# Accountability

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<th><strong>Course</strong></th>
<th>Post Graduate Certificate in Nursing/Midwifery (Applied Clinical and Professional Development)</th>
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<td><strong>Module</strong></td>
<td>Contemporary Issues in Nursing/Midwifery: Clinical Governance Safety and Risk Management</td>
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<tr>
<td><strong>Lecturer</strong></td>
<td>Ms Chanel Watson, Prof Zena Moore, Dr Tom O’Connor</td>
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OUTLINE

• Regulation of Nursing and Midwifery
• Scope of Practice
• Expanding Nurses and Midwives roles
• Accountability
REGULATION OF NURSING AND MIDWIFERY

• self regulating
• responsibilities for regulation are granted by the state through legislation to a professional regulatory body.
• authorisation generally the educational preparation for nursing and midwifery, the protection of titles and systems for licensing registration.
REGULATION OF NURSING AND MIDWIFERY

• The Nurses and Midwives Act 2011
  – Established 2011
  – 13 parts
  – Process of being enacted
  – Dissolution of Nursing and Midwifery Council of Ireland
  – Name change to Bord Altranais agus Cnáimhseachais na hÉireann, or the Nursing and Midwifery Board of Ireland (NMBI). This change of name reflects the recognition of midwifery as a separate and distinct profession
  – Board with a non nursing/midwifery majority
NURSES AND MIDWIVES ACT 2011

• Competence
  – the Board will be permitted by the Minister for Health to develop, establish and operate a scheme for monitoring the maintenance of registered nurses’ and registered midwives’ professional competence.
  – Registered nurses and registered midwives required to maintain professional competence on an on-going basis and to demonstrate competence to the satisfaction of the Board
  – Employers to facilitate learning opportunities
REGULATION OF NURSING AND MIDWIFERY

• Fitness to Practice
  – Creation of Preliminary Practice Committee to screen complaints, refer complaints to FTP and hold hearings in public
  – Non nursing/midwifery majority
  – FTP and Preliminary Practice Committee hearings in public
  – Recommendations made to board
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SCOPE OF PRACTICE
ABA SCOPE OF PRACTICE PROJECT

- Initiated in October 1998 against a background of the changing socio-economic environment
- ABA scope of practice project provided us with a framework within which to define Scope of Practice in nursing and midwifery.
SCOPE OF PRACTICE

• Overall scope of practice for a profession sets outer limits of practice for practitioners.
• Actual scope of practice of individual practitioners is influenced by settings in which they practice, requirements of the employer and needs of patients.
• The scope of nursing/midwifery practice is defined as

‘the range of roles, functions, responsibilities and activities, which a registered nurse/midwife is educated, competent, and has authority to perform in the context of a definition of nursing/midwifery’
SCOPE OF PRACTICE-IMPORTANCE

• Sets the base from which governing bodies prepare standards of practice, educationalists prepare curricula and employers write job descriptions
• Consumers need an understanding of scope of practice in order to identify what different nurses can undertake.
• Cost effective use of resources, increased emphasis on health promotion maintenance and illness prevention and shift from institutional to community care.
SCOPE OF PRACTICE-IMPORTANCE

- Styles 1991 quoting Norma Lang
  - in order to clarify Scope of practice nurses must be able to describe the clinical problems nursing addresses, interventions in respect of those problems, scientific basis for those interventions and outcomes of those interventions. If we cannot name it, we cannot control it, finance it, research it, teach it or put it in public policy. It’s that blunt
SCOPE OF PRACTICE

- Nurses themselves: they argue that rapid changes taking place require a re-examination of the role.
- Health professionals who collaborate with nurses or whose practice overlaps with nursing seek clarification in relation to role boundaries.
- Government and employers want roles clearly defined to ensure there is an appropriate mix of people providing care in the most cost-effective manner.
DRIVERS FOR DEFINING SCOPE

Drivers

- Nurses
- Health Professionals
- Government and Employers
- Consumers
SCOPE OF PRACTICE-COMPETENCE

• “the ability of the registered nurse/midwife to practice safely and effectively, fulfilling his/her professional responsibility within his/her scope of practice”.

