

# Refusing Assignments and Discontinuing Nursing Services

## Table of Contents

---

<b>Introduction</b>	<b>3</b>
<b>Standards</b>	<b>4</b>
<b>Legislation</b>	<b>4</b>
Refusing assignments	5
Discontinuing nursing services	5
<b>Guidelines for Decision-Making</b>	<b>5</b>
<b>Maintaining a Quality Practice Setting</b>	<b>7</b>
<b>Complaints about Nurses' Practice</b>	<b>8</b>
<b>Scenarios</b>	<b>9</b>
<b>References</b>	<b>14</b>
<b>Suggested Reading</b>	<b>14</b>



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

## VISION

Leading in regulatory excellence

## MISSION

Regulating nursing in the public interest

---

*Refusing Assignments and Discontinuing Nursing Services* Pub. No. 41070

ISBN 978-1-77116-072-8

Copyright © College of Nurses of Ontario, 2017.

Commercial or for-profit redistribution of this document in part or in whole is prohibited except with the written consent of CNO. This document may be reproduced in part or in whole for personal or educational use without permission, provided that:

- Due diligence is exercised in ensuring the accuracy of the materials reproduced;
- CNO is identified as the source; and
- The reproduction is not represented as an official version of the materials reproduced, nor as having been made in affiliation with, or with the endorsement of, CNO.

Reprinted in December 2005, May 2008. Updated June 2009. Updated February 2017.

Additional copies of this booklet may be obtained by contacting CNO's Customer Service Centre at 416 928-0900 or toll-free in Canada at 1 800 387-5526.

College of Nurses of Ontario  
101 Davenport Rd.  
Toronto ON M5R 3P1

[www.cno.org](http://www.cno.org)

Ce fascicule existe en français sous le titre : *Le refus d'affectations et l'interruption de services infirmiers*, n° 51070

## Introduction

The College of Nurses of Ontario (the College) frequently receives questions about whether nurses<sup>1</sup> have the right to refuse assignments or discontinue care to clients, and if doing so constitutes abandonment of clients.

Situations that prompt these questions can include job actions or strikes, requests to work overtime and unsafe working conditions. These situations generally involve a conflict between a nurse's professional obligations to clients and her/his personal obligations. This conflict can create an ethical dilemma for the nurse.

As is true with most ethical dilemmas, very often there is no one answer that clearly resolves the issues. However, using an ethical problem-solving approach can help nurses consider the relevant factors and work out the best solution.

This practice guideline was developed to help nurses work through these ethical dilemmas. It provides an outline of the relevant practice standards, legislation, and professional and ethical accountabilities. As well, it describes a decision process that can help nurses resolve ethical dilemmas and conflicting obligations while meeting their responsibility to provide safe care.

Nurses are expected to demonstrate leadership and accountability when weighing their professional and personal obligations, and to make decisions in the best interest of the public.

This document replaces the guideline *Job Action* and the document *Accountability of RNs and RPNs During a Work Stoppage*. It offers a section on how creating quality practice settings can prevent or help to resolve these issues. Finally, this document offers several case studies illustrating how nurses can resolve dilemmas around providing nursing care.

Job actions, strikes, working overtime and working in unsafe practice situations are examples of issues that combine labour, as well as professional and regulatory issues. As the regulatory body for nursing in Ontario, the College has the mission to protect the public's right to quality nursing services by providing leadership in self-regulation to nurses. The College does this, in part, by establishing practice standards and guidelines and enforcing standards for Registered Practical Nurses, Registered Nurses and Nurse Practitioners. Practice guidelines, such as this one, support nurses in making safe, effective decisions by helping them understand their responsibilities in relation to aspects of nursing care. Although the College has no role in labour disputes, it does have a role in ensuring that nurses, both staff nurses and nurse administrators, fulfil their professional obligations to clients.

Employers are responsible for establishing a working environment, including staffing, that supports safe, effective client care. The *Employment Standards Act, 2000* applies in all work settings. In addition, in unionized workplaces, collective agreements establish the benefits, privileges, rights and obligations agreed upon by the union, the nurses as employees and the employer. Further, the *Occupational Health and Safety Act*<sup>2</sup> outlines provisions for refusing to work when health and safety of the worker is in danger. However, section 43 (1) (b) of OHSA states this right does not apply if the worker's refusal to work will directly endanger the life, health or safety of another person. Section 43 (2) (d) outlines the workers to whom the non-application clause applies; and it would likely include the majority of nurses.

