceived to be charismatic in nature and of great vision. This type of power is called “referent” or “charisma” power. Nurse B in the example given above is exhibiting this type of power as she is respected and admired by her staff, is considered to have great vision, and seems to have an ability to attract people. Expert power is derived from an individual’s knowledge and skills (Fisher & Koch, 1996). Connection power is derived from the connections that people have together such as teamwork, collaboration, networking, and mentoring (Miller, 2003). Reward power is based on the individual’s ability to reward or punish others (Miller, 2003).

PTS: 1

DIF: Comprehension

TOP: Power

9. You have just received your annual performance review from your nurse manager. He has given you a 3% merit increase to your salary. What type of power is he exhibiting with this merit increase (raise)?
- expert
  - legitimate
  - referent
  - reward

ANS: D

Reward power is power that is derived from the ability to reward or punish others (Fisher & Koch, 1996). The nurse manager in the example above is demonstrating reward power in the distribution of a 3% merit increase (raise) in salary. Expert power is derived from knowledge and expertise which the nurse manager most likely also has, but this is not demonstrated in this example. Referent power or charisma is derived from a perceived admiration, trust, and respect that individuals feel toward another person based on their ability to inspire confidence, be a great visionary, or display attributes of charisma (Miller, 2003).

PTS: 1

DIF: Comprehension

TOP: Power

10. New graduate nurses may have difficulty with effective delegation. Some ways in which other staff can assist new graduate nurses with their delegation are listed below. Which is *not* necessarily correct?
- Help new nurses in their role development.
  - Teach new nurses how to delegate.
  - Introduce department staff.
  - Critique the delegation using reward power.

ANS: D

New nurse graduates and novice nurses may experience difficulty when learning how to effectively delegate nursing tasks to others. Some ways in which other staff members can assist these nurses in acquiring the skills, knowledge, experience, and confidence for delegation include: 1) help new nurses in their role development; 2) teach new nurses how to delegate; 3) introduce departmental staff; and 4) explain the roles of different departmental staff with whom they may come in contact. While feedback and constructive criticism may be helpful for new nurses when learning how to delegate, this should come from the nurse manager and not from all staff.

PTS: 1

DIF: Analysis

TOP: Responsibilities of Health Team Members

11. Nurse managers have responsibilities to new graduate nurses regarding assisting them in learning how to delegate effectively. Which of the following is *not* correct regarding nurse manager responsibilities?
- individuals who coordinate actions and allocate resources to achieve organizational goals
  - follows the Five Rights of Delegation
  - experienced in NAP delegation
  - helps to develop competencies for all staff to gain the ability to delegate

ANS: D

Nurse managers are nurses who are responsible for certain actions and behaviors according to their designated areas or units. They are responsible for assisting new graduate nurses in gaining the skills and experience required to effectively delegate and act as role models. Some additional responsibilities of nurse managers include: 1) coordination and allocation of resources to achieve organizational goals; 2) following the Five Rights of Delegation; 3) being experienced in NAP delegation; and 4) assisting nursing staff (*not all staff*) in acquiring the ability to effectively delegate.

PTS: 1

DIF: Application

TOP: Nurse Manager Responsibility

12. NAP Z has just received his assignments for the shift. One of his assignments is to reinforce teaching provided by the last shift for Patient Q regarding a diabetic diet. Is this task delegated correctly and to which of the Five Rights of Delegation does it pertain?
- Yes. NAP Z has 10 years of experience and has worked with patient Q for the past year during frequent hospital admissions. They have built a trusting relationship (under the right circumstances).
  - No. While the NAP is experienced in this area and may be able to do this, too much supervision will be required and this may not be the time for this activity (right time).
  - Yes. NAP Z is a diabetic himself and he is familiar with diabetic diets; therefore it is fine

- for him to only reinforce this type of teaching (right directions and communication).
- d. No. Teaching cannot be delegated to a NAP (right task).

ANS: D

The Five Rights of Delegation specify how nursing tasks can and should be delegated to other staff members. Certain tasks, such as teaching and counseling, cannot be delegated to nursing assistive personnel (NAP) due to the need for judgment and nursing knowledge required. In the example given above, this task is incorrectly delegated (right task) and also it is delegated to the wrong staff person (right person). Even though NAP Z may have prior experience with this particular patient and may be familiar with diabetic diets due to the fact that he is a diabetic himself, he still lacks the knowledge, education, skills, and credentials (as a NAP) to be able to provide teaching.

PTS: 1                    DIF: Application    TOP: Five Rights of Delegation

13. Registered nurses have certain responsibilities pertaining to delegation and their role as a nurse. Some of these responsibilities are listed below. Which is *not* necessarily correct for registered nurses?
- RNs need the support of nursing assistive personnel.
  - RNs are accountable for the provision of nursing care.
  - RNs are responsible for the analysis of comprehensive assessment, nursing diagnosis, implementation, and viability of the patient treatment plan.
  - RNs are responsible for the patient outcome.

