



Practice Standard for CNNN Nurses

Duty to Provide Care

Licensed Practical Nurses (LPNs), Registered Psychiatric Nurses (RPNs), Registered Nurses (RNs) and Nurse Practitioners (NPs) have an obligation to provide safe, competent and ethical care to their clients in accordance with CNNN's Bylaws, Standards of Practice, Code of Conduct and relevant legislation. There are, however, some circumstances in which it is acceptable for a nurse to withdraw from care provision or refuse to provide care. Employers are responsible for providing the necessary resources to support and to help nurses meet their Standards of Practice.

Definitions:

Duty to Provide Care: a nurse's professional and ethical responsibility to provide safe, competent, ethical, and compassionate nursing care to a client, for the period of time the nurse is assigned to provide service.

Abandonment: when a nurse discontinues care after receiving a client assignment without:

- a. negotiating a mutually acceptable withdrawal of service with the client
- b. arranging for suitable alternative or replacement services
- c. allowing the employer a reasonable opportunity to provide alternative or replacement services.

Conscientious Objection: In health care, conscientious objection is understood as a healthcare professional's refusal to provide service that is within their competence. Generally, it is acceptable to conscientiously object when:

- a. the nurse has a longstanding and deeply held belief that the requested intervention is morally wrong and/or would compromise the nurse's personal moral integrity
- b. the situation is not urgent or emergent
- c. there is another healthcare provider who will safely provide the required care in a timely manner.

Conscientious objection is driven by moral concerns and informed by reflective choice; it is not based on fear, prejudice or convenience.

Principles of Duty to Provide Care:

1. Nurses have a professional and legal obligation to provide their clients with safe, competent, ethical, and compassionate nursing care.
2. Nurses recognize that informed, capable clients have the right to make choices that may put their health at risk, to be independent, and to direct their own care. Regardless of this right, nurses do not comply with client wishes when doing so would require a nurse to act against the law or CANN's Standards of Practice or Code of Conduct.
3. Nurses do not provide care that is outside their scope of practice except in situations involving imminent risk of death or serious harm that arises unexpectedly and requires immediate action. In emergencies, nurses are ethically obligated to provide the best care they can, given the circumstances and their own level of competence. Employers and nurses should not rely on the emergency exemption when an activity is considered an expected practice in that setting.
4. Nurses do not allow their personal judgment about a client(s) or a client's lifestyle to compromise the client's care by withdrawing or refusing care.
5. Nurses may withdraw from care provision or refuse to provide care if they believe that providing care would place them or their clients at an unacceptable level of risk. Nurses consider relevant factors, including:
 - a. the specific circumstances of the situation
 - b. their legal and professional obligations
 - c. their contractual obligations.
6. Nurses who have a conscientious objection to a client's request for a particular treatment or procedure:
 - a. listens and, when possible, explores the client's reason for the request or refusal and their understanding of options that could meet their needs
 - b. does not attempt to influence or change the client's decision based on the nurse's conscientious objection
 - c. does not allow their beliefs or values to alter or interfere with a client receiving safe, competent, and ethical care
 - d. ensures that the most appropriate person within the organization is informed of the conscientious objection well before a client is to receive the requested treatment or procedure
 - e. work with their organization/employer to ensure uninterrupted continuity of care, including reporting the client's request and, if needed, safe transfer of the client's care to a replacement provider

f. despite their conscientious objection, provide safe care to a client in a situation involving imminent risk of death or serious harm that arises unexpectedly and requires urgent action for their client's safety.

7. Nurses do not abandon their clients. Abandonment occurs when the nurse has engaged with the client or has accepted an assignment and then discontinues care without:

- a. negotiating a mutually acceptable withdrawal of service with the client
- b. arranging for a suitable alternative or replacement service
- c. allowing the employer a reasonable opportunity to provide for alternative or replacement service

8. Nurses may experience difficulties in meeting legal and professional obligations to provide care when:

- a. care delivery creates unreasonable danger to the client's safety or the nurse's personal safety
- b. providing care that conflicts with moral, ethical or religious beliefs or values

9. When faced with a situation that affects a nurse's ability to provide care, the nurse needs to examine risks and ethical/moral dilemmas and determine the most appropriate course of action using a decision-making process that includes:

