



Nurses Association
OF NEW BRUNSWICK



Practicing with Limited Resources: A Guide for RNs and NPs



Nurses Association **Association des infirmières et infirmiers**
OF NEW BRUNSWICK DU NOUVEAU-BRUNSWICK



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Registered nurses (RNs) and nurse practitioners (NPs) may find it challenging to meet their professional responsibilities in providing safe, **competent**¹, compassionate and ethical care. For several reasons, RNs and NPs are forced to work with limited resources (e.g. working short staffed, working overtime, floating to an unfamiliar unit or working with an inadequate staff mix to provide nursing care).

However, in all situations RNs and NPs are expected to practise in accordance with [Legislation](#), the [Standards of Practice for RNs](#), the [Standards for the Practice for NPs](#) and the [Code of Ethics for RNs](#). RNs and NPs must also refer to employer policy. The challenge is the following: how to avoid unsafe situations that could cause harm to the client/resident/patient²? The strategies presented in this document will help RNs and NPs reduce the risk of harm to client.

Underlying Guiding Principles

- The client is the central focus of RNs/NPs practice.
- RNs/NPs provide the best possible care in a safe, competent, compassionate and ethical manner regardless of the work situation.
- RNs/NPs do not abandon the client.
- Employers support RNs/NPs in meeting practice expectations and strive to maintain a **quality practice environment**.

What is considered abandonment?

A concept that is important to consider when practising with limited resources is abandonment. It is directly related to the **therapeutic nurse-client relationship**, which is formed for the purpose of meeting the client's health care needs. The relationship is planned, time-limited and goal directed, and RNs and NPs enter into the relationship with a commitment to provide quality care. Once care of a client has been undertaken, an RN and an NP has the ethical and legal responsibility to provide care for the assigned period of work. Abandonment occurs when an RN and/or an NP has engaged with a client or has accepted an assignment and then discontinues care without:

- negotiating a mutually acceptable withdrawal of service with the client; or
- arranging for suitable, or replacement services; or
- allowing the employer, a reasonable opportunity for alternative or replacement services to be provided (Nurses Association of New Brunswick [NANB], 2016)

If you are requested to work beyond a scheduled shift, please refer to the New Brunswick Nurses Union (NBNU) to access the following document: *Guidelines for RNs when Requested to Work Beyond a Scheduled Shift*.

¹ Words in bold print are found in the glossary. They are shown in bold on first appearance.

² For the purpose of the document, the term "client" will be used but includes resident and patient.

Strategies for RNs and NPs practising with limited resources

If you find yourself practising with limited resources, here are strategies to make the situation safer:

Assess and set priorities

1. Identify and prioritize client care needs requiring immediate or urgent attention with your colleagues.
2. Differentiate activities that are absolutely necessary from those that can be delayed and modify clients' plans of care and/or delivery of care as necessary.

Collaborate and communicate

3. Advise leadership/supervisors/managers of the situation.
4. Review the assignment or caseload to determine how to provide care based on priorities.
5. Determine which task can be **delegated** to other team members.
6. Workload should be equally distributed among staff.
7. Communicate any changes in client conditions to other members of the **health care team** and leadership/supervisors/managers as needed and reassign workload accordingly.

Communicate and document patient safety concerns

8. When necessary inform client there will be a change in their plan of care.
9. Document any concerns about the situation through the NBNU work situation report when faced with an unsafe situation and complete an incident report when needed. Please refer to NBNU to access forms of all work place settings.
10. Propose solutions which promote safe, ethical, compassionate and competent care.

Adapted from the British Columbia College of Nursing Professionals (unknown)

Strategies for employers and nurse leaders when practising with limited resources

If your organization/institution is faced with a nurse shortage, here are strategies to make the situation safer:

Assess and set priorities

1. Determine the **competencies** of the nursing providers practising in the health setting affected by the situation. If more than one area is involved, the nursing supervisors or charge nurses should be consulted.
2. Determine which support staff on hand is appropriate to assist with services such as transporting client, clerical functions and/or housekeeping duties.

Communicate and Collaborate

3. When requiring an RN to float consider a buddy approach—assign the RN with an experienced RN. Refer to the employer policy if in place for guidance.
4. When staff have been floated from another unit, it would be best to identify options with the floated RN and nurse manager/supervisor of the receiving unit for patient care assignment ensuring RNs are practising within their own level of competency.
5. Once the situation has stabilized the manager/supervisor will evaluate where the RN is required for the remainder of the shift if alternative solutions have not been put in place.
6. Keep staff informed about the development of situations/solutions to address the problem.
7. Work with staff to address any concerns around client/staff safety.
8. Work with the RN so she can be safely assigned duties within her current competencies.

