



Guidelines for the Registered Nurse in Accepting or Rejecting a Work Assignment

FROM THE KANSAS STATE NURSES ASSOCIATION

Preface

Nurses are concerned about current social and economic conditions that have the potential to lead, and in some cases, have led to chronic, unsafe staffing assignment patterns. These conditions create serious ethical dilemmas and could lead to situations that endanger patient safety as well as render the nurse, at all levels of the agency, legally liable.

Nurses know that the fulfillment of their responsibility to patients is contingent upon the availability of an adequate number of nurses who are able and qualified to carry out clinical activities at a level consistent with patient needs. All nurses share a responsibility, within the context of their positions, to ensure that safe nursing care is delivered at an acceptable level of quality. As stated in the ANA Code for Nurses, the nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities to others. The nurse's decision regarding accepting or making work assignments is based on his/her moral, ethical and professional obligation to assume individual responsibility for his/her nursing judgment and action.

Issues central to these ethical dilemmas are:

- ♦ the right of the patient to receive safe, professional nursing care at an acceptable level of quality;
- ♦ responsibility for the appropriate use, as well as distribution, of nursing care services when nursing becomes a scarce resource; and
- ♦ responsibility for providing a practice environment that assures adequate nursing resources for the agency while meeting the current socio-political reality of the shrinking health care dollar.

Assumptions

The staff nurse, the nurse manager, the nurse administrator, and the agency administrator may differ in their interpretation and application of the underlying principles of professional ethics and the Kansas Nurse Practice Act. Such differences often create a potential for conflict in which both nurse and patient suffer. The following guidelines are intended to support both staff nurses and administrators as they practice within an environment of conflicting requirements.

1. The patient has the right to receive competent nursing care.
2. A nurse's ability to provide care in different settings is dependent on basic education, clinical experience and specialized education.
3. Appropriate orientation and training to a new or changing clinical setting and/or patient population is essential for the nurse to function safely.
4. Nursing management coordinates nursing resources to ensure that patients receive quality nursing care.
5. Nursing staffing decisions are made by nurses with appropriate education and experience.
6. The nurse may be held legally responsible for judgments exercised and action taken in the course of nursing practice. (ANA Code, 1985, 8,9) (K.S.A. 65-1120(a)(6) & K.A.R. 60-3-109a)
7. The nurse exercises informed judgment and uses individual competence and qualifications as criteria in seeking consultation, accepting responsibilities and delegating nursing practice. (ANA Code, 1985, 10,11) (K.S.A. 65-1124 (m), 65-1165 & K.A.R. 60-3-110)
8. If the nurse does not feel personally competent or adequately prepared to carry out a specific function, the nurse has the right and responsibility to refuse. (ANA Code, 1985, 11)
9. Nursing management has the right and the responsibility to take appropriate action in accordance with agency policies.
10. Written policies assist all staff in making consistent and appropriate decisions.
11. Mental and/or physical fatigue or stress interfere with a nurses's physical and mental health and may impair performance of clinical activities and judgments.

KANSAS STATE NURSES ASSOCIATION Council on Practice (2000)

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North Carolina Guidelines for the R.N. in Giving, Accepting, or Rejecting a Work Assignment, 1986 and

Nebraska Nurses' Association Guide for Nurses Accepting or Rejecting a Work Assignment, 1989

12. Administrative planning and budgets affect staffing patterns. Staffing patterns are based on patients' needs and priorities for care. These staffing requirements are then adjusted to the knowledge and skill mix of the available nursing staff.
13. Nursing judgments are used in decisions on admission, placement, transfer and discharge of patients.
14. Licensed nurses have individual accountability for the care of each patient.
15. Nursing competencies are discussed at the time of employment, and clinical areas in which the nurse is competent and prepared to serve are clearly defined and updated annually or as competencies change.
16. Since the nurse in charge of a patient care area is responsible for providing consultation and direction to other nursing staff, a nurse floated to a charge position requires a substantial amount of clinical experience and a high level of clinical judgment and skill in that area.
17. There is a clearly defined written mechanism for immediate internal review of proposed assignments that includes the participation of the staff involved.
18. Incidents in which the appropriateness of staffing is in question are fully documented, reviewed, and used for decision-making.
19. The complexity of the delivery of nursing care is such that only professional nurses with appropriate education and experience can define nursing care.
20. Effective use of resources is an essential component of quality patient care.
21. Individual patient safety takes precedence over agency needs and priorities.

