

A photograph of two female nurses in light blue scrubs, looking down at a device held by the nurse on the right. The image is overlaid with a semi-transparent purple filter.

# **Duty to Provide Care: Guideline for Registered Psychiatric Nurses**

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**RPNAS**

REGISTERED PSYCHIATRIC NURSES  
ASSOCIATION OF SASKATCHEWAN

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## **ACKNOWLEDGEMENT**

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## **INTRODUCTION**

This practice guideline is intended to complement information outlined in the Registered Psychiatric Nurses Act, RPNAS Bylaws, Code of Ethics, Standards of Psychiatric Nursing Practice, Registered Psychiatric Nurse Entry-Level Competencies, and other resources that support professional psychiatric nursing practice. The purpose of this guideline is to assist Registered Psychiatric Nurses (RPNs), employers and key partners, in understanding the professional and legal responsibilities of RPNs regarding the duty to provide care. It also aims to identify various factors that can influence and affect how RPNs fulfill this duty. By addressing these key points, this document provides guidance to RPNs in delivering compassionate and quality care while navigating the complexities of their professional roles.

## **PURPOSE**

The purpose of this document is to assist RPNs and their employers to understand the RPN's professional and legal responsibilities related to the duty to provide care. In accordance with RPNAS bylaws, standards of practice, code of ethics, and practice guidelines, the duty to provide care represents an RPN's legal, ethical and professional obligation to deliver safe, competent, compassionate, and ethical nursing services to clients. Clients have the right to receive care that is accessible, inclusive, culturally safe, and free from discrimination (CNPS, 2023). These professional obligations apply regardless of the RPN's employment status, employment setting or employment relationship.

## **DUTY TO PROVIDE CARE**

There are a number of factors that contribute to, and impact, an RPN's ability to meet their duty to provide care. These factors equally stem from both internal sources, like individual attributes and experience, and external sources, such as systemic conditions and staffing structures.

The duty to provide care begins with the acceptance of a client assignment and continues for the assigned time-period. It includes the ongoing assessment, planning, implementation, and evaluation of nursing interventions tailored to meet the unique needs of each client. This duty persists throughout the entirety of the client-nurse relationship and continues until the responsibility for care is transitioned to another suitable healthcare provider or when the therapeutic relationship is appropriately ended. This duty involves maintaining clear and effective communication with clients and their families, collaborating with interdisciplinary teams, advocating for client rights, and upholding professional and ethical standards, and legal obligations at all times. To cease providing care without appropriate termination or transfer of care could be considered abandonment.

## A SHARED RESPONSIBILITY

RPNAS recognizes that an RPN's ability to meet the duty to provide care depends, in part, on employer resources and support. Addressing factors that impact the ability to fulfill the duty to provide care is a shared responsibility between the RPN and employer and is facilitated through effective collaboration and clear communication between both parties, ensuring optimal client outcomes and adherence to professional standards. Effective partnership in managing these factors helps create a supportive work environment where optimal care can be consistently delivered.

### Employer Responsibilities

The employer contributes to safe client care by being accountable and overseeing the operation of the healthcare facility, including adequate staffing, workload management, equipment, supplies, policy development, and reporting systems. Employers support ethical decision-making by fostering a safe and supportive work environment. They ensure that clear policies and procedures are established and communicated effectively. Additionally, employers should provide the necessary resources, training, and support to enable RPNs to meet their professional standards, including access to continuing education needed to meet the client services being provided and guidance in navigating complex care situations.

### RPN Responsibilities

The following list outlines key responsibilities for RPNs, serving as a starting point to mitigate risks associated with their professional duty to provide care:

- Establish, maintain, and responsibly end the therapeutic relationship with clients.
- Adhere to scope of practice during care delivery.
- Ensure that personal judgments regarding a client or their lifestyle do not hinder or compromise care delivery.
- Directly report to employer any challenges impacting client care, such as current or anticipated staffing needs.
- Collaborate with employer to discuss situations where it may be appropriate to withdraw from or decline to provide care, ensuring transparency and effective management of client needs.

