Individual Accountability within the Nursing Profession

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Accountability is defined by *Merriam-Webster Online Dictionary* as “an obligation or willingness to accept responsibility or to account for one’s actions” (“Accountability,” 2009). However, individuals worldwide consider the extent of the definition according to much different standards. This paper determines to introduce and define accountability as an individual within the profession of nursing, identify the importance of a clear definition of individual accountability in advanced nursing practice and care, and describe how the concept can be recognized and measured within the scope of nursing to provide optimal patient outcomes and gratifying practice environments.

**Concept Introduction**

Accountability is a requirement of any profession; however this concept assumes increased importance as an Advanced Practice Nurse (Moore, 2009). In researching the topic, information on accountability is available in various structures related to nursing (i.e. within management, unit specific practice, and procedures); however this paper seeks to focus on individual accountability for the advanced practice nurse. Specifically how and why the nursing profession or an organization should hold individual practitioners accountable for best practice and communication (as individuals within assigned teams) for optimal patient outcomes. In essence the focus of this paper is individual accountability for the Advanced Practice Nurse.

**Definition**

This definition by Webster in 1848 “Accountability: The state of being liable to answer for one's conduct; liable to give account, and to receive reward or punishment for actions” (Bartlett, 1848, p. 2) shows that the term and concept has been widely defined and understood in society with generally the same meaning and social ramifications for
misuse. The discussion of accountability is closely linked to the terms ethics and morals in most literature. In order to clearly define accountability therefore, one must understand the meaning of each of these terms both separately and in relation to accountability. Ethics and morals refer to values in relation to actions and behaviors humans demonstrate, with respect to them being good or bad, right or wrong and the motivations behind them (“Ethics,” 2009).

Understanding the above terms in relation to the concept guides the characterization of individual accountability in nursing practice. For this paper individual accountability will be defined as: providing care to meet or exceed required standards based on research for that setting in which positive client and peer interactions enhance patient outcomes. This individual accountability applies to all practice areas and must also be accompanied by a means of enforcement from within an organization (whether that is one place of employment or a national agency).

**Case Study**

In a clinical setting individual accountability would present as such: JW one of the staff nurses in a general Intensive Care Unit was providing care for two patients. One intubated and mechanically ventilated patient requiring sedation for adequate oxygenation and the other a confused man admitted with a closed head injury after falling from his girlfriend’s truck in a domestic altercation outside a local bar. The intubated and sedated patient requires complete care related to sedation and hourly monitoring of vital signs, but has no visitors making demands of the nursing staff. The confused gentleman is also dependent for all care, requires hourly monitoring of vital signs, is frequently crawling out of bed, and has multiple visitors throughout the day.
requesting nursing interventions persistently. JW is working her fourth twelve hour shift in a row and verbalizes “exhaustion” however she continues to provide hourly monitoring for both patients while caring for both individuals in accordance with practice standards. This includes providing oral care and repositioning every two hours or more in addition to medication administration, documentation, and other unit tasks.

**Discussion of Case Study**

Too frequently individual accountability is forsaken for “exhaustion” and the practitioner allows one patient to receive substandard care while attending to verbal requests for care only. This is due to illogical thinking in reference to the fact that the “stable patient” will not be adversely affected by the lack of standard care for one twelve hour shift. However, this places the intubated and sedated patient at risk for several noscomial complications as he is unable to verbalize needs and has no advocate for care.

The lack of individual accountability impacts team accountability, unity, and morale as others view the substandard care and base decisions on the individual’s actions. These decisions can include personal practice behaviors, view of standard care, communication, and view of organizational policies. Since these individual actions affect the patient and other professionals individual accountability is essentially the building block for unit or team accountability, organizational accountability, and so on which reflect on professional accountability eventually. This chain reaction demands that as individuals our accountability also comes with the obligation to hold other individuals accountable within the profession.
Importance to Nursing

Individual accountability as it relates to nursing is such an enormous concept that it is directly and indirectly addressed and regulated by several external organizations including State Boards of Nursing, American Nurses Association (ANA), and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). According to Moore (2009) “professional nursing is based on altruism, integrity, accountability and social justice” (http://www.bellaonline.com)

Individual accountability is important to nursing and even more so to advanced practice nursing because it determines practice behaviors. The nursing profession in general understands the level of accountability and the public has identified this in expressing trust for the profession (Lachman, 2009). Advanced practice nurses (and other health care workers) essentially have lives in their hands and maintaining a level of care according to regulated standards ensures optimal patient outcomes whether that includes recovery or death.