- a. determining the facts and identifying the issue or concern
- b. clarifying the issue or concern
- c. identifying options and developing a plan
- d. implementing the plan, evaluating the outcomes of the decision, and amending it if necessary
- e. where appropriate, making concerns known to the employer, the union, or CNNN

Unreasonable Personal Risk:

There may be some circumstances where the provision of care would cause unreasonable personal risk to a nurse. An unreasonable risk might be the result of a threat to personal well-being or a lack of safety resources. For example, a client may explicitly threaten to hit the nurse, or another client and the immediately available resources are insufficient to prevent harm.

In accordance with the Nunavut Consolidation of Safety Act (R.S.N.W.T. 1988,c.S-1, Section 13) and the Northwest Territories Safety Act (RSNWT 2015, c S-1, Section 13), Nurses have the right to refuse work that they reasonably believe constitutes a danger to their safety and health or to the safety and health of another person.

In this circumstance, the nurse's duty to provide care includes meeting client care needs and providing for the client's safety, to the extent that the nurse can do so, without incurring unreasonable personal risk. It also includes reporting any dangerous working

conditions to their employer, supervisor or other person in charge. It is essential that the nurse communicates and problem-solves with co-workers and management throughout such a situation, while also following employer policy and workplace health and safety legislation.

Nurse Fatigue:

Personal responsibility and accountability for fitness to practice are nursing practice expectations. This includes self-reflection to maintain an awareness of one's health and wellbeing, recognizing one's limitations, and identifying any potential risk to client health and wellbeing. All nurses must be cognizant of the relationship between fatigue and errors. It is important to remember that fatigue is cumulative. The following are some factors that can lead to greater risk:

- a. the number of hours worked, e.g. longer than 12-hour shifts carry an increased risk
- b. the type of shift work, e.g. nighttime shifts carry greater risk than daytime or evening shifts
- c. the number of consecutive days worked, e.g. more than 5 consecutive workdays
- d. lack of rest, sleep, physical or emotional recovery between shifts.

CNNN recognizes that each nurse is an individual and will have a different capacity. For example, one nurse may be able to work at optimal capacity beyond a 12-hour shift, posing no increased risk to clients, while another nurse may not. For this reason, it is important that the assessment of risk be conducted on a nurse-by-nurse basis and include the nurse's own self-assessment.

Whether a nurse is working their regular schedule, considering whether to volunteer for an additional shift or having to work overtime, nurses hold the ethical responsibility to minimize client safety incidents and work with others to prevent harm. The onus on the nurse is to reflect and self-assess their own ability to meet client care needs in complex and challenging circumstances.

If the nurse thinks they may be unsafe to work due to fatigue and is currently working or expected to work, they need to inform their employer, manager, or nursing supervisor so a plan can be put in place to maintain client care and safety. In situations where the nurse feels fatigued, and the employer does not have another replacement nurse to take over the client's care, a communication and risk mitigation plan between the nurse, the team, and the manager is paramount.

Working During a Shortage or with Limited Human Resources:

Ideally, the staff complement should reflect the capacity of the full team to provide the necessary care to clients. If the team is working with less-than-optimal human resources, it can impede the ability of nurses to provide timely and optimal treatment. When providing nursing care with limited human resources, the duty to provide care

includes the nurse's responsibility to adjust priorities and meet client care needs through teamwork and collaboration.

In addition to prioritizing workload and communicating with their employer, when team capacity is compromised, nurses may need to increase their client load, work additional hours, and/or practice in an unfamiliar area. These options may lead to an increased level of risk; however, nurses remain accountable to provide safe client care through the application of their knowledge, skill, and judgment. It is important for the nurse and employer to engage in shared decision-making about how to address client care needs.

Teams that are highly functioning can rely on each other to support each other's ability to meet the duty to provide care during times when nursing resources are limited. Nurses in these types of environments can consult with someone more knowledgeable when a client situation demands expertise beyond their competence, giving the nurse access to the team's collective competence. Collective competence is more than the functioning of people on the team; it occurs when individual team members function with awareness of one another and the various resources in the system that either support or inhibit them from working together. In situations where team members do not work effectively together, healthcare risks increase.