Monitor and report

9. Monitor staffing situation(s) on an on-going basis and report to senior management in a **timely** manner.

Case studies: RNs and NPs working with limited resources

Disclaimer: Information provided in the following case studies is of a general nature and is not intended to address the circumstances of any particular individual or entity. Every situation is different and fact specific. If you have any questions regarding a particular situation, please contact NANB at 1-800-442-4417 or NBNU at 1-800-442-4914.

Case study 1: Excessive hours or overtime for RNs

At the completion of the shift, the supervisor/nurse manager or designate tells the RN that she has to stay to work because no replacement was found for a colleague who called in absent.

Questions to ask yourself

Can the RN refuse to work overtime? Is it considered abandonment if the RN does not stay?

Answer

*Yes, the RN can refuse to work extra hours or shifts beyond the posted work schedule and withdraw from care due to **fitness to practice** when she gives proper notice. These situations could, depending on the facts, not be considered abandonment.*

RNs are entitled to end the therapeutic nurse–client relationship under certain circumstances. Each situation is ultimately fact-specific. RNs are expected to apply good clinical judgement and compassion in each case to determine the most appropriate course of action (NANB, 2015). If the RN chooses to stay, she must be clear about her limits and on how long she is staying at work. Having an open communication and maintaining professionalism are key in these situations.

If the RN leaves without having a proper replacement, she could face disciplinary action from her employer as per policy and/or contractual stipulations and this could also include a complaint being lodge with NANB for professional misconduct. NANB would then decide if the RN should be held accountable depending on the situation and the facts. For more information on patient abandonment, please refer to page 2 of this document. If you are requested to work beyond your scheduled shift, please refer to the NBNU to access the Guidelines for RNs when Requested to Work Beyond a Scheduled Shift.

Case study 2: Excessive hours or overtime for NPs

Questions to ask yourself

Can the NP refuse to work overtime?

Answer

Yes, like the RN, the NP can refuse to work extra hours or shifts beyond the posted work schedule and withdraw from care due to fitness to practice when she gives proper notice. If you're an NP and you are practicing with limited resources, NANB and NBNU acknowledge that you have a more unique working situation, so please call us for more specific guidance (see page 8 of this document for the contact information).

Case study 3: Floating to an unfamiliar unit

An RN has been asked to float to another unit without orientation.

Question to ask yourself

Can an RN refuse to be reassigned or float to a unit that is short staffed?

Answer

Requiring an RN to work in an area that she is not familiar with may happen in some situations (refer to employer policies). The RN has the professional responsibility to take on only those nursing assignments for which she is competent. The RN should clarify the assignment and assess her capabilities in relation to the assignment.

If the RN identifies she is not able to take a client assignment and provide safe, competent, compassionate and ethical care on a reassigned unit, she is still responsible to float and provide nursing care for which she has competence. The RN could also refer to employer policy if in place for guidance.

Case study 4: Safety and staff skill mix

RNs on a particular unit may be without sufficient professional staff. They are concerned about client safety and worried about liability if a client is harmed.

Question to ask yourself

What are the RNs responsibilities when faced with inadequate staff mix?

Answer

The RN is responsible to identify and prioritize the necessary nursing services required to meet the essential needs of the clients decide which aspects of care can be safely assigned or delegated to others. The RN should communicate changes in care with clients in a way that instills trust within the client that they are safe.

Additionally, the RN is responsible for responding to and reporting unsafe situations (see strategies for RNs and NPs practising with limited resources on page 3). The RN's employer should be notified in writing of the RN's concerns with a request for follow up. Refer to the following document for more information concerning this issue: [Guidelines for Interprofessional Collaboration: RNs and LPNs Working Together](#)

Case study 5: Told she must stay but has no child care

The RN has been called to cover for a shift. She tells the nurse manager/supervisor that she can do the shift however she will not be able to stay late as she only has child care for the current shift and not for any overtime. She made it very clear to the nurse manager/supervisor that she cannot do any extra hours when she accepted this shift. At the end of the shift that nurse is told she must stay.

Question to ask yourself

What are the RN's options in this situation?

Answer

The RN could refuse to take the shift if she cannot assure childcare. However, if she takes the shift and the manager/supervisor ask that she stays, and she refuses because she has no childcare and there is nobody to replace her, she could face disciplinary action from her employer as per policy and/or contractual stipulations if she leaves without having a proper replacement, and this could also include a complaint being lodge with NANB for professional misconduct. NANB would then decide if the RN should be held accountable depending on the situation and the facts. If the RN can demonstrate that she did everything in her power to arrange childcare and she could not, this would be taken in consideration in the professional misconduct complaint. The employer must also understand that they cannot cause a crime by not allowing the parent to fulfill their parental obligations. They could also be held accountable in this situation.

