

The nursing team: Common goals, different roles

Royal College of Nursing briefing

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Introduction

Historically, the nursing team has always consisted of nurses, midwives, students and support workers, all delivering aspects of nursing care, but with different levels of responsibility and decision making. However, the team has developed considerably and become more complex over recent years as new roles such as the assistant practitioner (AP) have been created. Support workers now provide a large proportion of hands-on care in many settings.

This briefing aims to assist health care assistants (HCAs), APs, registered nurses, colleagues, patients and the public to understand how the team functions and works together.

The RCN's position

Registered practitioners use their **knowledge** to identify and understand the problems presented by their clients and patients and to identify ways of solving them (RCN, 2003). The core skill is the **judgement** that matches the knowledge base to the individual client's need – ie, **clinical decision making** or **clinical judgement**.

Registered nurses:

- use their specific knowledge and skills to make clinical judgements when assessing the needs of patients
- act upon their assessment and prescribe, delegate and supervise nursing care
- are accountable for their decisions and actions, including the decision to delegate to others
- use their training and clinical experience to judge when delegation is safe and appropriate within the context of any particular situation.

Based on a literature review and definitions of the support worker and the assistant practitioner (Skills for Health 2010, 2009), the RCN has developed the following descriptions of these support roles.

Health care assistants:

- have their nursing tasks delegated to them and are supervised by registered professionals
- are guided by protocols and act within these protocols at all times

- perform tasks according to their competence levels (Career Framework levels 2 and 3 – Skills for Health, 2010)
- must demonstrate competence supported with the required level of knowledge before being delegated particular tasks. They have a duty to inform the delegating professional if they do not have competence to perform a task
- should not be required to make ‘stand-alone’ clinical judgements and plan the care of patients based on those judgements.

Assistant practitioners:

- have a level of knowledge and skill beyond that of the traditional HCA (Career Framework level 4 – Skills for Health, 2010)
- support the work of registered professionals and may transcend professional boundaries
- make judgements requiring a comparison of options
- plan straight forward tasks and work guided by standard operating procedures and protocols
- may undertake the ongoing supervision of routine work of others.

Skill mix

Studies on staffing levels and skill mix indicate that a higher nurse staffing and richer skill mix are associated with better patient outcomes (Thungjaroenkul et al., 2007), (Ball and Catton, 2011). The RCN study proposes a benchmark proportion of registered nurses (RNs) as a percentage of total nursing staff on general hospital wards at 65 per cent RNs.

The RCN recognises that skill mix is a complex area dependent on many factors, and has put forward a set of staffing metrics that should be routinely monitored by providers, commissioners and regulators of care to inform workforce configuration and review (RCN, 2010).

Levels of safe staffing remains a critical area of work and the RCN continues to promote an amendment to the Health and Social Care Bill that would mandate safe staffing levels.

Summary

While there are areas of overlap between registered and non-registered nursing roles in delivering nursing care, the clinical decision making and leadership aspect remains crucial to distinguishing between them. Registered nurses make judgements and decisions according to the clinical context and the condition of the patient rather than the task to be performed.

References

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Thungjaroenkul P, Cummings G and Embleton A (2007) The impact of nurse staffing on hospital costs and patient length of stay: a systematic review, *Nurse Economics*, 25(5), pp. 255-266.

Appendix: Diagram to show inter-relationships of members of the nursing team and patients

