Task Shifting: Nurses

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According to the World Medical Association (WMA) the term Task Shifting is a human resources term used to describe a situation where a medical task of a highly qualified health worker is “transferred to a health professional with a different or lower level of education and training, or to a person specifically trained to perform a limited task only, without having a formal health education” (WMA, 2014). It generally occurs in regions with shortages of qualified workers, and in such cases if task shifting did not occur then the alternative would result in no available services to those in need (WMA, 2014).

Fried and Fottler explain in their textbook entitled Fundamentals of Human Resources in Healthcare that “all states require nurses to be licensed to practice” and that those “licensure requirements include graduation from an approved nursing program and successful completion of a national examination (Fried & Fottler, p. 32, 2011). There are two tracts of education and preparation that distinguishes the two levels of nurses. These include Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) (Fried & Fottler, p. 32, 2011).

RNs are required to complete a (2-year) associate’s degree (AND) or (4-year) bachelor’s degree (BSN) in nursing to qualify for the licensure examination. AND programs are typically offered by community and junior colleges, while BSN degrees are typically offered by colleges and universities (Fried & Fottler, p. 32, 2011). LPNs “must complete a state-approved program in practical nursing and must achieve a passing score on a national examination” (Fried and Fottler, p. 32, 2011).

Nurses as an occupation have been impacted by task shifting in the way of their services delivery. Given their amount of training and education, there are times when nurses are able to “safely and effectively undertake a range of medical interventions and clinical services usually
carried out by a doctor” such as child birth and delivery (AMREF, n.d.). It is in the cases where
tasks have been shifted away from nurses that are impacting New Mexico (NM). Currently in
NM there is a trend toward task shifting designed to address nursing shortages. This was
developed by the New Mexico Department of Health as a way to assure medication
administration in government funded programs without having to require them to maintain high
nurse to patient/consumer ratios. This training is called the Assisting with Medication Delivery
(AWMD) training program. This essentially allows home-health, Medicaid waiver, and other
community providers to have non-nursing (direct care) staff “assist with” (not administer) the
delivery of medication for those who are physically unable to administer their own medications
(but are able to communicate their needs verbally or non-verbally) (DDSD, n.d.). The use of this
task shifting allows for programs providing services to employ fewer nurses then would be
required without the AWMD program. Through the use of the AWMD program there are
supposed to be assurances that those trained in AWMD will assist those who are prescribed the
medications to take them as ordered by their primary care provider (PCP), and document the task
completion on the Medication Administration Record (MAR) (DDSD, n.d.).

It is the personal opinion of this writer that task shifting can be used effectively in many
situations. For example, the delegation of child birthing from a physician to a nurse is very
appropriate and in most cases is a very efficient use of task shifting. Nurses undergo a
comprehensive education and training program and demonstrate competency in the
administration of health care practices. The cases where task shifting may not be such a good
idea is in the use of the AWMD program (described above). Although this program has helped to
ensure the delivery of medications to those in need, the medication errors that result due to a lack
of medical literacy in those trained (with a required 8th grade education) by the AWMD program
are much higher than would be if the medications were administered by nurses. This is a training program that should be revised to ensure at multiple levels competency prior to the receipt of a certificate. The program is currently designed to determine the competency of the student in the AWMD protocol and not the student’s ability to read medications. This is important as there are many medications that are spelled similarly and if the person who is designated to assist with the medication delivery cannot read or differentiate medications such as Adderall and Inderal, Norvasc and Navane, and Prozak and Prilosec (to name a few), serious consequences could result.

Places where task shifting has improved quality of service delivery include the use of the World Health Organizations Treat, Train, and Retrain program designed to address the global health care shortages for the human immunodeficiency virus (HIV) services. This is a program that expands the human resources pool for the “treatment, prevention, care and support services for health workers who may be infected or affected by HIV and AIDS” (WHO, p. 2, 2006). It incorporates task shifting into four different stages/categories as a plan to increase sustainability of the program. The task shifting includes the shifting of HIV services tasks from 1) doctors and specialized physicians to non-physician clinicians, 2) non-physician clinicians to nurses, 3) nurses to nursing assistants and community health workers, and 4) nursing assistants and community health workers to people living with HIV and AIDS (PLHA) (WHO, p. 4, 2006).
REFERENCES


