DELEGATION SKILLS
Self-Assessment

For each of the following questions, answer Yes or No regarding the way you usually deal with delegation. Don't think too long about a question; go with your first reaction.

1. I spend more time doing work my staff could do than I should. □ Yes □ No
2. I often find myself working while my staff is idle. □ Yes □ No
3. I believe I should be able to personally answer any question about any project in my area. □ Yes □ No
4. My "inbox" mail is usually full. □ Yes □ No
5. My staff usually takes the initiative to solve problems without my direction. □ Yes □ No
6. My operation functions smoothly when I am absent. □ Yes □ No
7. I spend more time working on details than I do planning or supervising. □ Yes □ No
8. My staff members feel they have sufficient authority over personnel, finances, facilities, and other resources for which they are responsible. □ Yes □ No
9. I have bypassed my staff by making decisions myself that were part of their jobs. □ Yes □ No
10. If I were incapacitated for an extended period of time, there is someone who could take my place. □ Yes □ No
11. There is usually a big pile of work requiring my action when I return from an absence. □ Yes □ No
12. I have assigned a job to a staff member primarily because it was distasteful to me. □ Yes □ No
13. I know the interests and goals of every person reporting to me. □ Yes □ No
14. I make it a habit to follow up on jobs I delegate. □ Yes □ No
15. Whenever possible, I delegate complete projects, as opposed to individual tasks. □ Yes □ No
16. My staff is trained to maximum potential. □ Yes □ No
17. I find it difficult to ask others to do things. □ Yes □ No
18. I trust my staff to do their best in my absence. □ Yes □ No
19. My staff is performing below its capacity. □ Yes □ No
20. I nearly always give credit for a job well done. □ Yes □ No
21. My staff members refer more work to me than I delegate to them. □ Yes □ No
22. I support my staff when their authority is questioned. □ Yes □ No
23. I personally do those assignments only I can or should do. □ Yes □ No
24. Work piles up at some point in my operation. □ Yes □ No
25. All staff members know what is expected of them, in order of priority. □ Yes □ No
**Scoring**

Give one point for each “Yes” for numbers 5, 6, 8, 10, 13, 14, 15, 16, 20, 22, 23, and 25; give one point for each “No” for numbers 1, 2, 3, 4, 7, 9, 11, 12, 17, 19, 21, and 24.

**Interpretation**

**Scores 20-25:** You follow excellent delegation practices that help the efficiency and morale of your work group. These skills maximize your effectiveness as a leader and help develop the full potential of your staff.

**Scores 15-19:** Your score is adequate, but not spectacular if you are striving for excellence in leadership. To correct the deficiency, review the questions you missed and take appropriate steps so that you will not repeat these delegation mistakes.

**Scores 14 and below:** Delegation weakness is reducing your effectiveness as a leader. The overall performance of your work group is lower than it should be because either you are unable or unwilling to relinquish power to others. In addition, delegation mistakes may cause dissatisfaction among staff. At the least, they will not develop job interests and important skills unless you improve in this area.
What Kind of a Delegator Are You?

By: Edwina A. McConnell, RN, MS
Assistant Director of Nursing
Madison General Hospital, Madison, WI
Nursing78, October

The practice of delegation doesn’t mean “letting George do it,” and it doesn’t mean “passing the buck.” Agreed. What it does mean, though, is a lot harder to describe. This quick look at some so-called delegators will help you define what delegation means to you and, therefore, what kind of a delegator you probably are.

Most of us have a general understanding of the word *delegation*. What we want is a specific understanding: What does delegation mean to me?

This is an important point, because the practice of delegation seems to mean different things to different people. In fact, the way people delegate tells us their philosophy of management.

Let’s examine five ineffective delegators. Maybe you’ll recognize your supervisor — or yourself.

**FIVE WHO DELEGATE**

**VAGUE VERA**

You know that she’s just delegated something. But what in the world was it?

If you’ve ever had a supervisor like Vera, you’ll recognize her, I’m sure. She’s the nurse who delegates jobs like, “Take care of Jones in 511, will you?” “Sure,” you say, being a supremely agreeable person. But as you trot down the hall toward 511, vague doubts begin to dance around in your brain: Take care of what? How? When? And why?

Good old Vera. At her best, she only tells you who and where.
If you are a Vera, you may think this style of delegation simplifies the act of delegating. Initially, it does. But it creates a real mess in the end.

How do you recognize whether you or your supervisor belongs in the Vera category? If your supervisor’s a Vera, you probably don’t know what outcome she expects when she delegates. Result: less than optimal care for poor Jones, frustration and failure for you. If you are a Vera, you’ve probably decided delegation’s doomed to failure. After all, your subordinates have demonstrated over and over that they can’t accept responsibility.

**AUTOCRATIC ANNIE**

*She’s put you in charge — just don’t try to make any decisions.*

If Annie’s your supervisor, you’ve probably found yourself in a situation like this: Your unit needs a unit orientation manual, for example, and you’ve volunteered for the job. You’re capable of doing it, and you know the expected outcome. What could possibly go wrong?

