

# “Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services.”

## Purpose, Objectives, Required Reading and References

**Purpose:** To assist nurses in understanding the North Carolina nursing laws and Rules regarding the clinical management and supervision of nurses and those to whom they delegate nursing tasks.

### Objectives:

1. Recognize nursing management and supervision assignments/job descriptions that are within or exceed NC nursing laws and rules.
2. Understand the responsibility to clarify NC nursing laws and rules requiring RNs to clinically manage and supervise nurses and those to whom they delegate.

North Carolina Board of Nursing (NCBON) staff are frequently asked, “Who may manage or supervise licensed nurses?” A familiar scenario given is, “I am an RN (Registered Nurse) and work in a hospital department other than a patient care unit. Until recently my clinical supervisor has always been an RN. An administrator has now announced that the agency intends to place a non-nurse as the supervisor of the department. “May a non-nurse manage or supervise an RN?” It should be noted this query is not unique to the hospital practice setting.

## Definition and Components of Nursing Practice

To answer this and other related questions it is important to establish a baseline of understanding regarding nursing practice in North Carolina (NC.) The NC Nursing Practice Act (NPA) G.S. 90-171.20(4) defines nursing as:

“a dynamic discipline which includes the assessing, caring, counseling, teaching, referring and implementing of prescribed treatment in the maintenance of health, prevention and management of illness, injury, disability or the achievement of a dignified death. It is ministering to, assisting, and sustained, vigilant, and continuous care of those acutely or chronically ill; supervising patients during convalescence and rehabilitation; the supportive and restorative care given to maintain the optimum health level of individuals, groups, and communities; the supervision, teaching, and evaluation of those who perform or are preparing to perform these functions, and the administration of nursing programs and nursing services.”

The NC Administrative Code Rules 21 NCAC 36 .0224 Components of Nursing Practice for the Registered Nurse, sometimes referred as the RN scope of practice Rules, further clarify the NC NPA and carry the full weight of law. These Rules state, in part, that the RN is responsible for the “on-going” assessment of clients to determine “nursing care needs based upon collection and interpretation” of relevant data. The RN is also responsible to plan nursing care based on the “findings of the nursing assessment,” and assure the plan of care is implemented by “assigning, delegating and supervising nursing activities of other licensed and unlicensed personnel.” These same Rules state that managing the delivery of nursing care is the respon-

sibility of the RN “through the on-going supervision, teaching and evaluation of nursing personnel.” And, that administering nursing services is also the responsibility of the RN.

The NC NPA and RN Rules clearly authorize only RNs to supervise, teach and evaluate licensed nurses and those unlicensed individuals who assist licensed nurses in their care delivery to clients. It is important to note that an RN may practice independently and does not require supervision. The NC NPA requires the Licensed Practical Nurse’s (LPN) practice to be clinically supervised by an RN, or by another healthcare provider specifically authorized by law to do so, at all times.

There are a multitude of settings in which licensed nurses practice. Nursing responsibilities and activities may vary based on agency policies, services provided, and available resources (e.g. large metropolitan hospital versus small out patient clinic). Individual agency policies and procedures, and the knowledge, skill and competencies of the licensed nurses employed have the potential to vary in each practice setting.

However, the scope of nursing practice, including the definition and components of nursing practice, always remains the same. In all settings where licensed nurses practice and an RN is assigning and delegating nursing activities and tasks, the RN is accountable for the overall outcome of care provided.

In answering the posed questions about management and supervision, it may be helpful to clarify what is meant by certain terms related to overseeing the work of another.

### What does it mean to supervise?

Merriam-Webster online defines supervising as the “monitoring and regulating

of processes, or delegated activities, responsibilities, or tasks.” This reference lists the following as synonyms for supervising: “administering, overseeing, conducting, directing, inspecting, quarterbacking, managing, and being responsible for.”

Wikipedia describes a supervisor as “one who oversees the work or tasks of another.” In a 2006 joint statement regarding delegation issued by the American Nurses Association (ANA) and the National Council State Boards of Nursing (NCSBN), the ANA defined “supervision” to be the “active process of directing, guiding, and influencing the outcome of an individual’s performance of a task.” The NCSBN defined nursing supervision as the “provision of guidance or direction, oversight, evaluation and follow-up by the licensed nurse.”

The NC Administrative Code Rule 21 NCAC 36 .0120(42) defines supervision as “the provision of guidance or direction, evaluation, and follow-up by the licensed nurse (RN or LPN) for accomplishment of an assigned or delegated nursing activity or set of activi-

ties.” **Note:** Supervision by the LPN is limited to validation that tasks have been performed as assigned or delegated and according to established standards of practice.