Nurses are accountable for providing safe, effective and ethical care to their clients (College of Nurses of Ontario, 2004b). To resolve conflicts between professional and personal obligations in a way that protects the public's right to safe care, nurses need

<sup>1</sup> In this document, *nurse* refers to a Registered Nurse (RN), Registered Practical Nurse (RPN) and Nurse Practitioner (NP).

<sup>2</sup> For more information, see the *Occupational Health and Safety Act*. The Act is available at [www.e-laws.gov.on.ca](http://www.e-laws.gov.on.ca).

to be aware of the relevant standards and legislation and ensure that they consider all aspects of the situation.

## Standards

The College has published two documents, *Professional Standards, Revised 2002* and *Ethics*, that outline the accountabilities and responsibilities of nurses relevant to refusing assignments and discontinuing nursing services.

### Professional Standards, Revised 2002

This document describes in broad terms the professional expectations for all nurses in every area of practice.

A nurse demonstrates accountability by:

- providing, facilitating, advocating and promoting the best possible care for clients;
- seeking assistance appropriately and in a timely manner;
- taking action in situations in which client safety and well-being are compromised; and
- maintaining competence and refraining from performing activities for which she/he is not competent.

In addition, a nurse in an administrator role demonstrates accountability by:

- ensuring that mechanisms allow for staffing decisions that are in the best interest of clients and professional practice; and
- advocating for a quality practice environment that supports nurses' ability to provide safe, effective and ethical care.

## Ethics

This document describes the ethical values that are most important to the nursing profession in Ontario.

Nurses demonstrate regard for client well-being and maintain commitments by:

- using their knowledge and skill to promote clients' best interests in an empathetic manner;
- putting the needs and wishes of clients first;

- identifying when their own values and beliefs conflict with the ability to keep implicit and explicit promises and taking appropriate action;
- advocating for quality client care; and
- making all reasonable efforts to ensure that client safety and well-being are maintained during any job action.

The *Ethics* document informs nurses of the need to recognize and function within their own value system, and the need to work collaboratively with colleagues and promote an environment of collegiality.

## Legislation

The *Nursing Act, 1991* includes regulations<sup>3</sup> that define professional misconduct. Some of the definitions of professional misconduct may be relevant in situations in which nurses refuse assignments or discontinue nursing services. Although there is no specific definition of professional misconduct that includes the word abandonment, the definitions can guide nurses on what might constitute professional misconduct related to refusing an assignment or discontinuing nursing services. Each situation would be assessed on its own merit.

The relevant definitions of professional misconduct in the legislation are found in the following clauses.

- 1 (1) Contravening a standard of practice of the *profession or failing to meet the standard of practice of the profession*
- 1 (4) *Failing to inform the member's employer of the member's inability to accept specific responsibility in areas where specific training is required or where the member is not competent*
- 1 (5) *Discontinuing professional services that are needed unless:*
  - i. *the client requests the discontinuation,*
  - ii. *alternative or replacement services are arranged, or*
  - iii. *the client is given reasonable opportunity to arrange alternative or replacement services*

<sup>3</sup> Excerpts from the *Nursing Act, 1991*, O.Reg. 799/33.

1 (29) *Failing to fulfil the terms of an agreement for professional services*

1 (37) *Engaging in conduct or performing an act relevant to the practice of nursing that having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional*

### Refusing assignments

Refusing to work an extra shift or overtime is not the type of situation that was intended by the inclusion of clause 1 (5) (discontinuation of services) in the *Nursing Act* as a definition of professional misconduct; therefore, it is not considered abandonment. However, depending on the context and facts of a particular situation, nurses can be found guilty of professional misconduct under one of the other clauses.

### Discontinuing nursing services

Abandonment occurs when a nurse has accepted an assignment and discontinues care without:

- the client requesting the discontinuation;
- arranging a suitable alternative or replacement service; or
- allowing a reasonable opportunity for alternative or replacement services to be provided.

A nurse who discontinues services without meeting the above conditions could be found guilty of professional misconduct.

### Guidelines for Decision-Making

Resolving dilemmas caused by conflicting obligations requires the thoughtful consideration of all relevant factors and the use of an ethical decision-making process to ensure that the best decision is reached. Sometimes there is no one best solution, but only the best of two or more imperfect solutions.

Collaboration, respectful behaviour and collegial communication among everyone in the nursing and health team contribute to positive outcomes for clients and prevent problems from arising in determining how nursing services are to be delivered.

Communication is integral to all aspects of issue resolution. Communicating before a situation

develops will prevent or minimize risks to clients. It is important that nurses advocate for appropriate staff and for planning for work stoppages.

