



# ASK A PRACTICE ADVISOR

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**Question: I am an RN working in a long term care facility in Saskatchewan. The facility I work in is frequently experiencing RN staff shortages. Increasingly, RNs are being asked or mandated to come in for an overtime shift or remain at work past the end of the shift. If I refuse to accept an overtime shift or extend my hours of work is this considered patient abandonment? What do I need to do prior to leaving my clients?**

In situations where the RN is not at work and has not accepted responsibility for patient care, the SRNA would not consider refusal to accept an overtime shift as patient abandonment. However, the RN should check employer/union contracts for more information pertaining to the circumstances of when an employer is authorized to mandate an RN back to work or extend the current shift or working hours.

RNs who are at work and decline to work additional hours/shifts because they are exhausted would not be disciplined by the SRNA for client abandonment provided they take adequate measures to protect the clients' well being and safety before leaving the facility. The CNA Code of Ethics for Registered Nurses (2008) supports this premise by stating, "Nurses maintain their fitness to practice. If they are aware they do not have the necessary physical, mental or emotional capacity to practice safely and competently, they withdraw from the provision of care after consulting with their employer or, if they are self-employed, arranging that someone else attend to their clients' health-care needs. Nurses then take the necessary steps to regain their fitness to practice" (p. 18). It is never appropriate for an RN to leave their patient(s) without ensuring they have reported off to a competent professional with the required knowledge and skill to provide safe care. In situations when the RN is exhausted and there is no RN (or RPN where appropriate) to replace him/her, the supervisor or manager of the facility must be contacted and informed of the RNs intent to go home.

According to the Canadian Nurses Protective Society (2006), "... health care facilities have a duty of care to the patients in their facilities with regard to safety - including the selection, training, supervising and monitoring of staff. Where patient injury can be linked to institutional resource rationing, hospitals may be held responsible" (p. 1). It is therefore the professional responsibility of the nurse manager to explore alternative staffing arrangements to ensure safe client care is maintained. If the agency has a contingency plan it must be initiated in order to ensure adequate RN coverage and patient safety. For example, the contingency plan might include calling another RN (RPN where appropriate) from another unit/facility, modifying patient care assignments, modifying unit priorities, alerting family members of the staff shortage, consulting with the physician to reassess patients' level of care required, or transferring clients to another facility. Contingency plans differ for each facility based on the available human resources and the level of care needed for the clients. Contingency plans are utilized in unexpected situations only; not on a regular basis to address ongoing staffing shortages. In situations of chronic staff shortages long term solutions need to be developed.

It is the responsibility of the replacement RN to inform the nurse manager if he/she is unable to provide any

aspect of care for individual clients. "Nurses practice within the limits of their competence. When aspects of care are beyond their level of competence, they seek additional information or knowledge; seek help from their supervisor or a competent practitioner and/or request a different work assignment" (CNA, 2008, p. 18). Employer/agency policy cannot relieve a RN of their professional accountabilities/responsibilities (SRNA, 2007).

The RN has the legislated responsibility to coordinate care in the provision of healthcare services (Province of Saskatchewan, 1988). It is therefore the RNs responsibility to assess the client's needs and make appropriate staffing decisions based on the current condition of the clients. The SRNA supports the RN's client assessment and care coordination. When this assessment deems it necessary for an RN to be present the employer must ensure that an RN is present to deliver care.

Each licensed nursing professional has been educated with a set of competencies for practice. This set of competencies must be considered when the RN is coordinating client care and performing assignment and delegation functions. The SRNA document Practice of Nursing: RN Assignment & Delegation (2004) is an important resource for assisting RNs in this decision making process.

## Additional Suggestions:

- Be proactive in your organization: Advocate and assist in setting up a contingency plan for your institution if one does not exist.
- Work with the nurse manager and nursing team to identify the staffing requirements that will ensure safe client care in a time of limited human resources.
- Advocate for policies related to staff shortages in your institution.
- Utilize Tools for Resolving Professional Practice Issues (SRNA, 2008) if your concerns relate to professional practice issues.
- Utilize research pertaining to determining appropriate staffing models.
- Contact the Canadian Nurses Protective Society (CNPS) (1-800-267-3390) to discuss liability issues related to your specific situation.
- If you need to discuss a professional practice concern, please call the SRNA Nursing Practice Team at 1-800-667-9945 or 359-4200 ext. 237.

## References

- Canadian Nurses Association. (2008). Code of ethics for registered nurses. Ottawa, ON: Author.
- Canadian Nurses Protective Society. (2006). Reduced resources and liability. Ottawa, ON: Author.
- Province of Saskatchewan. (1988). The Registered Nurses Act, 1988. Regina, SK: Author.
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