The NC Components of Nursing Practice for the Licensed Practical Nurse (LPN) Rule 21 NCAC 36 .0225 (d)(3), sometimes referred to as the LPN scope of practice Rules, defines the supervisory LPN practice requires. The Rules state the degree of supervision should be determined by variables which include, but are not limited to:

- educational preparation both basic and continuing education;
- stability of the client’s clinical condition;
- complexity of the nursing task;
- complexity and frequency of nursing care needed by the client;
- proximity of clients to personnel;
- the qualifications and number of staff;
- the accessible resources; and
- established policies, procedures, practices and channels of communication.

### What does it mean to manage?

Merriam-Webster online states, in part, to manage is to: have control of (e.g. a department); take care of and make decisions (e.g. regarding someone’s time); and to direct someone’s professional career. Merriam-Webster also states to manage is to:

1. Handle or direct with a degree of skill, and to exercise executive, administrative and supervisory direction of someone or something;
2. Work upon or try to alter for a purpose; and
3. Achieve one’s purpose.

Wikipedia online defines management in business and organizations as the function that coordinates the efforts of people to accomplish goals and objectives using available resources efficiently and effectively. Wikipedia identifies five basic functions of management as:

- **Planning:** Deciding what needs to happen in the future and generating plans for action



- **Organizing:** Making sure the human and nonhuman resources are put into place
- **Coordinating:** Creating a structure through which an organization's goals can be accomplished.
- **Commanding:** Determining what must be done in a situation and getting people to do it.
- **Controlling:** Checking progress against plans.

Wikipedia also identifies three basic roles of management as:

- **Interpersonal** – roles that involve coordination and interaction with employees
- **Informational** – roles that involve handling, sharing, and analyzing information
- **Decision** – roles that require decision-making.

The NC RN Rules define the management of the delivery of nursing care as the responsibility of the RN “through the on-going supervision, teaching and evaluation of nursing personnel” and includes, “but is not limited to:

- 1) continuous availability for direct participation in nursing care;
- 2) assessing capabilities of personnel in relation to client status and plan of nursing care;
- 3) delegating responsibility or assigning nursing care functions to personnel qualified to assume such responsibility and to perform such functions;
- 4) accountability for nursing care given by personnel to whom that care is assigned and delegated; and
- 5) direct observation of clients and evaluation of nursing care given.”

Pamela Cipriano, PhD, RN, FAAN, NEA-BC, former Editor-in-Chief of American Nurse Today, Nurse Scholar-in-Residence and current President of the ANA in American Nurse Today, March 2011, described nurse managers as needing to address emerging trends, adopt innovative ideas, and work towards shared goals of quality, efficiency, and excellence in practice. She stated, “The nurse manager is responsible for nursing practice and quality of care among frontline nurses or nurses in a single unit or department

– as well as overseeing all personnel and budget matters and creating an environment that supports professional practice and employee engagement.” Previously titled head nurse, the frontline manager is now commonly known as nurse manager or director.

Cipriano further identified nurse managers as translating and promoting “organizational goals to frontline staff” and as removing “barriers that could hinder their performance. Managers must keep pace with current advances in care and technology as well as regulatory and legal requirements.” Additionally, Cipriano stated nurse managers “encourage personal development and professional growth among staff,” as well as see the impact of the care provided and its effect on patients and families. “Managers set the stage and expectations for excellence,” and have the skill and breadth of experience to manage complex operations as well as diverse personnel.”

In this same article Cipriano also identified that nurse managers “help set the organization’s direction and goals,” while striving “for consistent practices and accountability across an organization” by encouraging and monitoring performance at the unit and/or department level, and evaluating results that build across the organization.

Now that we have clarified specific terms and the RN’s responsibility to manage and supervise the delivery of nursing care under NC nursing laws and rules, the foundation is set to return to the original issue, **“May an unlicensed person, or person licensed in a discipline other than nursing, manage or supervise a licensed nurse?”** The answer is “Yes” ONLY when the activities or tasks managed or supervised are of a non-clinical nature and do not involve clinical assessment, judgment or decision-making, or involve any activity performed by a licensed nurse and included in the NC NPA’s definition of nursing and further clarified in the RN Rules. This same interpretation is true for the supervision and/or management of an LPN’s practice as stated in the NC NPA and further defined in the LPN Rules.

**“What are administrative or non-clinical tasks for which a non-RN may manage or supervise licensed nurses?”** Examples of administrative functions that

may be supervised by a non-RN include, but are not limited to, work schedule and attendance, tardiness, absenteeism, dress code and assuring compliance in maintaining certifications required to remain employed by the agency. These items do not require a nursing license or professional nursing knowledge or decision-making to implement.