### Underlying principles

The following principles guide the nurse's decisions and actions when faced with situations in which she/he is considering refusing an assignment or discontinuing services.

- The safety and well-being of the client is of primary concern.
- Critical appraisal of the factors in any situation is the foundation of clinical decision-making and professional judgment.
- Nurses are accountable for their own actions and decisions and do not act solely on the direction of others.
- Nurses have the right to refuse assignments that they believe will subject them or their clients to an unacceptable level of risk (College of Nurses of Ontario, 2003, p. 9).
- Nurses are not required to work extra shifts or overtime for which they are not contracted.
- Individual nurses and groups of nurses safeguard clients when planning and implementing any job action (Canadian Nurses Association, 2002, p. 22).
- Persons whose safety requires ongoing or emergency nursing care are entitled to have these needs satisfied throughout any job action (Canadian Nurses Association, 2002, p. 22).

### Key expectations

In choosing the appropriate course of action, nurses are expected to do the following.

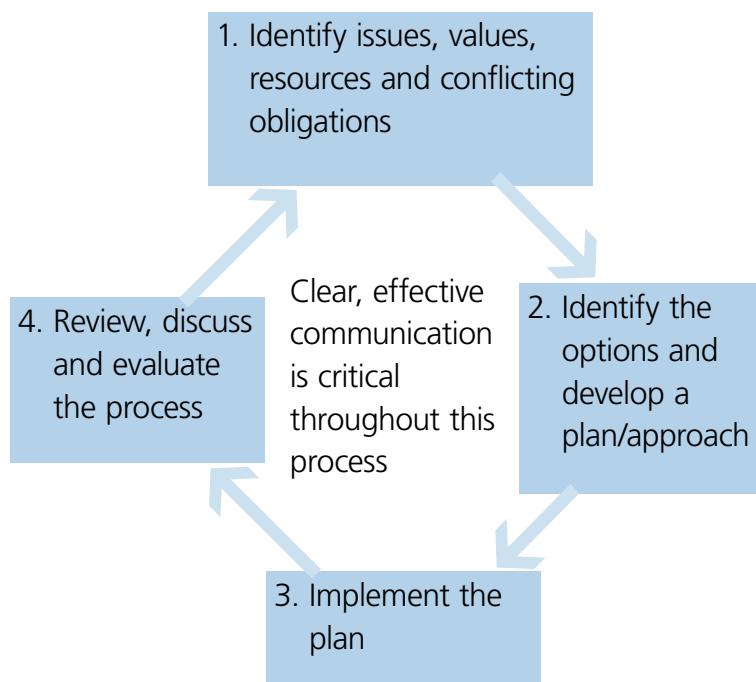
- Carefully identify situations in which a conflict with her/his own values interferes with the care of clients (College of Nurses of Ontario, 2004b, p. 10) before accepting an assignment or employment.
- Identify concerns that affect her/his ability to provide safe, effective care.
- Communicate effectively to resolve workplace issues.
- Become familiar with the collective agreement or employment contract relevant to her/his settings and take this into account when making decisions.

- Learn about other legislation relevant to her/his practice setting.
- Give enough notice to employers so that client safety is not compromised.
- Provide essential services in the event of a strike.
- Inform the union local and employer in writing of her/his ongoing professional responsibility to provide care, which will continue in the event of any job action (for example, strike or lockout).

### Decision-making process

This diagram illustrates the process a nurse should take to resolve dilemmas related to conflicting obligations. Some actions are short term, while others are proactive and long term. No attempt has been made to identify all possible actions.

The process includes four cyclical components. The process can begin at any point, but the best outcome requires consideration of all of the components.



### 1: Identify the issues, values, resources and conflicting obligations

- a) Have you previously agreed to accept the shift/ assignment?
- b) What are the conflicting obligations, beliefs and values? Sometimes talking to others (for example, a colleague, manager, College Practice Consultant) can help identify the values.
- c) What are your values and emotions as they relate to the situation? Are they influencing your ability to think clearly?
- d) Have you gathered the facts of the situation from credible sources?
- e) How have similar situations been handled in the past and what were the implications? Is there an organizational policy or relevant legislation in place?
- f) How will the care of the clients be affected if you leave?
- g) What are the specific nursing care needs and priorities of the clients?