ANS: C

Staff responsibilities for health care service delivery can be varied according to licensure, knowledge, and job role. Some factors and responsibilities pertaining to registered nurses include: 1) RNs are responsible for the patient outcome; 2) RNs are responsible for analysis of comprehensive assessment, nursing diagnosis, implementation, and evaluation of the plan of care (*They are not responsible for the viability of the patient treatment plan as this falls under the physician or health care provider's role.*); 3) RNs are accountable for the provision of nursing care; and 4) RNs need the support of nursing assistive personnel.

PTS: 1                    DIF: Application    TOP: Registered Nurse Responsibility

14. Caring for stable patients with predictable outcomes, reinforcing teaching from a standard plan of care, and updating initial assessments are part of the responsibilities for which type of staff member?
- registered nurse (RN)
  - new graduate registered nurse
  - licensed practical/vocational nurse (LPN/LVN)
  - nursing assistive personnel (NAP)

ANS: C

Licensed practical/vocational nurses (LPN/LVN) are responsible for caring for stable patients with predictable outcomes, reinforcing teaching from a standard plan of care, and updating initial assessments. If they have received additional speciality training and certification, they may also maintain intravenous lines, administer blood transfusions, maintain hyperalimentation lines, administer IV push or piggyback medications, or insert nasogastric tubes. LPNs/LVNs are required to work under the direction of a registered nurse and their roles must be congruent with the State Nurse Practice Act.

PTS: 1                    DIF: Knowledge  
TOP: Licensed Practical/Vocational Nurse (LPN/LVN) Responsibility

15. The House of Representatives Patient Safety Act of 1996 was written to assist with safe staffing levels including an appropriate staff skill level mix for patient outcomes. Which of the following is correct regarding this act?
- It mandates that a registry of all NAP personnel be maintained per state.

- b. It assures that every patient is assigned a registered nurse.
- c. It assures that every patient is assigned a nursing assistive personnel staff.
- d. According to this act, nursing assistive personnel may perform simple assessments, and may participate in bathing, feeding, toileting, and ambulating patients.

ANS: B

The House of Representatives Patient Safety Act of 1996 was established to assist with nurse staffing and ensure safe staffing levels to promote quality and safe patient outcomes. This includes the use of an appropriate staff skill mix. The act ensures that a registered nurse is assigned to every patient (*not a nursing assistive personnel*). The act also states that nursing assistive personnel (NAP) may perform duties such as bathing, feeding, toileting, and ambulating patients, and reporting information regarding these activities to the registered nurse. NAPs may not perform patient assessments. The *Code of Federal Regulations 42 CFR 483.156* requires states to maintain a list of nursing assistive personnel who work in long-term care facilities that participate in Medicare and Medicaid.

PTS: 1                    DIF: Application    TOP: Nursing Assistive Personnel (NAP) Responsibility

16. Suggestions for delegation help nurses with their decision-making choices related to delegation. Which of the following is *not* necessarily correct regarding guidelines and good suggestions for effective delegation?
- a. Avoid removing duties once assigned.
  - b. Treat others as you would wish to be treated yourself.
  - c. Consider high risk delegation as a means of educating staff.
  - d. Verify the delegate's understanding of delegated tasks and that the delegate accepted the responsibility and accountability for the task.

ANS: C

A number of tips and suggestions for effective delegation have been identified by the Harvard ManageMentor (2004). Some of the tips and suggestions include: 1) avoiding removing duties once assigned; 2) treating others as you would wish to be treated yourself; 3) avoiding high risk delegation (*not considering high risk delegation as a means of educating staff*); 4) verifying the delegate's understanding of delegated tasks and that the delegate accepted the responsibility and accountability for the task; and 5) delegating tasks to staff members who want to learn and are concerned about the patient's best interests.

PTS: 1                    DIF: Analysis            TOP: Delegation Suggestions for RNs

17. Employees who rebel against perceived conflict with legitimate authority which is based on legal or justice considerations, and use this power to voice their opinions upward, are using which type of power?
- a. information
  - b. expert
  - c. subordinate
  - d. coercion

ANS: C

Subordinate power (DuBrin, 2000) can be exerted upward in the organizational chain of command by employees based on legal and justice considerations. Subordinate power can be used when employees perceive that an order is going against the limitations of legitimate authority and they have the power to rebel. Coercion or reward power is based on the ability to reward or punish others (Miller, 2003). Expert power is derived from expertise, knowledge, and skills (Fisher & Koch, 1996), and information power is derived from power based on the information that an individual can provide to the group (Miller, 2003).

PTS: 1                    DIF: Application    TOP: Power

18. Nurse X is a new graduate nurse who is being mentored by Nurse P, who has been on the unit for five years. What type of power is Nurse P exhibiting by being a mentor?
- connection
  - information
  - expert
  - legitimate

ANS: A

Connection power (Miller, 2003) in nursing is based on both personal and professional relationships and connections. This may be developed through networking, teamwork, collaboration, and *mentoring* activities. Information power (Miller, 2003) is based on the information that an individual can provide to a designated group. Expert power is derived from knowledge, skills, and experience (Fisher & Koch, 1996). Legitimate power (Fisher & Koch, 1996) is based on the position or status that an individual holds in a group.