• Decision making around Scope of Practice
  – Reflect on their own competence
  – Practicing to the limit but not beyond the scope of practice
  – Practicing within the limits of one’s own abilities and qualifications
  – When a nurse practices outside their scope of practice, an employer may deny responsibility, an insurer may deny coverage and professional bodies may take disciplinary action.
SCOPE OF PRACTICE

Challenges in Defining Scope of Practice
SCOPE OF PRACTICE-CHALLENGES

• Impossible to keep on top of things
• Defining in a way that does not limit advanced or expert practice.
• Differing scope of practice of nurses in different geographical areas
• Diversity of a nurses role
SCOPE OF PRACTICE

Benefits to Describing Scope
SCOPE OF PRACTICE-BENEFITS

- Empowers nurses and midwives
- Welcome shift away from an emphasis on certification for tasks
- Positive influence on practice
- Enabling the development of skills and the promotion of confidence, reflection and self awareness
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NURSING ROLE DEVELOPMENT

- Reactive and unplanned
- Changes driven by a process of certification of extended roles
- Emphasis on the mechanical addition of tasks to role
- Shewan and Read (1999)
  - discreet new roles
  - creeping role development
  - specific intervention
  - policy led role development.
NURSING ROLE-TRENDS

• increased specialisation, increased interest in independent practice and expansion of practice
• Reveley et al 2001: distinguished between extended and expanded practice.
  – Extended practice implies roles delegated by doctors
  – Expanded roles imply a partnership between nurse and healthcare
NURSING ROLE DEVELOPMENT

• Scope of Practice-principles
  – The nurse/midwife must take measures to develop and maintain the *competence* necessary for professional practice.
  – Expansion of practice must be based on *appropriate* assessment, planning, communication and evaluation.
  – The nurse/midwife who is delegating a particular role/function (the delegator) is *accountable* for the decision
  – The *individual* nurse/midwife is accountable for his/her practice
NURSING ROLE DEVELOPMENT

• The primary motivation for expansion of practice must be the best interest of patients/clients and the promotion and maintenance of the best quality health services for the population.

• Expansion of practice must be made in the context of the definitions of nursing/midwifery and the values that underpin nursing/midwifery practice.

• Expansion of practice must only be made with due consideration to legislation, national policy, local policy and guidelines.

• In determining his/her scope of practice the nurse/midwife must make a judgement as to whether he/she is competent to carry out the role/function.
EXPANSION OF PRACTICE

• more competent, reflective practitioners, developing expertise and skills to meet patients’/clients’ needs in a holistic manner

• change in the overall scope of practice of the professions

• change in the scope of practice of an individual
EXPANSION OF PRACTICE-DRIVERS

• Governments
  – who provide the policy and legislation for these expanded roles for nurses
  – to improve the efficiency and cost effectiveness of providing a health service.

• Nurses and Midwives
  – who are frustrated with the lack of opportunity to use their knowledge and skill
EXPANSION OF PRACTICE-SUPPORT

• **Managerial support:**
  – Nurse and midwife managers need to ensure that there are systems in place that will provide support for nurses and midwives in determining and expanding their scope of

• **Policies, guidelines,**
  – guidelines, policies or protocols that have been developed

• **Review of legislation**
  – In order to ensure that nursing and midwifery practice is responsive to changes in healthcare need, the legislation governing practice needs to support such changes.
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• Fiscal accountability
  – expenditure
• **Process accountability**
  – The use of proper procedures
• **Programme accountability**
  – Activities undertaken and their quality
• Priorities accountability
  – Relevance of chosen activities

*Leat 1998*
ACCOUNTABILITY

• Social Accountability
  – Acceptable behaviour within society

• Ethical Accountability
  – Moral duty to be answerable

• Legal Accountability
  – Under legislation

• Professional Accountability
  – Accepting rights and responsibilities of profession

*Eby 2000*
ACCOUNTABILITY - LINES

- Upward accountability
  - Doing what managers require
- Lateral accountability
  - Doing what expected by peers
- Downward accountability
  - To patients
ACCOUNTABILITY

• Complex issue
• Entry level competency
• Berkow 2009: 35% of nurse leaders satisfied with new graduates ability to account for their actions