### 2: Identify the options and develop a plan/ approach

- a) Identify possible alternatives or solutions other than refusing the assignment or discontinuing a service. Are other resources available (for example, protective equipment or expert resources)? Can you ask the administrators for help?
- b) Identify the risks and benefits for clients, nurses and others associated with each solution. How can those risks be minimized?
- c) Prioritize client care needs. Consult institutional policy/process, if available.
- d) Identify all available resources and various options to ensure staffing is appropriate to meet essential client care needs. For example, can you stay for a short time beyond the end of your shift, or can someone come in early for the next shift?
- e) Consider modifying the existing plan of care temporarily so the remaining staff can focus on essential care needs, monitor the client(s) for changes in condition and act appropriately.
- f) Weigh the options and decide on an approach.
- g) Communicate to the appropriate person(s) the

details of the problem and the planned solution.

### 3: Implement the plan

- a) If you decide to leave, ensure that the remaining staff are aware of immediate and essential client care needs.
- b) If you stay to provide care, monitor ongoing client care priorities and your own ability to practise safely.
- c) Document (for example, in professional responsibility forms, incident reports or personal notes) your decision, rationale and action taken. Include the date, time, who you communicated with and actions taken to safeguard the client(s). Keep a copy for yourself and give one to your employer and one to your risk manager.
- d) Document the care provided and any unmet client needs on the client record. Communicate outstanding care needs to the appropriate person.
- e) When floating to other practice areas, agree to provide only aspects of care for which you are competent (for example, vital signs, medication administration).

### 4: Review, discuss and evaluate the process

- a) When the immediate crisis is over, review the effectiveness of the decision/action (for example, the outcomes).
- b) Collaborate to plan strategies to prevent and/or manage similar situations in the future.
- c) Develop strategies to solve ongoing safety issues. Strategies may involve literature reviews, advocacy, etc.
- d) Express ongoing concerns about staffing from the perspective of the impact on client care and safety.

### Maintaining a Quality Practice Setting

Quality nursing care includes safe and effective planning for staffing and job actions. As partners in care, employers and nurses have a shared responsibility to create environments that support quality practice.

The College encourages practice settings to incorporate the following strategies to develop

and maintain a quality practice setting that helps nurses provide safe, effective and ethical care. The strategies also minimize situations in which nurses consider refusing assignments or discontinuing services.

All nurses are accountable for taking action in situations in which client care is compromised. This accountability includes identifying and advocating for strategies to minimize and resolve situations that could result in clients being left without needed nursing services. Nurse managers and administrators can demonstrate leadership by advocating for and implementing the following strategies.

### Care delivery processes

- Implement care delivery models that meet the needs of clients and families as well as the professional needs of staff.
- Reorganize care providers, units and clients to provide for the complexity of care needs and facilitate the safe delivery of care.
- Structure the environment to provide the most efficient method of care provision (for example, ready access to supplies).

### Leadership

- Involve staff nurses in generating ideas for interim and long-term solutions, including recruitment and retention.
- Ensure that a system is in place to contact replacement staff readily (for example, on-call system).
- Develop strategies for prioritizing client care needs to facilitate the reorganization of workload, if needed.
- Develop clear lines of communication for nurses to follow when staffing is short.
- Support nurses' professional judgment and decision-making regarding strategies to meet the needs of clients.
- Recognize the professional accountability of

nurses to refrain from practising when they are not able to provide safe care.

- Continually evaluate the staffing situation to differentiate between trends and episodic occurrences as each may require different strategies/approaches.

### Organizational supports

- Provide a safe environment for nurses and clients.
- Provide staffing that promotes the safety and well-being of clients.
- Develop clear policies related to what nurses need to do before leaving their shift if relief staff does not arrive.
- Advocate for nurses' involvement in the development of negotiated essential services agreements.<sup>4</sup>

### Communication

- Facilitate goal-directed communication with challenging clients, families, colleagues and other health care professionals (includes education and role modelling).
- Provide communication systems that are readily available to contact replacement staff (for example, cell phones and pagers).
- Communicate with staff to identify circumstances that might influence their decision-making in situations involving a high level of personal risk.
- Develop clear communication processes for sharing updated information quickly in the event of critical incidents.
- Ensure that critical incident debriefing and conflict resolution mechanisms are in place.

### Complaints about Nurses' Practice

As with any ethical dilemma, there is often no one clear solution to dilemmas related to refusing assignments and discontinuing nursing services. As a result, nurses often question what might happen if a complaint is made to the College about their practice.

<sup>4</sup> Essential services agreements include identification of the essential services; the number of employees in the bargaining unit; what employee positions enable the employer to provide essential services; and employees who the employer and trade union have agreed will be required during the strike or lockout (*Crown Employees Collective Bargaining Act, 1993*).