Application of Assumptions & Principles

The following scenarios are presented to provide specific examples of how a nurse may apply the principles and legal concepts outlined above in the actual work setting. Staffing dilemmas will always be present and mandate that active communication between staff nurses and all levels of nursing management be maintained to assure patient safety. The likelihood of a satisfactory solution will increase if there is prior consideration of the choices available.

Consideration of available alternatives should include recognition that: professional nurses should be involved in negotiations, not conflict; professional nurses are accountable for nursing judgments and actions regardless of the personal consequences; and, providing safe nursing care to the patient is the ultimate objective of negotiations.

Scenario I A Question of Competence

It is important for the nurse to recognize his/her level of competence before deciding whether to accept or reject an assignment. In order to do this, begin with clarifying what is being asked of the nurse.

- ♦ How many patients will the nurse be expected to care for?
- ♦ Does the care of these patients require the nurse to have specialty knowledge and skills in order to deliver safe nursing care?
- ♦ Will there be other qualified and experienced RNs on the unit?
 - ♦ What procedures and/or medications will the nurse be expected to administer?
 - ♦ How complex are these procedures/medications? (For example, administration of chemotherapy or ongoing assessment of a patient on a cardiac monitor.)
 - ♦ What kind of orientation would be necessary for the nurse to function safely in this unfamiliar setting?

After these questions have been answered, the proposed assignment should be discussed by the nurse with the manager initiating the request. During this dialogue, continue to clarify the understanding of the expectations of the request.

Now is a decision point:

1. If the nurse perceives that safe patient care can be provided, the nurse should accept the assignment. The nurse would now be ethically and legally responsible for the nursing care of these patients.
2. If the nurse perceives there is a discrepancy between his/her abilities and the expectation of the assignment, further negotiation is needed before a decision is reached.

At this point, it may be appropriate to consult the next level of management, such as the House Supervisor or the Nurse Executive.

In further negotiation, the nurse needs to continue to assess whether he/she is qualified to accept either a portion or the whole of the requested assignment. In negotiating, point out options which might be mutually beneficial. If the nurse feels unqualified for the assignment in its entirety, the dilemma becomes more complex.

At this point it is important for the nurse to be aware of the legal rights of the agency. Even though the nurse may have a legitimate concern for patient safety and legal accountability in providing safe care, the agency has legal precedent to initiate disciplinary action, including termination, if the nurse refuses to accept an assignment. Therefore, it is im-

CODE OF ETHICS FOR NURSES

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group or community.
3. The nurse promotes, advocates for and strives to protect the health, safety and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining and improving healthcare environments and conditions of employment conducive to the provision of quality healthcare and consistent with the values of the profession through individual and collective action.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice and for shaping social policy.

REFERENCE: American Nurses Association. (2001). Code of Ethics for Nurses, Washington, D.C.

portant to continue to explore options in a positive manner, recognizing that both the nurse and the agency have a responsibility for safe patient care.

Other options may include:

- ◆ Identify a qualified nurse from another unit who could take the requested assignment while the nurse in the situation takes that nurse's assignment.
- ◆ Call in a qualified off-duty nurse;
- ◆ Share the requested assignment among several nurses of varying qualifications.