• No consistent language in the literature
• Underpins safe practice
• Behaviour which marries nursing actions and decision making with standards associated with quality and safety in patient care
ACCOUNTABILITY

• ‘Responsibility for actions’
  – Dohman 2009: accountability arises out of ones free choice and strong personal commitment to ensure a result is achieved
  – Nurses responsible to for ensuring actions carried out and accountable for the results of those actions

• Answerable

• Omissions, life long learning, quality patient care, upholding standards of the profession
ACCOUNTABILITY

- Professional accountability requires that the nurse or midwife weighs up the interests of patients or clients in complex, changing situations, using his/her professional knowledge, skills and judgement to make a decision enabling them to account for their actions
  – UKCC 1996
ACCOUNTABILITY

• Taking responsibility for one's nursing judgments, actions, and omissions as they relate to lifelong learning, maintaining competency and upholding both quality patient care outcomes and standards of the profession while being answerable to those who are influenced by one's nursing practice
  – Krautscheid 2014

• Accountable to patients, to the public, to the employer and to the profession
ACCOUNTABILITY - LEGAL

- To public under criminal law
- To profession through Fitness to Practice
- To patient under civil law
- To employer through contract
HANDOVER PROJECT AT NUH: ACCOUNTABILITY AROUND THE CLOCK

• Promote individual accountability by peer review and challenge of nurses and midwives
• Standard of communication and handover impacts care patients receive
• Requires staff finishing and commencing shift to sign accountability sheet
• Documentation audits, patient involvement, mentorship
RESPONSIBILITY

- Responsibility is defined as: “a charge for which one is answerable” (Batey and Lewis 1982, p.14).
- defining areas of responsibility for which nurses and midwives are accountable ... the appropriateness of the responsibility to nursing and midwifery practice must be examined
- As scope changes judgment must be exercised in accepting responsibilities and delegation
- Responsible for determining own competence
- Responsible for accepting/rejecting demands based on knowledge, education, experience
AUTONOMY

• If accountable for patient care for which they hold responsibility, nurses need to have the necessary autonomy

• Autonomy has been defined as the: “freedom to make discretionary and binding decisions consistent with one’s scope of practice and freedom to act on those decisions” (Batey and Lewis 1982).
AUTHORITY

- Authority, “the legitimate power to fulfil a responsibility” (Batey and Lewis 1982), is necessary for nurses and midwives to practice autonomously in fulfilling their
  - Authority of the situation.
  - Authority of expert knowledge
  - Authority of position
    (Lewis and Batey 1982).
ACCOUNTABILITY CASE STUDY

- Jane Smith is a practice nurse, working fulltime in a busy single GP city practice. The practice is in an area of the city with high unemployment and a high proportion of patients with mental health problems. Jane has only recently started working in the practice and asked the GP if she can attend a mental health course. The GP agrees in principle but cannot agree to allow Jane take time to do the course due to time constraints. During the morning clinic, Mr Black attends the clinic for his injection for treatment of schizophrenia. Jane notes from patient notes that Mr Black is well known to the practice and has been attending counselling for depression. The GP has been seeing Mr Black every week but he missed last week's appointment and has not made another. Jane attempts to ascertain Mr Black's mental state but due to time pressure and her inexperience, she is unable to assess Mr Black fully and makes a note to speak to the GP. Jane thinks Mr Black is still depressed but feels it would be inappropriate to keep Mr Black in the clinic on instinct alone. Jane speaks to the GP and though Mr Black has had one previous suicide attempt the GP was not concerned that the patient was at risk. The patient attempted suicide later in the week.
ACCOUNTABILITY

Challenges

– Expectations unknown
– Lack of knowledge
– Fear

Positive Aspects

– Increased respect
– Effectiveness
– Control
– Action
UPCOMING PROJECTS

• Scope of Practice
• Code of Conduct
• Delegation and Supervision
NMBI SURVEY

Amongst 16 professions nurses & midwives are considered

✓ most honest and ethical profession
✓ the most caring and compassionate

What are nurses and midwives best known for?

✓ CARING, BEDSIDE CARE
✓ Hard work
✓ Being professional/responsible
✓ Compassion
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• Styles, MM (1991) Bridging the gap between competence and excellence ANNA Journal, 18(4) 353-366
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