The College is required to investigate all formal complaints in which a nurse and the complainant are clearly identified. These include complaints of refusing assignments and discontinuing nursing services. All information relevant to the complaint is obtained, and the nurse has an opportunity to respond to the allegations. All information, including any written documentation that demonstrates the nurse's effort to advocate and her/his problem-solving rationale, is considered by the Inquiries, Complaints and Reports Committee (ICRC) before a decision is made about what action, if any, should be taken.

The College may also initiate an investigation into a nurse's practice without a formal complaint if there are reasonable and probable grounds to believe that the nurse has committed an act of professional misconduct (for example, from information obtained through an employer's report of termination). These investigations are reviewed by the ICRC, which may, when warranted, refer a case to the Discipline Committee for hearing. Any action taken by the College through the discipline hearing process about a nurse's registration is separate from any action initiated by an employer, the government or the courts.<sup>5</sup>

## Scenarios

These case scenarios illustrate some of the common situations related to refusing assignments and discontinuing nursing services. They do not describe every situation or practice setting but do demonstrate a problem-solving approach which nurses can apply in their own practice.

### Scenario 1

#### Working in an Unsafe Environment

Maria is an RPN asked to provide care on the night shift to a ventilated child in his home. When she receives the information, she realizes the child lives in an area of the city that is notorious for its high crime rate. Maria does not feel safe travelling to that area, and her husband does not want her to go.

Maria knows the child desperately needs the care. She also feels concern for any of her colleagues who might have to go in her place.

#### Identify the issues, values, resources and conflicting obligations

Maria is torn between her concerns for her own and her colleagues' safety and the care needs of the child and family. She knows that after accepting the shift she has an obligation to follow through. Maria decides that she needs more information and calls her manager to discuss her concerns and whether any safeguards are in place.

#### Identify the options and develop a plan/approach

Maria learns that there have been no safety-related incidents involving other nurses working at the home, but they have reported feeling unsafe. There is parking on the street but not always in front of the client's home. The client's father often waits for the nurse and is ready to let her in the house when she arrives. Both parents will be in the home during the entire shift. There are no other nurses available, and the manager insists that Maria go. To address her concerns, Maria calls the parents and arranges to use her cell phone to call the father and have him meet her at her car when she arrives.

#### Implement the plan

Maria decides to fulfil the assignment. All goes well, although Maria is nervous most of the time. Maria believes that more can be done to promote the safety of community nurses in general.

#### Review, discuss and evaluate the process

Maria requests a staff meeting to discuss the situation and look for creative solutions. She thinks that an intake assessment should include an evaluation of environmental safety and a plan to minimize the risk to nurses. She also suggests that the nurses receive some education about how to protect themselves on the streets at night. She suggests having a police officer speak with them.

<sup>5</sup> For further information, see the College's *Professional Misconduct* document.

## Scenario 2

### No Replacement Staff

Joanne, an RN in a long-term care facility, has 45 minutes left on her shift when the director of resident care asks her to work the next shift. The replacement nurse has called in sick, and there is no one to replace Joanne if she leaves.

This is the third time this month that Joanne has been asked to work an extra shift. She is tired and upset. She believes that her employer is not doing enough to attract more staff. Also, she was up most of the previous night with her sick daughter and is exhausted. She is still concerned about her daughter. The last time she worked an extra shift she promised herself that she would not stay again, but she is concerned about the safety and well-being of the residents.

### Identify the issues, values, resources and conflicting obligations

Joanne is accountable for the care she provides. Right now she believes it is not safe to provide care due to her fatigue. Joanne has an obligation as a nurse to protect the safety and well-being of the residents. Joanne recognizes her irritation with her employer and consults with a colleague who helps her see the situation more objectively. Her colleague reminds her of the legislation covering long-term care facilities that requires an RN to be in the facility at all times. This reaffirms her professional obligations and she calls the director of resident care to discuss the options.

### Identify the options and develop a plan/approach

Joanne quickly reviews the status of all of the residents and finds they are all stable. She prioritizes the care needs of the residents and determines which care providers can meet those needs safely. Based on her assessment, Joanne recognizes that she needs to stay until midnight to meet the immediate and more complex care needs of the residents. She agrees to stay to provide the midnight treatments but states she cannot stay any longer. The director tries to persuade Joanne to stay, but Joanne is adamant and tells the director that she will be leaving after the midnight treatments.

She informs the director of the remaining resident care needs including 0600 hr medications, and the administrative documentation that she will be unable to complete. She also informs the director of her plan to ensure that remaining unregulated staff can identify and communicate any concerns and access emergency services (e.g., 911).