***Having an open communication and maintaining professionalism are key in all of these situations.*

These types of situations can be challenging to address. To help/support RNs and NPs when working through situations like this, NANB has developed a document called [Resolving Professional Practice Problems](#). NBNU has developed guidelines for RNs and NPs that are requested to work beyond a scheduled shift. To know more about these guidelines, please refer to the NBNU.

Additional resources that could help you:

[Professional Liability During the Shortage \(CNPS\)](#)

[Reduced Resources and Liability Risks \(CNPS\)](#)

Also, RNs and NPs can contact NANB or NBNU for additional support.

NANB

165 Regent St
Fredericton, NB
E3B 7B4
1-800-442-4417 (toll free)
506-458-8731 (locally)
Fax 506-459-2838

NBNU

103 Woodside lane
Fredericton, NB
E3C 2R9
1-800-442-4914 (toll free)
506-453-0820 (toll free)
Fax 506-453-0828

Glossary

Competency: The ability of an RN to integrate and apply the knowledge, skills, judgments, and personal attributes to practice safely and ethically in a designated role and setting. Personal attributes include, but are not limited to, attitudes, values and beliefs (CNA, 2015).

Competent: The collection and application of measurable knowledge, skills, abilities, judgement and attitudes required by a registered nurse throughout their professional career to practice safely and ethically (CCRN, 2012).

Delegation: Is transferring the responsibility to perform a function or intervention to a care provider (delegatee) who would not otherwise have the authority to perform it (i.e., the function or intervention is not within the scope of practice or scope of employment of the care provider to whom it is being delegated). Delegation does not involve transferring accountability for the outcome of the function or intervention although the delegatee is responsible to successfully perform the intervention or tasks (CRNNS, 2017b).

Fitness to practice: all the qualities and capabilities of an individual relevant to their practice as a nurse, including but not limited to freedom from any cognitive, physical, psychological or emotional condition and dependence on alcohol or drugs that impairs their ability to practise nursing (CNA, 2017).

Health care team: a number of health-care providers from different disciplines (often including both regulated professionals and unregulated workers) working together to provide care for and with persons, families, groups, communities or populations (CNA, 2017).

Quality practice environment: practice environments that have the organizational and human support allocations necessary for safe, competent and ethical nursing care (CNA, 2017).

Therapeutic nurse-client relationship: a planned, time-limited and goal-directed connection between a registered nurse and a client and his significant others, for the purpose of meeting the client's health care needs. Regardless of the context or length of the interaction, the therapeutic nurse-client relationship protects the patient's dignity, autonomy and privacy and allows for the development of trust and respect (NCSBN, 2014).

Timely: ensuring that a response or action occurs within a timeframe required to achieve safe, effective and positive client outcomes (CRNNS, 2017a).

References

- British Columbia College of Nursing Professionals. (unknown). *10 Tips for Working with Limited Resources*. Retrieved from https://www.bccnp.ca/Standards/RN_NP/resourcescasestudies/workplace/practiceissues/Pages/LimitedResources.aspx
- Canadian Council of Registered Nurse Regulators. (2012). *Competencies in the context of entry-level registered nurse practice*. Retrieved from https://www.ccrnr.ca/assets/jcp_rn_competencies_2012_edition.pdf
- Canadian Nurses Association. (2015). *Framework for the Practice of Registered Nurses in Canada*. Ottawa, ON: Author.
- Canadian Nurses Association. (2017). *Code of Ethics for Registered Nurses*. Retrieved from <https://nanb.nb.ca/en/library/document/code-of-ethics-document-cna/>
- College of Registered Nurses of Nova Scotia. (2017a). *Standards of Practice for Registered Nurses*. Halifax, NS: Author.
- College of Registered Nurses of Nova Scotia. (2017b). *Delegated Functions. Guidelines for Registered Nurses*. Halifax, NS: Author.
- National Council of State Boards of Nursing. (2014). *A Nurse's Guide to Professional Boundaries*. Chicago, IL: Author.
- Nurses Association of New Brunswick. (2015). *Standards for the Therapeutic Nurse-Client Relationship*. Retrieved from <https://www.nanb.nb.ca/wp-content/uploads/2022/08/NANB-StandardsNurseClientRelation-Dec20-E.pdf>
- Nurses Association of New Brunswick. (2016). *What is meant by patient abandonment?* Retrieved from <http://www.nanb.nb.ca/resources/results/search&keywords=abandonment&category=/>