Call your first meeting and see. If your head nurse is a true Autocratic Annie, *she’ll stop you cold the first time you call a meeting, delegate a responsibility, or make any other independent decision.* Oh, you get to *do* the manual, all right. Just be sure to clear all your ideas (that means *fight for them*) first.

If you think you might be an Annie, look for patterns: Do you delegate lots of jobs but hang on to the authority?

Do you have the impression that people who volunteer always lose interest when they see how much work it is? Maybe they just need some freedom to act.
SCUTWORK SAM

*He gives you responsibility and authority — but look what else he gives you.*

Sam’s one of those head nurses who always pitch in and help the staff nurses when things get tough. But if Sam’s your supervisor, you’ll recognize him by the kind of help he gives.

*Sam never gets his hands dirty.* He never gets his nerves jangled. He never grieves for the dying. Sam’s knack is to keep the cream puffs — the alert, happy patients who’re going home cured — while he passes out the agitated elderly, the dying cancer patients.

If you think *you* might be a Sam, look at your staff: Do they seem chronically exhausted from the unrelieved stress of giving until their well of kindness is dry? And look at yourself: Do you go home every night, feeling euphoric, knowing what a prince you are?

ALICE THE ABDICATOR

*She gives you responsibility and authority. Oh, boy! Does she!*

Don’t let it get around, but Alice is scared to death to make decisions. Her solution: She’s become *delegatorus supremus.* If you think you might work for an Alice, look for the clues: If it’s a p.r.n. order or a decision to call a doctor or not, Alice cops out. She’s read the books that say a good manager delegates, and so when the going gets tough, the tough get delegated.

Working for her might make you a terrific manager. After all, you’re getting good at making decisions.

If you think *you* might be an Alice, find out by reviewing your day: Do you feel noble and enlightened because you’ve delegated all the decisions? Look out, Alice.
DORIS THE DUMPSTER

When she delegates, it’s like a ton of bricks hitting your head. And you get to pick up the pieces.

If you work for a Doris, you know that she combines the charms of Annie, Vera, Sam, and Alice. She doesn’t delegate, she dumps: a job here, a job there, a job here. Willy-nilly. Doris doesn’t worry whether you’re qualified or experienced. She doesn’t bother with teaching or expected outcomes.

Whatsa matta? Aren’t you a nurse?

If you worry that you might be a Doris, look at your subordinates. If they seem chronically overwhelmed, confused and frightened by your delegating inadequacies, you may be in the running for Dumpster of the Year.
AND FOUR WHO DON’T

Despite all these bad examples, I do think effective delegation benefits everyone. The manager can plan, teach, and do her own work. The staff can become involved in meeting unit goals and can develop their skills. As the examples indicate, however, these good things don’t just happen. They require planning and careful, selective, supervised delegation with plenty of two-way communication.

Maybe that’s why so many professional nurses seldom delegate: They’ve heard it’s an effort. Their excuses against delegating vary, but I’ve seen four such non-delegators over and over.

LAST-MINUTE LOIS

She’d love to delegate, but who has the time?

Lois is right. Effective delegation is time consuming in the short run and requires planning and helping from the delegator.

But in the long run, delegating would save Lois — and her staff — hours each day while it fosters staff development.

Leadership theorists tell us that employees need expert guidance and social contact, too. New employees need a lot of both. By the same reasoning, people accepting delegation the first time need a lot of both. That’s where all the short-run time comes in. But as that person becomes proficient, the supervisor can cut back the guidance. As the subordinate begins to accept responsibility, the supervisor can cut back the social support. In the long run, Lois and her staff will win with delegating.
NO-RISK RALPH

He knows that if he delegates and the outcome is botched, he’ll be judged a failure.

But, if Ralph doesn’t delegate, he’s already a failure. Anyway, he can reduce most of the risks by making sure the person has a clear understanding of the expected results, making sure the person has the training and experience to achieve the results, and agreeing on a time for progress checks and completion. (The more nervous the delegator and the less experienced the person who accepts the job, the more frequent the checks, of course.)

Even a very experienced nurse shouldn’t be given the responsibility without any planned discussion of outcome. As a former president of the American Management Association pointed out, “Employees respect what the manager inspects.”

JUST-ONE-OF-THE-GIRLS GLADYS

She figures that if she works right alongside the staff nurses, they’ll like her better.

But they probably won’t. Sometimes when staff nurses seem reluctant to accept delegation, the head nurse takes the easy way out — like Gladys. That’s a short-term solution. For the long term, Gladys needs to find out why her staff resists delegation. Are they afraid of failure? Unsure of her expectations? Or angered by her delegation of scut work? Once Gladys demonstrates her fairness, her continuing support, and encouragement even while they’re taking responsibility for jobs she’s delegated, she’ll get more than friendship, she’ll get respect.
SHARON SUPERNURSE

Sharon comes in two models: The I-work-this-hard-because-I’m-a-martyr model and the I-work-this-hard-because-I-can-do-everything-better-than-anyone-else.

