Position Statements

Registered Nurse Utilization of Unlicensed Assistive Personnel

Summary: The American Nurses Association (ANA) recognizes that unlicensed assistive personnel provide support services to the RN which are required for the registered nurse to provide nursing care in the health care settings of today.

The current changes in the health care environment have and will continue to alter the scope of nursing practice and its relationship to the activities delegated to unlicensed assistive personnel (UAP). The concern is that in virtually all health care settings, UAPs are inappropriately performing functions which are within the legal practice of nursing. This is a violation of the state nursing practice act and is a threat to public safety. Today, it is the nurse who must have a clear definition of what constitutes the scope of practice with the reconfiguration of practice settings, delivery sites and staff composition. Professional guidelines must be established to support the nurse in working effectively and collaboratively with other health care professionals and administrators in developing appropriate roles, job descriptions and responsibilities for UAPs.

The purpose of this position statement is to delineate ANA's beliefs about the utilization of unlicensed assistive personnel in assisting in the provision of direct and indirect patient care under the direction of a registered nurse.

Unlicensed Assistive Personnel

The term unlicensed assistive personnel applies to an unlicensed individual who is trained to function in an assistive role to the licensed nurse in the provision of patient/client activities as delegated by the nurse. The activities can generally be categorized as either direct or indirect care.

Direct patient care activities are delegated by the registered nurse and assist the patient/client in meeting basic human needs. This includes activities related to feeding, drinking, positioning, ambulating, grooming, toileting, dressing and socializing and may involve the collecting, reporting and documentation of data related to these activities.

Indirect patient care activities focus on maintaining the environment and the systems in which nursing care is delivered and only incidentally involve direct patient contact. These activities assist in providing a clean, efficient, safe patient care environment and typically encompass categories such as housekeeping and transporting, clerical, stocking and maintenance supplies.

Utilization

Monitoring the regulation, education and utilization of unlicensed assistive personnel to the registered nurse has been ongoing since the early 1950's. While the time frames and environmental factors that influence policy may have changed, the underlying principles have remained consistent.
• IT IS THE NURSING PROFESSION that determines the scope of nursing practice;
• IT IS THE NURSING PROFESSION that defines and supervises the education, training and utilization for any unlicensed assistant roles involved in providing direct patient care;
• IT IS THE RN who is responsible and accountable for the provision of nursing practice;
• IT IS THE RN who supervises and determines the appropriate utilization of any unlicensed assistant involved in providing direct patient care, and
• IT IS THE PURPOSE of unlicensed assistive personnel to enable the professional nurse to provide nursing care for the patient.

It is the assumption of the ANA that the provision of safe, accessible and affordable nursing care for the public may include the appropriate utilization of unlicensed assistive personnel and that the changes in the health care environment have and will continue to alter the activities delegated to UAP's.

Therefore, it is the responsibility of the nursing profession to establish and the individual nurse to implement the standards for the practice and utilization of unlicensed assistive personnel involved in assisting the nurse in the direct patient care activities. This is accomplished through national standards of practice and the definitions of nursing in state nursing practice acts.

In order to understand the roles and responsibilities between the RN and the UAP the ANA recognizes that the key to understanding is the clarification of professional nursing care delivery and the activities that can be delegated within the domain of nursing. The act of delegation is the transfer of responsibility for the performance of an activity from one person to another while retaining accountability for the outcome.

In delegating, it is the RN who uses professional judgement to determine the appropriate activities to delegate. The determination is based on the concept of protection of the public and includes consideration of the needs of the patients, the education and training of the nursing and assistive staff, the extent of supervision required, and the staff workload. Any nursing intervention that requires independent, specialized, nursing knowledge, skill or judgement cannot be delegated.

Effective Date: December 11, 1992 (Please note: ANA work on the UAP issue has been ongoing. For additional information see House of Delegates (HOD) policies, HOD Summaries of Proceedings, and Nursing Trends and Issues.)

Status: New Position Statement
Originated by: Congress on Nursing Economics Congress of Nursing Practice
Adopted by: ANA Board of Directors

Related Past Action:

1. Scope of Nursing Practice, House of Delegates, 1987
2. ANA Opposition to the AMA proposal to Create Registered Care Technologists, House of Delegates, 1988

Attachment I: Definitions Related to ANA 1992 Position
Statements On Unlicensed Assistive Personnel

The ANA Task Force on Unlicensed Assistive Personnel developed the following definitions to clarify the ANA position statements on the role of the Registered Nurse working with unlicensed assistive personnel. These definitions reflect a review of current regulatory, legal practice and professional terminology and are intended to be used only in the context of these position statements.

1. UNLICENSED ASSISTIVE PERSONNEL: An unlicensed individual who is trained to function in an assistive role to the licensed registered nurse in the provision of patient/client care activities as delegated by the nurse. The term includes, but is not limited to nurses aides, orderlies, assistants, attendants, or technicians.

2. TECHNICIAN: A technician is a skilled worker who has specialized training or education in a specific area, preferably with a technological interface. If the role provides direct care of supports the provision of direct care (Monitor tech, ER tech, GI tech) it should be under the supervision of a Registered Nurse.

3. DIRECT PATIENT CARE ACTIVITIES: Direct patient care activities assist the patient/client in meeting basic human needs within the institution, at home or other health care settings. This includes activities such as assisting such as assisting the patient with feeding, drinking, ambulating, grooming, toileting, dressing, and socializing. It may involve the collecting, reporting, and documentation of data related to the above activities. This data is reported to the RN who uses the information to make a clinical judgement about patient care. Delegated activities to the UAP do not include health counseling, teaching or require independent, specialized nursing knowledge, skill or judgment. (*Judgement as it relates to the above definitions is defined as the intellectual process that a nurse exercises in forming an opinion and reaching a clinical decision based upon an analysis of the evidence or data.)

4. INDIRECT PATIENT CARE ACTIVITIES: Indirect patient care activities are necessary to support the patient and their environment, and only incidentally involve direct patient contact. These activities assist in providing a clean, efficient, and safe patient care milieu and typically encompass food services, companion care, housekeeping, transporting, clerical, stocking, and maintenance tasks.

5. DELEGATION: The transfer of responsibility for the performance of an activity from one individual to another while retaining accountability for the outcome. Example: the nurse, in delegating an activity to an unlicensed individual, transfers the responsibility for the performance of the activity but retains professional accountability for the overall care.

6. ASSIGNMENT: The downward or lateral transfer of both the responsibility and accountability of an activity from one individual to another. The lateral or downward transfer must be made to an individual of skill, knowledge and judgement. The activity must be within the individual's scope of practice.

7. SUPERVISION: The active process of directing, guiding and influencing the outcome of an individual's performance of an activity. Supervision is generally categorized as on-site (the nurse being physically present or immediately available while the activity is being performed) or off-site (the nurse has the ability to provide direction through various means of written and verbal communications).

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