If none of these options are viable or acceptable the nurse is at a final decision point:

1. The nurse may accept the assignment, documenting carefully concerns for patient safety and the process used to inform the agency (manager) of these concerns. Keep a personal copy of this documentation and send a copy to the Nurse Executive. Courtesy suggests that a copy be sent to the manager(s) involved as well. Once this decision has been reached, it is unwise to discuss the situation or feelings about the situation with other staff and/or patients. Now the nurse is legally accountable for these patients. From this point withdrawal from the agreed upon assignment may constitute abandonment.
2. The nurse may refuse the assignment, being prepared for disciplinary action. Any concerns should be carefully documented for patient safety. The process used to inform the agency (manager) of these concerns should also be documented. The nurse should keep a personal copy of this documentation and send a copy to the manager(s) involved.

Scenario II *A Question of an Additional Shift*

When a nurse is asked to work an additional shift, the nurse should clarify what exactly is being asked. For example:

- ◆ would the additional shift be with the same patients the nurse is currently caring for, or would it involve a new patient assignment?
- ◆ Is the nurse being asked to work because there is no relief nurse coming for present patient assignments or is it because the work unit will be short of professional staff on the next shift?
- ◆ Is the nurse's reluctance to work another shift because of a new patient assignment he/she does not feel competent to accept? (If yes, then refer to Scenario 1, "A Question of Competence.")
- ◆ How long is the nurse being asked to work — the entire shift or a portion of the shift?

Remember, the institution is legally responsible for the care of all current patients as if relief is not available. Based on the nurse's self assessment, the proposed assignment needs to be discussed by the nurse with the manager initiating the request. During this dialogue, continue to clarify the understanding of the expectations of the request. Now is the time for a decision.

1. If the nurse perceives that safe patient care can be provided, and is willing to work the additional shift, the nurse may accept the assignment.
2. If the nurse chooses not to work the additional shift, the nurse refuses the assignment.

At this point, it is important for the nurse to be aware of the legal rights of the agency. Even though the nurse may have legitimate concern for the patient safety, and his/her own legal accountability in providing safe care, or legitimate concern for other commitments, the agency has legal precedent to initiate disciplinary action, including termination, if the nurse refuses to accept an assignment. Therefore, it is important to continue to explore options in a positive manner, recognizing both the nurse and the agency have a responsibility for safe patient care.

Other options may include:

- ◆ Identify another qualified nurse who is willing to work an additional shift;
- ◆ Call in a qualified off-duty nurse;
- ◆ Consider sharing the requested shift by splitting the uncovered time with the personnel assigned to the next shift.

If none of these options are viable or acceptable the nurse is at a final decision point:

1. The nurse may accept the assignment, documenting carefully concerns for patient safety and the process used to inform the agency (manager) of these concerns. Keep a personal copy of this documentation and send a copy to the Nurse Executive. Courtesy suggests that a copy be sent to the manager(s) involved as well. Once this decision has been reached, it is unwise to discuss the situation or feelings about the situation with other staff and/or patients. Now the nurse is legally accountable for these patients. From this point withdrawal from the agreed upon assignment may constitute abandonment.
2. The nurse may refuse the assignment, being prepared for disciplinary action. Any concerns should be carefully documented for patient safety. The process used to inform the agency (manager) of these concerns should also be documented. The nurse should keep a personal copy of this documentation and send a copy to the manager(s) involved.

Scenario III *A Question of Diagnosis/ Treatment*

Some nurses have identified certain patient populations having specific diagnoses or receiving certain treatments for whom they are reluctant to provide care. This reluctance is related to personal moral tenets of fear for personal or family's health.

If the nurse concludes that the reluctance will lead to refusal to care for any specific patient population, the nurse must inform his/her employer. This communication should occur prior to employment or as soon as new information leads the individual to a conclusion to refuse an assignment. This communication should not be delayed until the time of a patient's assignment.

In communication with the employer at the time of interview, the nurse should remember the following:

- ◆ Be prepared to provide the employer a strong rationale and documentation to support the necessity for refusal to care for a specific patient population. Recognition by the organization of an individual nurse's right to refuse to care for a specific patient population sets a major personnel precedent and will not be made lightly.

