What is Client Abandonment?

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CRNBC receives numerous calls from registered nurses and health care employers seeking clarification about actions that could be considered client abandonment. Registered nurses are obligated under CRNBC’s Standards of Practice, the Canadian Nurses Association Code of Ethics for Registered Nurses and relevant legislation to provide safe, competent and ethical care to their clients. CRNBC registrants may be considered negligent, unethical and/or incompetent if they fail to meet their professional responsibilities in the provision of client care.

The CRNBC Practice Standard Duty to Provide Care clearly outlines registrants’ professional obligation and legal duty to provide clients with care. It also describes circumstances in which it might be acceptable for registered nurses to withdraw from providing care or refuse to provide care. With regards to client abandonment, the Practice Standard states:

“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:

• 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.”

If a registered nurse discontinues care in the above manner, this may be considered abandonment and thus professional misconduct. Reports to CRNBC of abandonment are addressed on a case-by-case basis. Discussions involving a specific case and any subsequent investigations by CRNBC relate specifically to a registrant’s duty to provide care to his or her client(s). Any action taken by the College depends on the outcome of an examination of all of the circumstances in a particular situation.

Situations related to insufficient numbers of competent nursing staff or inadequate resources and supports are different than situations involving the responsibilities and accountabilities that an individual nurse has to clients. The former are employer responsibilities. The latter are the individual registered nurse’s responsibility to provide competent ethical care.

Many of the situations that CRNBC registrants encounter are employment issues rather than nursing regulatory issues related to incompetent, unethical or unprofessional conduct and therefore do not constitute client abandonment under the CRNBC Standards of Practice. For example, a decision by a registered nurse to refuse an assignment or discontinue nursing services does not automatically mean the nurse has committed an act of professional misconduct. As previously stated, there are some circumstances in which it is acceptable for a nurse to withdraw from the care setting or to refuse to provide care (see the CRNBC Practice Standard Duty to Provide Care). These could include situations in which the nursing care would place clients at an unacceptable level of risk, the activity is outside the scope of practice for registered nurses, or the required care is beyond the nurse’s level of competence.

CRNBC has published a document entitled Working with Limited Resources (pub. 404 available from the Library and Publications section of the CRNBC website www.crnbc.ca) that assists registered nurses in making decisions related to some of these professional and employment situations. This document discusses dilemmas posed by staffing shortages and floating, among other things.

Here are some situations involving registrants that CRNBC would likely consider abandonment:

• Failing to notify the supervisor of the nurse’s intent to leave, and leaving in the midst of a client care assignment without the supervisor’s knowledge.
• Leaving the assigned client care area for personal reasons and remaining gone or unavailable for a period of time such that the care of clients may be compromised.
• Leaving in the midst of a client care assignment without transferring the care
• Leaving work before the end of a scheduled shift without transferring the client care to an appropriate care provider.
• Sleeping, playing computer games or making excessive personal phone calls while on duty (which has the effect of being unavailable to provide direct care or indirect care through improper supervision of other care providers).
• Refusing to care for a particular client for whom the nurse has accepted responsibility, without transferring the care to an appropriate person or allowing the employer a reasonable opportunity for alternative or replacement services to be provided.

Here are some situations involving registrants that CRNBC likely would not consider to be abandonment:
• Refusing to work additional hours or shifts beyond the posted work schedule when the nurse has given proper notification.
• Refusing to accept an assignment when the nurse has given reasonable notice to the appropriate person that she or he lacks the competence to carry out the assignment.
• Resigning from employment without giving notice, assuming that the nurse has completed her or his client assignment.
• Refusing to float to an unfamiliar practice area when there has been no orientation, preparation or appropriate modification of assignment.

Resources referred to in this article are available from the CRNBC website www.crnbc.ca If you have a question about this or any other registered nurse practice issue, contact CRNBC Practice Support.