If Sharon keeps it up, she’ll never have any staff who can do the jobs. If she teaches them, she can ease up. And maybe, flushed with her success as a manager with an involved, skilled staff, she won’t need your martyrdom anymore either.

A WORD TO THE STAFF NURSE

If you’re a staff nurse who never supervises, don’t feel you’re off the hook. You have part of the responsibility to accept delegation, too.

When your supervisor delegates, take time to find out:

1. What outcome s/he expects.
2. What suggestions s/he has for accomplishing the task.
3. What authority you have.
4. When s/he wants a progress report.
5. When s/he expects you to complete the job.

A job understood is a job half done. So get going. You’re already half finished.

Two interesting articles on delegation I’d like to recommend are: Are you making delegation work for you, by June Pellet, RN (AORN, 25:5, April, 1977), and Mastering the managerial skill of delegation, by Elena M. Volante (JOURNAL OF NURSING ADMINISTRATION, 4:1, January-February, 1974).
Delegation Action Plan

<table>
<thead>
<tr>
<th>What tasks can I delegate?</th>
<th>Who would be the ideal delegate(s) for this work?</th>
<th>When can I schedule time to thoroughly communicate the task and inform other staff?</th>
<th>When should I follow up to track progress on the success of the delegation?</th>
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</table>

1. My strengths in delegating are:

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2. My weaknesses in delegating are:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
3. To improve my delegation skills, I plan to:

Create an action plan for delegating one of the tasks listed. Be sure to incorporate essential information that has to be communicated, such as skills that are needed, location of resources that may be used (including people), time constraints, expected outcomes, and when you plan to check in. Create a target date by which you would like to delegate the task and stick to it.
Levels of Supervision

“Right” supervision means providing the right level of supervision: appropriate to the person, the situation, and the task. The amount of supervision generally falls into one of eight levels, shown below.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>8</td>
<td>The delegate has complete freedom. This usually entails a change in job role. “It’s your area of responsibility now.” This is really delegating part of the delegator’s job.</td>
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<tr>
<td>7</td>
<td>The delegate can decide and take action, and is not required to report to the delegator. This is a high level of freedom that requires a high level of confidence in the delegate. The quality of the activity is assessed according to overall results.</td>
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<tr>
<td>6</td>
<td>The delegate can decide and take action, but must advise the delegator of what was done. This allows a quick reaction to “wrong” decisions and saves time.</td>
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<td>5</td>
<td>The delegate has increased responsibility and begins to control the action, but the delegator still has veto power. “Let me know your decision, and then go ahead unless I tell you otherwise.”</td>
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<td>4</td>
<td>The delegate can make decisions, but must be checked before proceeding. The delegate is trusted to judge the options, but must have approval before implementation.</td>
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<td>3</td>
<td>The delegate can perform analysis and recommendation, but the delegator checks the thinking before deciding. “Give me your recommendation and analysis, and I’ll let you know whether you can go ahead.”</td>
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<tr>
<td>2</td>
<td>The delegate can perform investigation and analysis, but is not asked for a recommendation. “I’ll make the decision once you’ve presented me with the facts.”</td>
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<tr>
<td>1</td>
<td>The delegate is not given any freedom. “Do exactly what I say,” wait to be told, and follow instructions precisely.</td>
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</tbody>
</table>
Steps to Successful Delegation:
1. Identify the task to be delegated.
2. Identify a delegate.
3. Communicate the task being delegated.
4. Follow up with the delegate.

The Five “Rights”
1. Right Task
2. Right Person/Group
3. Right Instruction (clear, concise, complete, correct)
4. Right Feedback
5. Right Supervision (based on the person, the situation, and the task)
To delegate a task successfully, the delegate must:
• Know what you want them to do
• Have the authority to do it
• Have the knowledge to do it well

Delegate SMART
• Specific
• Measurable
• Agreed
• Realistic
• Time bound

Do's and Don'ts
• Do give specific instructions
• Do clarify expectations
• Do recognize superior performance
• Do seek feedback
• Do exhibit trust
• Don't delegate randomly
• Don't overreact to problems
• Don't micromanage

Signs of Poor Delegation
• The workload is unbalanced.
• Work is done incorrectly.
• Deadlines are missed.
• The team is confused or angry.
• Morale is down.
• The manager is overworked.

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Thank you for taking the time to complete the following evaluation. Your responses are carefully considered when designing future courses.

<table>
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<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>1</td>
<td>2</td>
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1. I found this session to be beneficial and believe it will have a positive impact on the care I can provide my patients/residents.
2. I will be able to apply what I’ve learned to my improvement efforts.
3. The materials were easy for me to understand.
4. The course was the correct length.
5. The facilitator(s) created a comfortable learning environment.
6. The facilitator(s) were knowledgeable and prepared.
7. The training was a worthwhile investment of my time.

Did this session meet the following objectives?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Define delegation.</td>
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<tr>
<td>Recognize the four steps of delegation.</td>
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<tr>
<td>Describe your delegation style.</td>
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<tr>
<td>Identify the five “rights” of delegation.</td>
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What was most useful about this session?
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
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What questions do you have?
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How would you improve the session?
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Additional Comments:
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