Application

Clinical Use

Individual accountability in nursing practice is exposed by providing appropriate, safe, and ethically sound care to all clients without discrimination. This concept calls for the professional to self-reflect as well; according to Lachman (as cited in ANA, 2001) “a nurse is responsible for assessing the role demands and determining if he or she has the knowledge, competence, and experience to engage safely in the required action” (Lachman, 2009, p. 56). According to Foster (2009) the concept requires practitioners assume responsibility for reporting “unsafe practice or professional misconduct” as well
Each practitioner is individually accountable for their action and inaction in witness to professional violations.

The clinical setting is also used for educational purposes as practitioners are required to precept new students and staff. Assumption of this role comes with additional accountability. According to Paton and Binding (2009) precepting students and the relationship that entails “requires a high level of educational discernment, clinical expertise, and professional accountability” (p.117). The practitioner would be responsible for ensuring the preceptee performs adequate, appropriate, and safe care, possess critical thinking abilities, and request additional help when needed. The preceptor would also need to provide professional constructive feedback, despite negative connotations if the student were not performing as expected.

**Educational Use**

Precepting leads us to the discussion of individual accountability of a professional nurse within the educational system as nursing instructors lecture, role model, precept, and facilitate precepting as well. Instructing students lends to evaluation and review of patient care, skill technique, and course work completion. In the classroom setting individual accountability would ensure students were actively engaged by each faculty member throughout the curriculum to comprehend and practice nursing beyond novice levels by graduation. Again the role of preceptor emerges as Paton and Binding (2009) discuss the relationship and responsibility the preceptor holds in forming a new graduate’s perception of accountability and behavior towards patients, peers, colleagues, and subordinates. Paton and Binding (2009) also discuss the cognitive and emotional issues preceptors face in assuming responsibility for the practice of students under their
supervision and beyond once the relationship ends. Certainly instructors, like preceptors struggle with failure of students knowing the time and effort involved in the educational processes as well as the loss of hopes and dreams that come with failure.

**Management Use**

In management the concept of individual accountability retains the previous implications but adds to it the responsibility for administrative purposes. The manager must hire in accordance with those moral and ethical principals discussed despite limited applicants and time constraints. In management as well as in running a unit as the charge nurse Lachman (2009) and Foster (2009) describe the accountability issues that arise based on individual assignments and appropriate delegation. A manager is responsible for the individual accountability of each member of his/her team. It is in this position however that individual accountability within a team or unit can be enhanced or mired as consequences should be distributed from this position. Effective use of the concept within a management position influences behavior of the individuals that fall below this link in the chain of command.

**Theoretical Use**

Individual accountability is the underlying factor of all nursing theories, as theory focuses on competent nursing skills, but also a deep understanding of a patient and their feelings or an understanding about how interventions and interactions are affecting that patient. Theory is defined in Wilkinson and Van Leuven (2007) as ideas and concepts that allow meaning, organization, and expansion on behaviors. In looking at Watson’s Caring theory (Wilkinson & Van Leuven, 2007, p. 140) the focus of nursing was changed from the performance of skill to providing “ethical” caring behaviors. Basically the
development of theory comes from individual accountability as the nurse uses logical, inductive, and deductive reasoning (Wilkinson & Van Leuven, 2007) to provide safe and effective care to promote optimal outcomes. Since theories serve as “a guide for assessment, problem identification, and choosing nursing interventions” (Wilkinson & Van Leuven, 2007, p. 145) any nurse using a theory in the provision of care is practicing the concept of individual accountability at the most basic level.

**Recognition of the concept**

Individual accountability or lack thereof can be easily gauged by observing an advanced practice nurse provide care, lecture, or manage for a very short period. The concept will be reflected in ones words, actions, and reactions to the environmental surroundings. In practice the concept would emerge in comments made by patients and families in regards to the behavior and care given by the practitioner. In a clinical or practice environment one would find exceptional patient outcomes and magnet status of a unit or organization. In education student evaluations would reflect genuine concern on the part of the faculty in regards to each student’s learning needs. The concept wouldn’t necessarily determine higher grades, but could even be illustrated by lower grades as the instructor would require higher standards of achievement in holding the students to the same level of individual accountability. In management the concept could be viewed in relation to the subordinates, as it would have a descending effect, as well as a positive perception of management practice from those above.

Measurement of the concept would have to be performed by individual surveys with questions related to those actions deemed ethical and moral as well as the provision of standard care or actions. These individual assessments would then constitute
measurement or assessment of a higher level of effects for example; patient outcomes, patient perceptions of the care provided, and student or staff satisfaction. Research in regards to positive outcomes based on the level of action of an individual would ultimately measure the concept.

Based on the ethical and moral principles of individual accountability one should be aware and attempting to implement the concept in all aspects of life and practice. There are no drawbacks to the concept with exception of negligible effort on occasion. The rewards however are abundant and include personal satisfaction, enhanced interactions, and positive reflection from peers and colleagues.
References