### Implement the plan

Joanne informs the unregulated staff on the unit of her plan to leave after the midnight treatments and that the director is aware of this. She gives them guidelines for what to do if any untoward events happen (this includes calling the administrative person on-call and/or transferring the resident to the hospital). She documents her care and unmet client care needs. She also documents her assessment of the situation and the rationale for her decision in a personal note. She leaves a copy for the director.

### Review, discuss and evaluate the process

The following day, Joanne calls the director and asks if all of the nursing staff and administration can meet to discuss the ongoing shortage of staff. The purpose of the meeting is to identify ways to prevent and manage similar situations in the future. Openly discussing these situations helps identify the extent of the problem, possible contributing factors and solutions. If concerns have been expressed verbally and the situation remains unchanged, it would be important to outline clearly the problem in writing, explaining the impact on client safety. In this case, a copy should be kept by Joanne and a copy should go to both the director of resident care and the next level of management until the issue is resolved.

Joanne is surprised to learn that the director is considering reporting her to the College for abandoning the residents. Joanne feels that the director, as a nurse herself, had a responsibility to come in if there was no one else available. If a complaint was made to the College, the Inquiries, Complaints and Reports Committee would consider all aspects of the situation from Joanne's and the director's perspective. The Committee would also consider Joanne's efforts to advocate for a long-term solution to the staffing problem. All of Joanne's documentation would be reviewed as part of the investigation.

Note: *Some collective agreements include mandatory overtime clauses. Nurses need to be aware of their employment agreements, while also considering their professional accountability to ensure they are able to provide safe care.*

## Scenario 3

### Proper Equipment

Liz is an RN working the evening shift in the emergency department (ED). The ED receives a call from the quarantine officer at the city airport alerting the staff that a client will arrive by ambulance from the airport in the next few minutes. The client's condition was getting progressively worse during the flight, and she is in significant respiratory distress. The quarantine officer says there is concern that the client may have a contagion and that hospital staff will need to take appropriate precautions. Liz anticipates that she will need specialized protective equipment, some of which is not available in the ED. The hospital's infection control practitioner is not in the building. The client arrives and requires intubation. Liz is still not certain whether the mask, face shield and other protective equipment that she was able to locate is sufficient. She is overcome with fear that she could be exposed to a serious, possibly deadly, virus. For a moment, she considers refusing to assist with the intubation.

### Identify the issues, values, resources and conflicting obligations

In this example, Liz does not have enough time to work through all aspects of the decision-making process, and there is no obvious answer to her dilemma.

### Identify the options and develop a plan/approach

Liz very quickly weighs the risk of harm to the client if she is not intubated against the potential risk Liz faces if she is exposed to a contagion.

### Implement the plan

Liz quickly determines that the client is at great risk if she is not intubated immediately and that the equipment Liz has will provide some protection. Liz

uses the available equipment and assists with the intubation.

### Review, debrief and evaluate

After her shift, Liz begins to reflect on her own values, beliefs and fears, and assesses whether she should continue working in the ED given its inherent risks. She realizes that after witnessing colleagues affected by the SARS crisis in 2003, she has become increasingly fearful for her safety in the workplace.

She concludes that providing emergency care to clients is the type of nursing that she wants to do. Liz is willing to accept a certain level of unavoidable risk in working in an unpredictable environment; however, she is not willing to expose herself to unnecessary risks that result from a lack of appropriate resources and equipment. She decides to advocate for the required resources before making a final decision about whether she can continue working in emergency nursing.

At the earliest opportunity, Liz meets with her manager and the infection control practitioner and presents her concerns both verbally and in writing. She explains the situation she was in and the ethical dilemma it created for her. She tells them that the experience highlights the need to be proactive in planning for similar situations and she advocates for the hospital to provide the specialized protective equipment that nurses need. Liz also offers to be involved in a discussion with the ED staff to reflect on the experience and the importance of working through the decision process ahead of time.

## Scenario 4

### Essential Services During a Strike

Beverly, RN, a nurse manager/supervisor, knows that collective bargaining talks have begun in her facility. There is an essential-services agreement between the employer and the union, but Beverly is aware there has been a short supply of essential-service workers during previous strikes and that she may have to provide direct care if a strike occurs. It has been years since Beverly was in direct clinical practice, and she is concerned that she may not be

competent to provide all of the care that will be needed. She is also concerned about the safety of the clients and whether there will be enough staff to provide safe care.

### Identify the issues, values, resources and conflicting obligations

Beverly realizes there are two issues: her ability to provide safe care and a potential lack of sufficient essential-service nurses to provide care.

