

## Practice Guideline

# Abandonment

Registered nurses have a professional obligation, as well as a legal requirement, to provide clients with safe, competent and ethical care. According to the CNA, nurses must maintain their fitness to practise. “If they are aware that they do not have the necessary physical, mental or emotional capacity to practise 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’ healthcare needs.” Registered nurses cannot abandon clients.

This guideline defines abandonment and provides examples of what is and is not considered client abandonment. In addition, the legal and professional obligations of the registered nurse and the employer are listed. The appendix of the document includes the specific standards of practice that apply to the concept of abandonment for direct care registered nurses and registered nurses who are administrators and managers.

## What is Abandonment?

Abandonment occurs when a registered nurse discontinues the nurse-client relationship without taking at least one of the following three actions:

- » arranging for suitable alternative or replacement services and ensuring their arrival, where the failure to do so would place the patient at risk; or
- » allowing the employer (who may be the client) a reasonable opportunity to arrange alternative or replacement services to be provided; or
- » if self-employed, obtaining the consent of the client, except where the client is unable to appreciate the consequences of their decision and remains at risk;

AND, in accordance with the Standards of Care and other ethical obligations that apply to any transfer of care, the registered nurse must:

- » Provide an appropriate report and/or ensuring that necessary documents are completed and communicated.

## Duty to Avoid Abandonment

Registered nurses are accountable at all times for their actions and decisions and the impact of those decisions on client care and are responsible for appropriately establishing, maintaining and ending therapeutic relationships. A registered nurse has a professional obligation to avoid abandoning their clients. Upon accepting care of a client, the nurse has an ethical and legal responsibility to continue to provide care for the balance of the assignment.

## Registered Nurses Legal and Professional Obligations

The concept of abandonment is defined in section two of the RN Act (2006) in the definition of professional misconduct:

2(as) “professional misconduct” includes such conduct or acts relevant to the profession that, having regard to all the circumstances, would reasonably be regarded as disgraceful, dishonourable or unprofessional that, without limiting the generality of the foregoing, may include...

(vi) wrongfully abandoning a client,

(vii) neglecting to provide care to a client....

Registered nurses and registered nurses who are managers/administrators could both be in violation of the *Standards of Practice for Registered Nurses (2012)* if client abandonment occurs. Standard 1: Responsibility and Accountability and Standard 3: Client Relationships and Advocacy are the standards that apply to this situation. Please see Appendix A for more information on the standards and indicators that apply to each registered nurse role.

## **Employer Legal and Professional Obligations**

Employers are ultimately responsible for adequate staffing and ensuring that available resources and competencies of personnel are used effectively. Registered nurse managers/administrators are accountable to meet specific standards of practice to ensure appropriate staffing is in place, enabling registered nurses to meet their standards of practice to provide safe client care. An RN who is an employer, manager or supervisor may contribute to abandonment and may be found to have breached the Standards of Care and/or Code of Ethics if they:

- » fail to provide sufficient staffing to avoid unnecessary interruptions in care;
- » fail to provide staff with sufficient information and guidelines to assist them in making decisions regarding the duty to provide care;
- » fail to provide staff with accurate information required to fulfill their accountabilities; or
- » fail to implement measures to protect the health and safety of employees and to provide for sufficient support during a crisis.

## **Examples of Client Abandonment**

The following situations may be considered by CRNNS to be client abandonment:

- » Not reporting any staff shortages that have the potential to negatively impact care.
- » Leaving the care area without taking steps to ensure coverage.
- » Leaving the care area for long enough that care could be compromised.
- » Being unavailable to provide care due to other activities (phone, gaming, sleeping, etc.).
- » Leaving work prior to the arrival of your replacement (even if the replacement is late or a no show) without providing notice to the client/employer and a reasonable opportunity to arrange an alternate.
- » Leaving work during the handling of a critical emergency without ensuring a safe transition to a replacement including the provision of any applicable reports.
- » Refusing to care for a client for whom responsibility was accepted.
- » Leaving a non-RN as a replacement where doing so could impact on the safety of the client.