**“Who, other than an RN, may clinically manage, supervise, and evaluate the clinical performance of an LPN, or Unlicensed Assistive Personnel (UAP) providing nursing care?”**

The LPN Rules require the LPN to have clinical supervision at all times, and UAP providing nursing care are also required to have clinical supervision at all times. In practice settings where there is no nursing organizational structure, or an RN is not present or required by other state laws to manage and supervise clinical care, those requiring clinical supervision (LPN and UAP) may be supervised per NC NPA by a “physician licensed to practice medicine, dentist, or other person authorized by State law to provide the supervision.” Others authorized by law are nurse practitioners and physician assistants.

Other than as stated above, a non-RN may NOT manage or supervise nursing activities or tasks, nor evaluate the performance of nursing personnel in carrying out delegated or assigned nursing functions. A non-RN may not direct a licensed nurse as to how or when to provide nursing care. Each licensed nurse, RN and LPN, is responsible and accountable for the nursing services they provide. Only an RN may direct, manage, supervise and evaluate nursing care, including as stated in the RN scope of practice Rule (j) “appropriate allocation of human resources (staffing) to promote safe and effective nursing care.”

**“When is it permissible for a non-RN (other than those healthcare providers listed previously) to clinically supervise or manage a licensed nurse?”** A non-RN may NEVER supervise or manage the clinical performance of a licensed nurse. When a position requires an individual with a nursing license, or when a job description requires clinical nursing knowledge, experience, judgment or decision-making in order to successfully fulfill



the role, that position must be filled by a nurse with appropriate licensure. This includes the functions and responsibilities of assignment and delegation (staffing), and the development and/or implementation of clinical policies and procedures.

**“May an LPN supervise an RN?”**

NO, it is beyond the LPN scope of practice to supervise an RN’s nursing practice. An LPN may not perform in the roles of Nurse Manager, Head Nurse, or Charge Nurse, which are understood to be management/supervisory roles. In the Board of Nursing’s (Board) Position Statement “Nurse-in-Charge Assignment to LPN” it distinguishes the difference between the “Charge Nurse” and “Nurse-in-Charge” roles in settings where client care needs are somewhat predictable.

RN nursing practice requires a higher level of education, skill, and knowledge than does LPN practice. The NC NPA and RN Rules require that when an agency has a nursing organizational structure, an RN must be responsible for the management, supervision, and clinical nursing responsibilities of that agency.

This includes providing the necessary agency guidelines for practice through policies and procedures. In a small agency employing only one RN, that RN may be responsible to assume all RN roles and responsibilities as listed in the RN Rules.

Another frequent question posed to NCBON staff is, **“If I am not providing ‘hands on’ nursing care to a client (e.g. telephone triage, case management, teaching nursing courses, etc.) am I still considered to be practicing nursing? Who can then be my nursing manager or supervisor?”** Returning to the NC NPA definition of nursing it states nursing is “assessing, counseling, teaching, referring...” “...in the maintenance of health, prevention and management of illness ...” The practice of nursing does not require “hands on” care, but rather requires nursing knowledge, judgment and decision-making. The nurse who maintains an “active” nursing license, whether functioning as a volunteer or employed, is practicing nursing whenever they use their nursing knowledge, experience, or judgment to implement any of the activities listed in the NC NPA. In addition, the

prior information concerning management and supervision apply to such roles.

Employers have sometimes erroneously communicated that a nurse did not need to maintain an active nursing license because the position did not involve direct “hands on” client care. Some nurses permitted their nursing licenses to lapse, and later were informed by the Board they had been practicing nursing without a license. In some instances clinical supervision had also been inappropriately assigned as previously described.

**Administering Nursing Services**

NC Rules state administering nursing services is the responsibility of the RN. Those Rules further state the nurse administrator is responsible to: identify, develop and update standards, and policies and procedures related to the delivery of nursing care; implement those identified standards, and policies and procedures to promote safe and effective nursing care for





clients; plan for and evaluate the nursing care delivery system; and, manage licensed and unlicensed personnel providing nursing care by:

1. The appropriate allocation of human resources to promote safe and effective nursing care,
2. Defining levels of accountability and responsibility within the nursing organization,
3. Providing a mechanism to validate the qualifications and competencies of nursing personnel.

Cipriano in the American Nurse Today March 2011 article describes directors/administrators “responsible for more than one department” as those who take a systematic approach with managers, providing clear expectations and direction so staff know their roles and accountabilities.” She further states, “the nurse executive is responsible for practice, fiscal matters, strategic planning, advocacy for human resource issues, promoting professional achievement, and assuring an environment that supports clinical excellence.” “The nurse executive collaborates with multidisciplinary colleagues,” “representing their profession and organization as internal and external ambassadors while establishing collaborative relationships with the public.” All of these responsibilities require nursing knowledge,

judgment and decision-making.