When team-based resources are not optimal, all nurses are encouraged to participate in finding solutions and sharing information with their employer, even when all options appear exhausted. Prioritization of care provided, quality documentation, and consideration of reallocating essential services is recommended. The goal is to work with the health care team and employer to support safe client care with available resources.

Closure or Change of Service:

Nurses will need to know how to meet their duty to provide care when the level of service offered in their practice setting changes. Employers and health care organizations determine the type of service offered, including any decisions regarding changes in the level of service provision by the organization. Nurses, who are employees of a health care organization, are expected to work within the parameters and policies and procedures set by the organization while also meeting their regulatory standards and practice expectations.

Self-employed nurses have the additional responsibility to set and communicate the parameters of service they can provide to clients, ensuring these services are within their competencies.

Communication between management and staff is crucial when a unit closes or changes the type of service it provides. It is vital that employers communicate and that nurses make themselves familiar with:

- a. the nurse's position description
- b. the expected level of service provision by the health care organization

- c. the applicable employer policies
- d. resources and referrals available for the client should their needs exceed those of the terms of service provision.

The nurse's duty to provide care includes health care planning, communicating with clients regarding changes in service level, and referring clients to other resources that are available. If an individual presents to a nurse's place of work seeking emergency care that is beyond the service level provided in that practice setting, the nurse is expected to apply employer policies, use critical thinking, and act as any reasonable and prudent nurse would in the situation

Disaster or Disease Outbreak:

A disaster involves extensive human, material, economic, or environmental harm, with negative impact(s) that surpass the coping ability and resources of the affected area. Examples of disasters that can impact the duty to provide care include, but are not limited to, disease epidemics/pandemics, fire, and plane crashes where the capacity and health/human resources available to respond are exceeded.

Nurses must refer to their Standards of Practice, practice expectations, and Code of Conduct when they consider their professional role in a disaster and their duty to provide care. The nurse is expected to care for clients as best and as safely as they can, dependent on the resources they have available under these types of circumstances. A nurse would only withdraw from care provision or refuse to provide care if they believed that providing such care would place them or the client at an unacceptable level of risk.

The planning and provision of care during a disaster does not belong solely to nurses. Others, such as employers and governments (local, regional and territorial), all have reciprocal obligations in this regard.

Before any disaster, the nurse has the duty to become knowledgeable of their employer's emergency response plan and their expected role in a disaster. This includes participation in disaster preparedness planning with their organization.

Employers can support nurses' ability to meet their duty to provide care in a disaster or disease outbreak by providing clear communication, guidelines, and appropriate access to resources. Factors that support the nurse to provide care during a disaster include:

- a. awareness that they will receive accurate and timely information about the disaster situation with updates about appropriate safety measures
- b. knowledge that their facility or region has emergency response guidelines and a process for resolving conflicts regarding work exemptions
- c. access to personal protective equipment to provide care and ensure safety
- d. clear communication from the employer regarding expectations during a disaster response

- e. knowledge that there will be fair allocation of resources during a disaster response, where practical
- f. knowledge that they will be supported in both the physical and moral responsibility to provide care.

During a disaster, nurses may encounter challenges in their efforts to meet their duty to provide care. In these circumstances, nurses' practice expectations include:

- a. following safety expectations with the use of necessary personal protective equipment
- b. making themselves aware of plans, expectations, and roles, as provided by their employer
- c. using clinical judgement and ethical decision-making in the provision of safe, competent care
- d. making fair decisions about the allocation of resources

Conclusion:

When a nurse accepts an assignment, they are obligated to provide care in accordance with all professional standards. Various internal and external factors can affect a nurse's ability to deliver safe healthcare. Therefore, it is essential for nurses to continually self-assess and manage any issues that may impact their professional performance. Effective communication and collaboration with employers and the healthcare team are essential for addressing barriers to providing care, maintaining professional standards, and ensuring client well-being. The duty to provide care is central to professional practice and is intricately connected to ethical, legal, and regulatory responsibilities. Nurses must consistently offer safe, competent, ethical and compassionate care while effectively navigating the complexities of their roles.

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