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# Accountability and responsibility: Principle of Nursing Practice B

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## Summary

This is the third article in a nine-part series describing the Principles of Nursing Practice developed by the Royal College of Nursing (RCN) in collaboration with patient and service organisations, the Department of Health, the Nursing and Midwifery Council, nurses and other healthcare professionals. The article discusses Principle B, the need for accountability and responsibility in the provision of nursing care.

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## Keywords

### Accountability, law, nursing care, Principles of Nursing Practice

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THE SECOND Principle of Nursing Practice, Principle B, reads:

‘Nurses and nursing staff take responsibility for the care they provide and answer for their own judgements and actions – they carry out these actions in a way that is agreed with their patients, and the families and carers of their patients, and in a way that meets the requirements of their professional bodies and the law.’

This Principle encompasses the themes of accountability and responsibility (Royal College of Nursing (RCN) 2010a). The boundaries between healthcare staff continue to shift. Registered nurses now undertake tasks traditionally performed by medical staff while healthcare assistants (HCAs) and assistant practitioners perform roles usually associated with registered staff (RCN *et al* 2006).

There is inevitably some confusion as staff continue to absorb the consequences of changes in their role (Mulryan 2009). These changes continue against a background of public expectations of health and social care.

## Duty of care

Apart from a few specific circumstances, the law does not prescribe which tasks are suitable for particular healthcare personnel. However, it does provide a crucial regulatory framework that applies to every individual whatever their rank or role. The law imposes a duty of care on practitioners, whether healthcare support workers, registered nurses, doctors or others, in circumstances where it is ‘reasonably foreseeable’ that they might cause harm to patients through their actions or their failure to act (Cox 2010).

Responsibility equates to the duty of care in law. The duty of care applies whether the task involves bathing a patient or complex surgery – in each case there is the opportunity for harm to occur. In this context, the question that arises concerns the standard of care expected of practitioners performing these tasks. This is the legal liability the practitioner owes to the patient. By accepting the responsibility to perform a task the practitioner must ensure the task is performed competently at least to the standard of the ordinarily competent practitioner in that type of task.

If a practitioner such as a registered nurse should delegate a task, then that practitioner must be sure that the delegation is appropriate. This means that the task must be necessary; and the person performing the delegated task, for example a HCA or nursing student, must understand the task and how it is performed, have the skills and abilities to perform the task competently and accept responsibility for carrying it out.

*The Code* (Nursing and Midwifery Council 2008) states that individual registered nurses and midwives 'are personally accountable for actions and omissions in practice'. However, practitioners have reported that they associate accountability with retrospective justification of actions, particularly 'as a way of apportioning or accepting blame' (Savage and Moore 2004). This association with a blame mentality is damaging and leads to a negative interpretation of accountability and its application in protecting patients and supporting staff.

One definition of accountability is offered by Caulfield (2005): 'A wider view of accountability is that it is an inherent confidence as a professional that allows a nurse to take pride in being transparent about the way he or she has carried out their practice.' This definition captures the positive dimension of accountability and places the emphasis on the development and demonstration of competence in practice. It applies equally to any member of the nursing team.

### Measuring accountability

It is vital that each member of the nursing team can demonstrate accountability. This may be achieved in a variety of ways. For example, it is important that staff can show evidence of competence. Job descriptions should state the range of duties related to the role. This ensures that there is clarity about roles in a nursing team. Ongoing professional development is key to all staff development. Registered and non-registered staff benefit from the availability of up-to-date protocols and procedure manuals that identify and share good practice. These types of document perform a similar function in that they provide information about what should be done, by whom, when and how (RCN 2011).

### Case study

When issues surrounding accountability are addressed, the entire nursing team can affect the quality of patient care. In an example provided by Carol Gill, a district nurse team leader, HCAs were engaged in reporting and recording the number and severity of pressure ulcers in care homes. An investigation into care at one older people's mental health unit revealed an alarming number of patients with pressure ulcers of Grade 2 (European Pressure Ulcer Advisory Panel Guide to Pressure Ulcer Grading) and above, despite residents being assessed as 'mobile'. The delivery of care in these facilities is predominantly delegated to HCAs who may have limited knowledge of pressure ulcer prevention and care.

Six care homes in the Bradford area that included people with learning disabilities became the setting for a project to raise the standard of care. HCA training and educational sessions on the prevention and care of pressure damage were provided, along with a new HCA reporting and recording tool to capture information on the patient contact. The pilot study resulted in a 25-30% reduction in pressure ulcers and increased reporting and recording of Grade 1 pressure ulcers. In addition, there was improvement in response times by healthcare professionals, and care planning and assessment was completed earlier. Cost savings were achieved by reducing the need for equipment required for patients with Grade 2 pressure ulcers and in more effective use of nursing time. The participants reported an increase in job satisfaction and greater recognition of roles and responsibilities.

### Conclusion

Gaining an understanding of accountability and related issues is essential because these issues are fundamental to nursing practice. Exploring the issues raised by Principle B can address gaps in continuing professional development and promote the purpose of accountability **NS**

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