## **Examples When It is Not Considered Abandonment of Client**

The following situations are not considered by CRNNS to be client abandonment:

- » Withdrawing from care or not accepting an assignment because of personal health issues including fatigue with appropriate notice. The length of the notice required may depend on the urgency of the situation and the risks to health and safety of both the client and the registered nurse.
- » Declining offered overtime, except, such as is necessary in the interest of allowing a client/employer a reasonable opportunity to locate a replacement.
- » Refusing extra hours when giving appropriate notice of the refusal.
- » Refusing an assignment on the basis of competence and giving notice thereof.
- » Resigning without prior notice as is required by employer policy or contractual obligation. (If a resignation is effective *during* a client assignment, the registered nurse must arrange for a suitable alternative, allow the

employer a reasonable opportunity to arrange an alternative, or, in the case of a self-employed nurse, obtain the consent of the client.)

- » Refusing an unfamiliar assignment without adequate training, but giving notice of the refusal.
- » Refusing an assignment on the basis of risk due to inadequate resources, unreasonable expectations, but giving notice of the refusal.

The *Registered Nurses Act (2006)* and *Standards of Practice for Registered Nurses (2012)* outline the registered nurse's accountability to provide safe, competent, ethical, and compassionate care. Registered nurses are solution-focused decision makers who have the individual capabilities to assess difficult circumstances and determine their appropriate role within it. As trusted healthcare professionals, registered nurses are accountable understand the parameters of abandonment and what it means to themselves, their team, their employer and their patients.

It should be noted that during disasters and communicable disease outbreaks, additional considerations may apply to nursing practice. For this reason, the concepts of patient abandonment and the registered nurses' duty to provide care in an emergency situation are often discussed together. To find further information about the duty of care for registered nurses in emergency situations, please access the [\*Duty to Provide Care During Emergency Situations\*](#).

# Appendix A

## Standards of Practice for Registered Nurses (2012)

### All Registered Nurses

The following standards and indicators apply to all registered nurses in relation to abandonment:

**Standard 1: Responsibility and Accountability** – Registered nurses are accountable to practise safely, compassionately, competently and ethically in accordance with their legislated and individual scopes of practice.

- » Indicator 1.5 seeks assistance appropriately.
- » Indicator 1.8 takes appropriate action in situations where client safety and well-being is potentially or actually compromised
- » Indicator 1.9 contributes to safe, supportive and professional practice environments.

**Standard 3: Client relationships and Advocacy** – Registered nurses establish professional, therapeutic relationships, using a client-centered approach, and advocate for clients in their relationships the health system.

- » Indicator 3.1 establishes, maintains and appropriately ends professional, therapeutic relationships with clients.
- » Indicator 3.10-Coordinates resources to promote quality care (e.g., human, physical, educational)
- » Indicator 3.13 advocates for practice environments that have organizational and human support systems, as well as resource allocation necessary for safe, quality and ethical care.

### Registered Nurse Manager/Administrator

The following standards/indicators apply to registered nurse managers/administrators in relation to abandonment.

**Standard 1: Responsibility and Accountability** – Registered nurses are accountable to practise safely, compassionately, competently and ethically in accordance with their legislated and individual scopes of practice.

- » Indicator 1.12 promotes quality practice environments that support best practices and the ability of registered nurses to practise safely, effectively and ethically.
- » Indicator 1.13 makes appropriate decisions about the distribution of resources under her/his control.

**Standard 3: Client relationships and Advocacy** – Registered nurses establish professional, therapeutic relationships, using a client-centered approach, and advocate for clients in their relationships the health system.

- » Indicator 3.14 advocates for systems of care and services that assist nurses to advocate for clients.
- » Indicator 3.15 promotes practice environments that support client advocacy and enable nurses to fulfill their advocacy role.