### Identify the options and develop a plan/approach

As collective bargaining is just beginning, Beverly conducts a self-assessment and identifies her specific learning needs. She explores options for meeting those needs with her colleagues and seeks their assistance, as needed. She collaborates with staff to assess clients and identify care priorities. Beverly documents client priorities on the client's care plan.

### Implement the plan

Collective bargaining breaks down, and a strike occurs. During the strike, the essential-services agreement is not honoured, and there is a lack of essential-service nurses. Beverly relies on her prior learning and provides the direct care for which she is competent. She conducts ongoing assessment and re-prioritizes client care needs, as necessary. When she identifies a change in a client's condition that requires a care provider with greater clinical expertise, Beverly informs the facility administrator and the union to advocate for qualified nurses. She documents her assessment and actions.

### Review, debrief and evaluate

After the strike, Beverly evaluates the actions taken and the effectiveness of the essential services agreement. She asks to be involved in renegotiating the essential services agreement and provides her comments in writing.

## Scenario 5

### Floating to Another Unit

Noreen works on the medical unit of a small community hospital. Upon arriving for her scheduled shift, the supervisor asks her to float to

the obstetrics/gynaecology unit because the census on her unit is low. Noreen is anxious because she has never worked in obstetrics/gynaecology and feels she is not competent to provide care on that unit. A colleague tells Noreen to refuse the assignment.

### Identify the issues, values, resources and conflicting obligations

Noreen has accepted the shift, and the hospital is relying on her to provide care. Noreen, though, has a professional obligation to provide competent care. In fact, she could face allegations of professional misconduct if she fails to inform her employer of her inability to accept specific responsibilities that she is not competent to perform. Noreen tells the manager that she does not have the knowledge and skills to practise competently in obstetrics/gynaecology. The manager responds that Noreen does have some basic competencies that are transferable.

### Identify the options and develop a plan/approach

In collaboration with the manager, a plan is developed to modify the assignment to enable Noreen to provide only the elements of care that she is competent to provide. As a nurse herself, the manager knows that she has a professional responsibility to direct Noreen to perform only those functions she is competent in. It could be professional misconduct to do otherwise.

### Implement the plan

Noreen is very clear with the obstetrics/gynaecology nurses about her abilities and the areas in which she requires assistance. She also asks for a quick orientation to the unit and ensures that she is able to access assistance when necessary. The unit charge nurse seems impatient with Noreen's questions; however, Noreen persists because she recognizes the importance of continuing to ask for assistance. The shift goes well, but Noreen is concerned about the increasing frequency of requests to float to other units.

### Review, discuss and evaluate the process

Noreen has a number of ideas for how the facility could better handle staffing and floating issues in

the future. She speaks to her immediate manager after the shift and offers suggestions. Noreen suggests that a system be developed whereby staff members receive orientation to and education on specific units and then float only to those units. Noreen also suggests a discussion about the challenges for both the nurse who is floating and the staff on the receiving unit. She says it would be helpful to remind all staff about the importance of good communication and collaboration.

## References

Canadian Nurses Association. (2002, August). *Code of ethics for registered nurses*. Ottawa, ON: Author.

College of Nurses of Ontario. (2002). *Professional Standards: Revised 2002*. Toronto, ON: Author

College of Nurses of Ontario. (2003). Ethical decision-making in times of crisis. *Communiqué*, 28(3), 9.

College of Nurses of Ontario. (2004a). *Ethics*. Toronto, ON: Author.

College of Nurses of Ontario. (2004b). *Legislation and Regulation: Professional Misconduct*. Toronto, ON: Author

## Suggested Reading

American Nurses Association. (2004). *Position statement: Opposition to mandatory overtime*. Retrieved November 3, 2004, from [www.nursingworld.org/readroom/position/workplac/revmot2.htm](http://www.nursingworld.org/readroom/position/workplac/revmot2.htm).

American Nurses Association. (2004). *Position statement: The right to accept or reject an assignment*. Retrieved November 3, 2004, from [www.nursingworld.org/readroom/position/workplac/wkassign.htm](http://www.nursingworld.org/readroom/position/workplac/wkassign.htm).

Budd, K.W., Warino, L.S. & Patton, M.E. (2004, January 31). Traditional and non-traditional collective bargaining: Strategies to improve the patient care environment. *Online Journal of Issues in Nursing*. Retrieved November 4, 2004, from [www.nursingworld.org/ojin/topic23/tpc23\\_5.htm](http://www.nursingworld.org/ojin/topic23/tpc23_5.htm).

College of Nurses of Ontario. (2001). Refusing a shift and abandoning clients: What am I accountable for? *Communiqué*, 26(3), 11.

