

The Use of Unlicensed Assistive Personnel in Cancer Care

The Oncology Nursing Society (ONS) supports the collaborative role of RNs with members of multidisciplinary healthcare teams in the provision of quality cancer care in diverse care sites. ONS recognizes that assistive personnel can make significant contributions to cancer care delivery systems. The term *assistive personnel* applies to an unlicensed individual who is trained to function in an assistive role to the licensed nurse. Assistive personnel may provide indirect and/or direct services as delegated by RNs. ONS supports the American Nurses Association ([ANA], 2001) *Code of Ethics of Nurses With Interpretive Statements*, which stated that RNs take responsibility and accountability for individual nursing practice and determine that appropriate delegation of tasks is consistent with nurses' obligation to provide optimum patient care. In addition, the control and monitoring of assistive personnel in clinical settings should be performed through the use of existing mechanisms that regulate nursing practice (ANA, 2005).

Although ONS supports a multidisciplinary approach to achieve quality cancer care (ONS, 2006), professional licensure, regulation of nursing practice, oncology practice standards, and patient care outcomes should be the criteria for making staffing assignments. These issues, in addition to provider mix, care delivery systems that ensure optimal clinical outcomes for patients with cancer, and cost-effective interventions, require additional research.

It Is the Position of ONS That

Registered Nursing Role

- RNs must practice with a clear definition of what constitutes their scope of practice across the care continuum.
- RNs must use professional judgment to determine assignments and delegate based on the needs and condition of patients, potential for harm, stability of patients' conditions, complexity of the task or tasks, predictability of outcomes, and abilities of the staff.
- Any nursing intervention that requires independent and specialized nursing knowledge, skill, or judgment cannot be delegated to unlicensed assistive personnel.
- The repetitive performance of a common task or procedure that does not require the professional judgment of an RN may be delegated to unlicensed assistive personnel.
- Characteristics of tasks that may be delegated include those that
 - Recur frequently in the daily care of a patient or group of patients
 - Are performed according to an established sequence of steps
 - Involve little or no modification from one patient care situation to another
 - Are performed with a predictable outcome
 - Lack inherent involvement of ongoing assessment, interpretation, or decision making that cannot be logically separated from the procedure itself
 - Are determined by state regulatory agencies.

- RNs should retain accountability for nursing practice, including
 - Verifying competency of unlicensed assistive personnel before delegating tasks
 - Ongoing patient assessment
 - Ongoing supervision of unlicensed assistive personnel
 - Evaluation of patient response to care
 - Interpretation and decision making regarding patient care.

Regulatory and Legislative Issues

- Professional guidelines must be established to support RNs in working effectively and collaboratively with other members of the healthcare team, including, but not limited to, state boards of nursing, institutional policies, and external agency standards.
- Nursing needs to collaborate with state agencies and professional associations to identify and standardize core competencies for unlicensed assistive personnel.

References

- American Nurses Association. (2001). *Code of ethics of nurses with interpretive statements*. Washington, DC: Author.
- American Nurses Association. (2005). *Position statement: Registered nurse utilization of unlicensed assistive personnel*. Washington, DC: Author.
- Oncology Nursing Society. (2005). *Quality cancer care* [Position statement]. Pittsburgh, PA: Author.

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