ANA PRINCIPLES FOR NURSE STAFFING

The nine principles of nurse staffing adopted by ANA are as follows:

I Patient Care Unit Related

- Appropriate staffing levels for a patient care unit reflect analysis of individual and aggregate patient needs.
- There is a critical need to either retire or seriously question the usefulness of the concept of nursing hours per patient day (HPPD).
- Unit functions necessary to support delivery of quality patient care must also be considered in determining staffing levels.

II Staff Related

- The specific needs of various patient populations should determine the appropriate clinical competencies required of the nurse practicing in that area.
- Registered nurses must have nursing management support and representation at both the operational level and the executive level.
- Clinical support from experienced RN's should be readily available to those RNs with less proficiency.

III Institution/Organization Related

- Organizational policy should reflect an organizational climate that values registered nurses and other employees as strategic assets and exhibit a true commitment to filling budgeted positions in a timely manner.
- All institutions should have documented competencies for nursing staff, including agency or supplemental and traveling RNs, for those activities that they have been authorized to perform.
- Organizational policies should recognize the myriad needs of both patients and nursing staff.

REFERENCE: Principles of Nurse Staffing, ANA, 1999

- A health care agency has a responsibility to provide care for all patients accepted into the organization. Due to this responsibility, a nurse cannot be guaranteed that he/she will never be asked to provide care for the patients in question.
- If the employer chooses to honor the nurse's reluctance to care for a specific patient population, the nurse must expect to be assigned to an area in which these patients are least likely to be found.
- The nurse should remember too, that even if the nurse's request is honored, the occasion may arise in which the situation requires the nurse to care for patients in this population.
- If the nurse's request is not honored by the employer, the nurse's responsibility is to agree to meet the employer's expectations or to decline the position or resign.

Consider the occasion where the nurse's request has been communicated, but the nurse is now faced with a proposed assignment to a patient in this population.

The nurse is at the final decision point and must choose one of the following options:

- The nurse may accept the assignment, documenting carefully concerns for patient safety and the process used to inform the agency (manager) of these concerns. Keep a personal copy of this documentation and send a copy to the Nurse Executive. Courtesy suggests that a copy be sent to the manager(s) involved as well. Once this decision has been reached, it is unwise to discuss the situation or feelings about the situation with other staff and/or patients. Now the nurse is legally accountable for these patients. From this point withdrawal from the agreed upon assignment may constitute abandonment.
- The nurse may refuse the assignment, being prepared for disciplinary action. Any concerns should be carefully documented for patient safety. The process used to inform the agency (manager) of these concerns should also be documented. The nurse should keep a personal copy of this documentation and send a copy to the manager(s) involved.

Resources For Nurses Access to Personnel File

Employees generally by institutional policy are entitled to review and request copies of all materials maintained in their personnel records. This includes the completed job/position application, performance appraisals and written reprimands or disciplinary reports (if any). A request to review or receive copies should be written, dated and signed by the employee and given to the human resources or personnel department for processing.

Chronology of Events

Preparation of a chronology of the events surrounding any unsatisfactory assignment discussion should be maintained in sufficient detail to refresh the employees memory about what was said by whom and what employees were present during discussions or negotiations. These notes should be kept separate and distinct from any patient records and should describe with sufficient clarity, yet protect the identity of particular patients when describing for example acuity or other personnel's assignments. Store this personal documentation in a safe place with other personal records.

Where to Report Unsafe Care

KDHE — The Kansas Department of Health and Environment is responsible for licensing Kansas health care facilities. Patterns of unsafe staffing may be reported to the KDHE licensing division by calling 785.296.1500. **JCAHO** — JCAHO accredited hospitals can also be reported to the Joint Commission on the Accreditation of Healthcare Facilities by calling 800.994.6610, by fax at 630.792.5636, by e-mail at complaint@jcaho.org, or for more information, visit their web site at www.jcaho.org/compl.htm.

HCFA — The Health Care Financing Administration (HCFA) also receives reports and investigates potential violations of Medicare Conditions of Participation and may be reached by calling 816.426.2011 or by fax at 816.426.6769.