## UNEXPECTED EMERGENCIES

In unexpected emergency situations, there may be instances where a competency is required but the RPN has not had practical experience with it, and no other experienced or authorized health care provider is available. In such cases, the RPN has an ethical duty to deliver the highest quality of care possible given their circumstances, experience, and education, and are expected to seek out available support, direction, or supervision. This may include support via telephone or video. Ultimately, if the care is too complex and beyond the RPN's abilities, it may be necessary to either bring in another care provider or transfer the client to a different facility.

### Establishing the Legal Duty of Care in Nursing: The Fiduciary Relationship

"A patient's reliance on a nurse's knowledge and expertise creates a fiduciary (special) relationship that gives rise to a legal duty for the nurse to provide reasonable care. This does not signify that nurses necessarily have a duty to treat everyone they meet, but if a person is relying on a nurse's professional skills and knowledge, a legal duty for the nurse to provide reasonable care is established."

(CNPS, 2022, para. 5)

## CLIENT ABANDONMENT

RPNs must not abandon their clients. Abandonment occurs when an RPN fails to fulfill their duty to provide care, inappropriately ends the nurse-client relationship, or neglects to transfer the responsibility for ongoing care to another suitable provider.

Abandonment is defined as engaging with the client or accepting an assignment, and subsequently discontinuing care without:

- a. Discussing a mutually acceptable withdrawal of service with the client; or
- b. Arranging suitable alternative or replacement services; or
- c. Allowing the employer a reasonable opportunity to provide alternative or replacement services.

### EXAMPLES OF ABANDONMENT:

- Refusing to provide client care after accepting responsibility for an assignment.
- Being present in the client care area during paid work time but failing to provide client care due to engaging in personal activities, such as sleeping and using cell phones, or due to other distractions.
- Leaving work before the arrival of the RPN's replacement, even if the replacement is late or absent, without notifying the employer and allowing them an opportunity to arrange alternative measures for ensuring client safety.
- Leaving the client care area, including during an emergency, without ensuring a safe transition of client care to a suitable replacement.
- Knowingly transferring care to a replacement who lacks the necessary professional competencies or credentials to safely meet the client's needs.

### ABANDONMENT IS NOT:

- Declining an offer for overtime, except in emergency circumstances as defined by the employer and/or union.
- Declining extra shifts in which you have not been previously scheduled to work.
- Declining an assignment or withdrawing from care due to personal health concerns (including fatigue) with reasonable notice.
- Refusing an unfamiliar assignment for which the RPN has not yet had adequate training. This may include requesting/receiving a modified assignment that is congruent with the RPN's competence. RPNs are expected to acquire the knowledge needed to develop their skills to provide effective care in the future.

## REFUSAL OR WITHDRAWING FROM CARE

Refusing to provide or withdrawing from care should only occur in highly specific circumstances and after thorough consideration of the impact this will have on the client. These decisions should be made after exhausting all other strategies aimed at improving the situation have been attempted without success.

Situations where it may be appropriate to withdraw from or decline to provide care include:

### 1. Lack of Competence:

Even when a certain aspect of care falls within the broader definition of RPN scope, the RPN must ensure they are individually competent in the skill before proceeding. RPNs have a professional responsibility to maintain their competence by actively monitoring their skills and seeking support when necessary to gain or regain proficiency if their knowledge/ability is not current.

RPNs refrain from delivering care beyond their scope of practice unless faced with unexpected situations where immediate or emergent action is necessary to prevent imminent death or serious harm.

### 2. Unreasonable Risk:

RPNs are responsible for actively contributing to the creation and development of safe work environments that are conducive to professional practice.

RPNs have the right to refuse any job or task if there are reasonable grounds to believe it poses an unusual danger, whether to the RPN, clients, or anyone else in the workplace (Saskatchewan Employment Act). Throughout such a situation where there is an unusual danger, it is important that the RPN problem-solve with co-workers and management as well as communicate with the client, while also following employer policy and workplace health and safety legislation.

An unusual danger could include:

- A danger that is not typical for the job.
- A danger that would usually halt work.
- A situation where the RPN is not properly trained, equipped, or experienced for the assigned task.