College of Nurses of Ontario. (2001). Working overtime and fatigue: When is it time to go home? *Communiqué*, 26(3), 10.

College of Nurses of Ontario. (2003). You asked us: Taking breaks. *Communiqué*, 28(4), 12.

College of Registered Nurses of Manitoba. (2004, May). *Fact sheet: Duty to care*. Retrieved November 3, 2004, from [www.crnmb.ca/downloads/dutytocare\\_web.pdf](http://www.crnmb.ca/downloads/dutytocare_web.pdf).

College of Registered Psychiatric Nurses of Manitoba. (2001). *Position statement: Job action*. Retrieved October 21, 2004, from [www.crpnm.mb.ca/about/position-statements/job-action.html](http://www.crpnm.mb.ca/about/position-statements/job-action.html).

Davis, A.J. (2002). Interview: Margretta Madden Styles. *Nursing Ethics*, 9(3), 240-242.

Erlen, J.A. (2004). Wanted — nurses: Ethical issues and the nursing shortage. *Orthopaedic Nursing*, 23(4), 289-292.

*Freedom of conscience policies: Medical organizations*. Retrieved November 2, 2004, from [www.consciencelaws.org/conscience-policies-papers/ppmedicalorg01.html](http://www.consciencelaws.org/conscience-policies-papers/ppmedicalorg01.html).

Jennings, K. & Western, G. (1997). A right to strike? *Nursing Ethics*, 4(4), 277-282.

Josephson Institute of Ethics. (2002, November). The seven-step path to better decisions. In *Making Ethical Decisions* (Chapter 4). Retrieved July 28, 2004, from [www.josephsoninstitute.org/MED/MED-4sevensteppath.htm](http://www.josephsoninstitute.org/MED/MED-4sevensteppath.htm).

Mendolson, J.L. & Mendolson, C.D. (1996). An action plan to improve difficult communication. *HR Magazine*, 41(10), 118-125.

Oregon State Board of Nursing. (1999). *Policy statement: Patient abandonment*. Retrieved November 8, 2004, from <http://egov.oregon.gov/OSBN/pdfs/abandon.pdf>.

Petry, L. (2003). Who let the dogs out? Managing conflict with courage and skill. *Critical Care Nurse*, 23(1) Supplement, 21-24. Retrieved November 8, 2004, from EBSCO host database.



Registered Nurses Association of British Columbia. (2004, April). *Ethics and job action*. Retrieved November 5, 2004, from <http://www.rnabc.bc.ca/pdf/ethics-and-job-action.pdf>.

Registered Nurses Association of British Columbia. (2004, April). *Nursing practice guideline: Duty to provide care*. Retrieved November 5, 2004, from <http://www.rnabc.bc.ca/pdf/398.pdf>.

Royal College of Nursing of the United Kingdom. *The RCN and abortions: The 'conscience' clause*. (No Date). Retrieved November 8, 2004, from [www.consciencelaws.org/Conscience-policies-papers/pppmedicalorg01.html](http://www.consciencelaws.org/Conscience-policies-papers/pppmedicalorg01.html).

Saskatchewan Registered Nurses' Association. (2001, December). *Position statement: Nursing labour disputes*. Retrieved November 4, 2004, from [www.srna.org/practice/pos\\_state/labour\\_disputes.pdf](http://www.srna.org/practice/pos_state/labour_disputes.pdf).

Steele, M. (No Date). *Accountability as a float nurse*. Retrieved November 5, 2004, from <http://www.rnabc.bc.ca/pdf/float.pdf>.

Williams, K.O. (2004, July 23) Ethics and collective bargaining: Calls to action. *Online Journal of Issues in Nursing*. Retrieved November 8, 2004, from [www.nursingworld.org/ojin/ethicol/ethics\\_15.htm](http://www.nursingworld.org/ojin/ethicol/ethics_15.htm).

Willson, B. (2002). Floating to another worksite: Can I say no? *Nursing BC*, 34(2), 23.

Yukon Registered Nurses Association. (1997, August). *Resolving professional practice issues: A framework for registered nurses*. Retrieved November 2004 from [www.yrna.ca/publications/publications.html](http://www.yrna.ca/publications/publications.html).



---

COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

101 Davenport Rd.  
Toronto, ON  
M5R 3P1  
[www.cno.org](http://www.cno.org)  
Tel.: 416 928-0900  
Toll-free in Canada: 1 800 387-5526  
Fax: 416 928-6507  
E-mail: [cno@cnomail.org](mailto:cno@cnomail.org)