

# Who is responsible for the nursing care I deliver?

**I**n my workplace we have been asked to accept more patients than we have room for and to place them in our hallway. When I told my supervisor my concerns over this, she stated that she would take the responsibility for the care if something went wrong. Can she do this?

Two issues are brought up in this question—the first is responsibility of care, and the second is hallway nursing.

So, can your supervisor assume responsibility for the care you provide? The short answer is “NO.” In this case the supervisor is under the misperception she can assume responsibility for the care. The RN who is assigned to the client is responsible for the client’s safe care. As a RN, it is important for you to inform your manager when a lack of support or resources interferes with your delivery of client care, providing them with the opportunity to address the situation. It is an expectation that managers will examine these situations and take appropriate action to advocate for improvements to client care. RNs in management or

other leadership roles are held to the same SRNA Standards and Foundation Competencies and Code of Ethics as front-line nurses and have a responsibility to ensure that practice environments promote competent, safe care.

“These responsibilities include responding effectively to RN shortages by taking appropriate measures, such as obtaining the right number and mix of qualified staff, developing and utilizing effective contingency plans, limiting elective admissions and

procedures, decreasing non-nursing duties carried out by RNs, managing and supporting RNs in overcapacity situations, sharing staff and client care concerns with higher levels of administration and advocating for adequate resources to support client care.” (CRNBC 2007)



All RNs must practice in accordance with the SRNA standards for registered nursing practice and the Code of Ethics, which are in place to support your practice. The primary duty of all RNs is to the client to ensure safe, competent, ethical nursing care (Standard 1-Professional Responsibility and Accountability).

- RNs advocate and intervene as needed to ensure client safety (#10).
- RNs challenge and take action as necessary on questionable orders, decisions or actions made by other health team members, to safeguard the client (#19).
- RNs anticipate potential staff safety concerns and initiate appropriate action (#46).
- RNs take needed action to protect client from unsafe nursing care (#98). (SRNA 2007)

System issues are complex and go beyond the ability of the individual RN to resolve. However, RNs are responsible to communicate and document concerns to management/



employer when lack of supports or resources affects the safety of clients. They are also responsible to share staff and client concerns with higher levels of administration and advocate for adequate resources to support client care.

When the documented concerns are not addressed or when a contingency plan of overflow becomes a standard practice, this must be addressed by all those involved.

The SRNA has developed a document to assist RNs and organizations to look at these issues. The SRNA document entitled “Tools for Resolving Professional Practice Issues(2008)” provides direction for utilizing the SRNA Standards and Competencies to your particular practice concerns.

The Ontario Nurses’ Association (2007) and the Canadian Nurses Association (CNA 2009) call for the elimination of overcapacity protocols, drawing attention to opportunity for enhanced system planning, utilization of NPs in emergency departments and community based primary care. Finally, the CNA (2009) cautions that overcapacity protocols do not solve broader system issues, calling

for interprofessional, intersectoral and multifaceted approaches to address ED overcrowding. The CNA also alerts the public to possible moral disengagement from nurses and exodus from the profession if the

workplace conditions related to overcrowding are not improved. (ONA 2007)

The inability to accommodate patients in designated patient rooms has resulted in “hallway nursing.” The SRNA does not see hallway nursing as a safe practice nor can this be an acceptable standard of care. RNs must be

involved in the process to eliminate the need for hallway nursing. A recent Canadian Nurses’ Association (CNA) Position Statement provides registered nurses with guidance regarding overcapacity protocols. Please see the document below for more information around this important issue for nursing across Canada.

[http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS101\\_Overcapacity\\_e.pdf](http://www.cna-aiic.ca/CNA/documents/pdf/publications/PS101_Overcapacity_e.pdf)

Please see the SRNA website and future Newsbulletins for more on hallway nursing.

*“The registered nurse who is assigned to the client is responsible for the client’s safe care.”*

## References

- Canadian Nurses Association. (2009) Overcapacity Protocols and Capacity in Canada’s health system [position statement] Ottawa: Author
- Collage of Registered Nurses of British Columbia (2007) Working with limited resources. Responsibilities of the Registered nurse: Questions and answers. Vancouver: Author
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- Ontario Nurses’ Association. (2007) Hallway Nursing/ER overcapacity [position statement] Toronto: Author