### 3. Conscientious Objection:

This occurs when an RPN has objection to participate in specific medical procedures or aspects of care due to their own religious beliefs or personal conscience. Conscientious objection is rooted in moral considerations, self-awareness and reflection, as well as informed decision-making, rather than fear, prejudice, or convenience. RPNs do not withhold care based on disagreement with a client's lifestyle, choices, or values. RPNs must recognize their own biases and refrain from personal judgment regarding a client or their lifestyle. If a work environment routinely provides care that the RPN finds objectionable, they may need to consider seeking work in a more suitable environment. This may be a setting where the care to which the RPN objects is not generally sought or offered.

Conscientious objection is generally acceptable only under certain conditions:

- The RPN holds a longstanding and deeply held belief that the requested intervention is morally wrong and would compromise the RPN's personal moral integrity; or
- The situation is not urgent or emergent, allowing time for deliberation; or
- There is another healthcare provider available who can deliver the necessary care safely and promptly.

Even when a conscientious objection is present, the RPN still has the duty to:

- Listen attentively and maintain respectful communication with the client;
- Whenever possible, explore the client's reasons for their request or refusal, as well as their understanding of potential solutions that could address their needs;
- Not influence or alter the client's decision due to the presence of a conscientious objection;
- Ensure that the objection to provide care does not impede a client's access to care; and
- Facilitate a timely referral to an appropriate and non-objecting alternative provider or agency that does not interrupt care.

### 4. Fitness to Practice Nursing:

Fitness to practice refers to the capability of an RPN to safely and competently perform their duties within their scope of practice. It encompasses having the necessary mental, emotional, spiritual, and physical health to provide effective and ethical client care. Fitness to practice relates to several aspects of RPN practice, including clinical competence, communication and interpersonal skills, along with adherence to ethical standards, legal obligations, and professional codes of conduct. RPNs are accountable to monitor and maintain their own fitness to practice and professional behaviours. Having a medical or mental health condition does not automatically disqualify someone from being fit to practice as an RPN. Fitness to practice is determined based on the RPN's ability to meet standards of competence, professionalism, and ethical conduct for safe and effective client care.

Fatigue can negatively impact an RPN's fitness to practice. RPNs must be aware of the correlation between fatigue and errors and that fatigue accumulates over time. It is important to recognize that each RPN has a unique tolerance for fatigue. For instance, one RPN may perform effectively beyond a 12-hour shift without posing heightened risks to clients, whereas another RPN may not. Therefore, assessing risk should be done individually for each RPN and should incorporate the nurse's own self-assessment. In addition to monitoring for fatigue, an RPN must take reasonable steps to prevent becoming overly fatigued.

Several factors can heighten the risk associated with fatigue, including:

- Extended work hours, such as shifts exceeding 12 hours.
- Shift type, with nighttime shifts posing greater risks compared to daytime or evening shifts.
- Number of consecutive days worked.
- Insufficient rest, sleep, or physical and emotional recovery between shifts.

Personal responsibility and accountability for fitness to practice is a nursing practice expectation. RPNs must recognize their own physical, mental, or emotional limitations that may compromise safe and competent practice. RPNs only withdraw from providing care after discussion with their employer. For those who are self-employed, they ensure alternative arrangements are made for their clients' healthcare needs. Self-assessment is crucial as it ensures client safety and maintains the integrity of nursing standards.

## CONCLUSION

When an RPN accepts an assignment, they are obligated to provide care in accordance with all professional standards. Various factors, both internal and external, can affect an RPN's ability to deliver safe healthcare. Therefore, it is essential for RPNs to continually self-assess and manage any issues that may impact their professional performance. Additionally, 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.

In conclusion, the duty to provide care is central to professional practice, intricately connected to ethical, legal, and regulatory responsibilities. RPNs must always consistently offer safe, competent, and compassionate care while effectively navigating the complexities of their roles.

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## APPENDIX A: COMPLEMENTARY READINGS

CNPS (2023). [Ask a Lawyer: Engaging with non-compliant patients and discontinuing nursing services.](#)

CNPS (2021). [What if I am not prepared to participate in MAID.](#)

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[The Saskatchewan Employment Act](#)

[The Occupational Health and Safety Regulations, 2020](#)