#### Title “Nurse” and Identification

A frequent and related question asked by the public involves the title “nurse.” **“During my appointment with my physician a person called themselves a “nurse” but had NA (or MA or MOA) on their name pin. Can they call themselves a nurse?”**

In the interest of public safety and consumer protection, any person in NC who refers to himself or herself in any capacity as a “nurse” **must** be licensed as an RN or LPN. This is as stated in the NC NPA G.S. 90-171.43 “License required.” An unlicensed person may not be referred to as a “nurse” or refer to themselves as a “nurse” as this would mislead clients and the public into thinking the person had the education, knowledge and skill of a licensed nurse. Each licensed nurse is responsible to protect the title and not permit the title to be used inappropriately.

The NC Badge Law defines a “health care practitioner” as “an individual who is licensed, certified or registered to engage in the practice of medicine, nursing, dentistry, pharmacy, or any related occupation involving the direct provision of health care to patients.” The law states that when providing health care to a patient, whether employed or volunteering, the practitioner “shall wear a badge or other

form of identification displaying in readily visible type the individual’s name and the license, certification, or registration held by the practitioner.”

Because nurses have a healthcare license, by law they have accountability and responsibility the unlicensed individual does not have and the public has a right to know who is providing them healthcare services. Only in a few specific instances does NC law not require the healthcare practitioner to wear an identification badge.

#### The Future of Nursing

The Future of Nursing: Campaign for Action is a joint initiative of the Robert Wood Johnson Foundation and AARP to transform health care through nursing. Susan B. Hassmiller, PhD, RN, FAAN and Susan Reinhard, PhD, RN, FAAN, oversee the Campaign for Action initiative. In the Campaign’s October 2014 newsletter *Advancing Health: News from the Campaign for Action* it reported that Hassmiller and Reinhard had expressed their intent that the initiative would change nurses’ views about themselves, as well as society’s views about nurses. They asserted wanting more nurses to recognize themselves as potential agents of change since they are the group of providers with the most contact with patients and families. One of the Campaign’s key solutions is stated to be to emphasize that nurses must step into leadership roles to improve access to care.

It is each licensed nurse’s responsibility to know and uphold the NC NPA and nursing Rules. It is the responsibility of each licensed nurse in all instances to clarify for a current or potential employer those laws and rules. No matter an employer’s reasoning or justifications, it is the nurse’s responsibility to accurately follow the laws and rules of their profession.

Licensed nurses are called to take an active role in clarifying to all they meet: friend, neighbor, potential employer, colleagues in other professions and roles, and the public, the role and scope of nursing practice; especially as it relates to the management, supervision and administration of nursing services.

Board of Nursing Position Statements:

- **Competency Validation**

- Delegation and Assignment of Nursing Activities
- LPN Scope of Practice – Clarification: Position Statement for LPN Practice
- Nurse in Charge Assignment to LPN
- RN Scope of Practice – Clarification: Position Statement for RN Practice
- Staffing and Patient Safety
- Required reading for successful course completion can be found on the BON’s website [www.ncbon.com](http://www.ncbon.com) > Nursing Practice, and Laws and Rules.

References:

1. American Nurses Association & the National Council State Boards of Nursing. (2006). Joint statement on delegation. Retrieved from [https://www.ncsbn.org/Delegation\\_joint\\_statement\\_NCSBN-ANA.pdf](https://www.ncsbn.org/Delegation_joint_statement_NCSBN-ANA.pdf) on 11/4/14.
2. Cipriano, Pamela F. (2011) Move up to the role of nurse manager. *American Nurse Today*, 6(3). (March.) Retrieved from <http://www.americannursetoday.com/move-up-to-the-role-of-nurse-manager/> on 11/4/14.
3. Advancing Health: News from the Campaign for Action. (Oct. 2014) Nursing Movement Looks to Past to Change the Future. Retrieved from <http://campaignforaction.org/news/nursing-movement-looks-past-change-future> on 11/4/14.
4. Merriam-Webster.com. Merriam-Webster, n.d. Web. Retrieved from <http://www.merriam-webster.com/dictionary/manage> on 11/3/14.
5. Merriam-Webster.com, Merriam-Webster, n.d. Web. Retrieved from [www.merriam-webster.com/dictionary/supervise](http://www.merriam-webster.com/dictionary/supervise) on 11/3/14.
6. Wikipedia online. Retrieved from <http://en.wikipedia.org/wiki/Supervisor> on 11/3/14.
7. Wikipedia online. Retrieved from <http://en.wikipedia.org/wiki/Management> on 11/3/14.

## **EARN CE CREDIT**

“Who’s Your Supervisor or Manager? Nursing Practice: The Management and Supervision of Nursing Services.”

Nursing Law and Rules:

- G.S. 90-171.20 North Carolina Nursing Practice Act, (4)(7) & (8)
- G.S. 90-171.43 NC NPA License required
- G.S. 90-640 NC Badge Law

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