PTS: 1                      DIF: Application      TOP: H1: Power

19. The NCSBN Delegation Decision-Making Tree (1997) consists of four steps that guide delegation of nursing tasks. When the nurse assesses the assistant's understanding of how the task is to be performed, when and what information is to be reported, and addresses any unique client characteristics and expectations, which of these four steps is he or she acting under?
- assessment
  - planning
  - communication
  - evaluation

ANS: C

The NCSBN Delegation Decision-Making Tree (1997) has identified four steps to be used in decision making for effective delegation of nursing tasks. These four steps are assessment and planning, communication, surveillance and supervision, and evaluation and feedback. When a nurse assesses the assistant's understanding of how the task is to be performed, when and what information is to be reported, and addresses any unique client characteristics and expectations, he or she is functioning under Step Two: Communication.

PTS: 1                      DIF: Analysis  
TOP: The National Council of State Boards of Nursing (NCSBN) Delegation Decision-Making Tree

## **MULTIPLE RESPONSE**

1. Which of the following are included in the Five Rights of Delegation?
- the right task
  - under the right circumstances
  - the right route
  - to the right person
  - the right responsibility
  - with the right directions and communication

ANS: A, B, D, F

The original Five Rights of Delegation were developed by the National Council of State Boards of Nursing in 1995. These rights were revised in 2006 and were determined to be: 1) the right task; 2) under the right circumstances; 3) to the right person; 4) with the right directions and communication; and 5) under the right supervision and evaluation. The right route refers to medication administration and the right responsibility, while important, is not one of these identified five rights of delegation (ANA and NCSBN, 2006).

PTS: 1                    DIF: Knowledge    TOP: The Five Rights of Delegation

2. Some nursing tasks cannot be delegated. Which of the following nursing tasks *cannot* be delegated?
- vital signs, intake, and output
  - patient assessment
  - health teaching and counseling
  - sterile procedures
  - evaluation of patient's response
  - activities of daily living

ANS: B, C, E

Nursing tasks can be divided into three categories regarding their ability to be delegated: tasks that can be delegated, tasks that cannot be delegated, and tasks that are not commonly delegated, but can be if the staff has received additional training, speciality credentialing, and/or competency testing. Some nursing tasks that cannot be delegated include: 1) patient assessment; 2) health teaching and counseling; 3) evaluation of patient's response; 4) planning of nursing care; and 5) implementation of patient care that requires judgment.

PTS: 1                    DIF: Analysis        TOP: Regulations

3. Power is used by nurses and health care providers to assist in the provision of care and to maintain safe quality health care service delivery. Power has been described as having a basis in six possible elements. Which of the following are some of these six possible elements?
- expertise
  - determination
  - reference
  - need
  - coercion
  - connection

ANS: A, C, E, F

Power is used by nurses and health care professionals to provide care and make decisions. Power has been defined as having its basis in expertise, reference (or charisma), coercion, connection, legitimacy, and reward. While need and determination certainly can have an influence on power and the use of power, they are not considered one of these possible key contributing factors.

PTS: 1                    DIF: Application    TOP: Power

4. Five factors that must be considered in order to effectively delegate have been identified by the AACN (2004). Which of the following are some of these five required factors for delegation?
- potential for harm: determine potential risks for the patient related to the activity to be delegated
  - ability to demonstrate maximum delegation ability
  - level of patient interaction
  - type of power required
  - complexity of the task: delegate simple tasks
  - amount of problem solving and innovation required



ANS: A, C, E, F

The AACN (2004) identified five key factors that must be considered in order to effectively delegate nursing tasks. These five factors are: 1) potential for harm (determine potential risks for the patient related to the activity to be delegated); 2) level of patient interaction (value time spent with the patient to develop trust); 3) complexity of the task (delegate simple tasks); 4) amount of problem solving and innovation required (do not delegate tasks that require innovation, a creative approach, adaptation, or special attention in order to be completed.); and 5) unpredictability of the outcome (tasks in which the outcome—and impact on the patient—are not clear should not be delegated.).

PTS: 1                      DIF: Analysis                      TOP: Responsibilities of Health Team Members

5. Some questions that nurses should consider prior to delegating nursing tasks are listed below. Which are correct?
- a. Who has the time to complete the delegated task?
  - b. Which staff member would be the best “fit” for the patient’s personality?
  - c. What is the urgency of the task?
  - d. Are there any unit meetings or other obligations that need to be considered?
  - e. Which staff need to develop their skills?
  - f. Which staff would enjoy the task?

ANS: A, C, E, F

The Harvard ManageMentor Delegating Tools (2004) provide a number of guidelines for effective delegation of nursing tasks. According to this source, six questions that should be considered prior to delegation are: 1) Who has the time to complete the delegated task?; 2) Who is the best person for the task?; 3) What is the urgency of the task?; 4) Are there any deadlines?; 5) Which staff need to develop their skills?; and 6) Which staff would enjoy the task? While the consideration of unit meetings or other obligations and how to “fit” staff with a patient’s personality may be additional considerations, they are not part of these six key factors to be considered prior to delegation.

PTS: 1                      DIF: Application                      TOP: Delegation Suggestions for RNs