

ADVISORY
OPINION

OPINION: Staffing Assignments
ADOPTED: 10/2017
REVISED: 10/2018
REAFFIRMED: 10/20, 1/22

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, Neb. Rev. Stat. 38-2216 (2). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Safety to Practice: Staffing Assignments

Licensed nurses are accountable for their judgments, decisions and actions. *“Nurses accept or reject specific role demands and assignments based on their education, knowledge, competence and experience, as well as their assessment of the level of risk for patient safety”* (American Nurses Association [ANA], 2015, p.16). Nurses who are not directly involved in care share responsibility for the care provided by those that they supervise (ANA, 2015). It is essential that nursing staff and leaders (supervisors, managers and administrators) work together and communicate clearly to arrive at solutions that best meet patient care needs.

Nurse leaders should be available for staffing decisions; delegate responsibility or assign nursing care functions to qualified personnel; and, retain accountability for nursing care administered by all personnel to whom that care has been assigned or delegated. Employers may require nurse supervisors/managers to be available to provide direct assistance to patient care staff. Failure of nurse leaders assigned to respond to calls from nurses on duty does not alleviate responsibility for providing staffing coverage or accountability for the care of patients.

The Nebraska Nurse Practice Act (2019) states that each nurse is directly accountable and responsible to the consumer for the quality of nursing care rendered (38-2210 Practice of nursing, defined). The Board of Nursing regulates only the practice of individual licensed nurses. While the Board has no jurisdiction over employer/employee issues such as patient assignments, staffing and work hours, both staff nurses and nursing leaders may be subject to discipline when patients are placed at risk. The Board offers the following guidance for decisions related to staffing and the acceptance of patient assignments:

Competency

Competency is an expected level of performance that integrates knowledge, skills, abilities, and judgment (American Nurses Association, 2014). It is the individual nurse's responsibility to determine whether she/he is clinically competent to perform the nursing care required for any patient, but particularly for those on a different nursing unit or a patient population for which the nurse has little or no experience.

If the nurse is not competent to perform the care, and no reasonable alternative can be identified, e.g., modified or shared assignment, the nurse should not accept the patient care assignment.

Nursing leaders are required to assign patient care only to nurses who are clinically competent. Employers are encouraged to take steps to provide adequate orientation and cross-training before assigning licensed nurses to areas outside of their usual work assignment.

Extended Work Hours

Inherent in the acceptance of only those assignments that the licensed nurse is competent to perform is the expectation that the nurse not accept any assignment for which she/he may be unsafe due to lack of sleep, fatigue, or prolonged work hours.

Nursing supervisors/managers are accountable for assessing the capabilities of personnel in relation to client needs and the plan of nursing care and prior to assignment to assure that personnel are qualified to assume such responsibilities and to perform such functions. Cumulative work hours resulting from multiple work commitments, or from scheduled work hours in combination with actual hours worked while fulfilling requirements such as on-call or overtime must be considered carefully by both licensed nurses and nursing leaders.

Inadequate staffing

When a licensed nurse comes on duty to find that the mix or number of staff is not adequate to meet the nursing care needs of the patients, the nurse should contact the immediate supervisor before accepting the assignment to report the situation and ask for assistance in planning care based on the available resources within the agency. Such assistance may include, but is not limited to:

1. Acquiring additional or a different mix of staff;
2. Making adjustments in scheduled staff work hours;
3. Requiring periodic assistance from a supervisor or another staff member for delivery of specific client care activities;

4. Prioritizing client care activities that will be delivered during that shift, and/or,
5. Notifying appropriate health care providers and others regarding limitations in providing optimal care during periods of inadequate staffing.

References:

American Nurses Association. (2015). *Code of ethics for nurses with interpretive statements*. Washington, DC: Author.

American Nurses Association. (2014). *Professional role competence*. Position Statement. Retrieved from <http://nursingworld.org/position/practice/role.aspx>

American Nurse Association. (2009). *Patient safety: Rights of registered nurses when considering a patient assignment*. Position Statement. Washington, DC: Author.

Nebraska Nurse Practice Act. (2008). DHHS Nebraska. Retrieved from <https://dhhs.ne.gov/Licensure/Documents/Nursing-NursePracticeAct.pdf>