



**RNAO submission to College of
Nurses of Ontario regarding the
*Discontinuing or Declining to
Provide Care* practice standard**

May 6, 2024



RNAO represents more than 51,650 registered nurses (RN), nurse practitioners (NP) and nursing students across Ontario. For nearly a century, the association has advocated for changes that improve people’s health through the full expertise of nurses. RNAO welcomes the opportunity to provide feedback to the CNO on the draft practice standard, *Discontinuing or Declining to Provide Care*.

Introduction

A key mandate of the College of Nurses of Ontario (CNO) is to protect public safety. This obliges the CNO to develop and disseminate clear and comprehensive practice standards and guidelines to support nurses in delivering safe and ethical nursing care. These standards must also be pragmatic to support effective decision-making by nurses in every sector and setting, especially in today’s context of insufficient nursing human resources and the strained health system.

In RNAO’s view, the revised draft is neither sufficiently clear nor comprehensive enough to support nurses in their work. Our rationale and recommendations follow.

RNAO feedback and recommendations

Question 4: Is this introduction to the standard clear?

Response: No. The introduction makes reference to the five components of the therapeutic nurse-client relationship: trust, respect, empathy, power and professional intimacy. None of these terms are defined in the document.

Recommendation: We recommend that a definition for each of the five components of the therapeutic nurse-client relationship be provided in the glossary as outlined in the [Therapeutic Nurse-Client Relationship practice standard](#) on page 3.

Question 5: Is the professionalism section clear?

Response: No. Our concerns and recommendations follow in the table below.

Concern	RNAO recommendation
<ul style="list-style-type: none"> • “Inclusive and Culturally Safe care” section: The terms “diversity”, “equity” and “inclusion” are undefined. 	<ul style="list-style-type: none"> • Provide definitions for each of these terms in the glossary to support nurses with delivering inclusive and culturally safe care.
<ul style="list-style-type: none"> • “Nursing Accountabilities” section: The following statement does not provide clarity to a nurse about their professional obligation when they have not accepted an assignment or shift: <i>“nurses who discontinue or decline to provide care without the client requesting it must continue to provide professional services until alternative or replacement services are</i> 	<ul style="list-style-type: none"> • Ensure that the practice standard addresses a nurse’s professional obligation to provide care when they have not accepted an assignment or shift. • The CNO practice guideline, <i>“Refusing Assignments and Discontinuing Nursing Services”</i> (updated in February 2017), contains helpful language, for example:

Concern	RNAO recommendation
<p><i>arranged, or the client is given a reasonable opportunity to arrange alternative or replacement services”.</i></p>	<ul style="list-style-type: none"> ○ <i>“Discontinuing nursing services – Abandonment occurs when...” on page 5.</i> ○ <i>“...she knows that after accepting the shift she has an obligation to follow through” on page 9.</i> ● The revised practice standard should retain language that assists decision making.

Question 6: Is the communication section clear?

Response: No. This section does not take the safety of the nurse into consideration.

Recommendation: We recommend that the concept of “nurse safety” be incorporated through the following actions:

- a. Delete the statement: “nurses make efforts to communicate the reason impeding their ability to provide care to their client and attempt to resolve conflicts in the best interest of the client”, and
- b. Replace this deletion with the statement: “nurses make efforts to communicate the reason impeding their ability to provide care to their client and attempt to resolve conflicts in the best interest of the client when it is safe and appropriate to do so”.
- This change is needed to reflect situations where it is unsafe or inappropriate for the nurse to resolve conflict independently without employer or leadership support.

Question 7: Is the safety section clear?

Response: No. Our concerns and recommendations follow in the table below.

Concern	RNAO recommendation
<ul style="list-style-type: none"> ● “Nursing Accountabilities” section: The term “broader health care team” is unclear. 	<ul style="list-style-type: none"> ● Include a definition of “broader health care team” in the glossary.
<ul style="list-style-type: none"> ● “Safety” section: The statement, <i>“if the environment becomes unsafe due to factors such as a natural disaster, nurses are not expected to risk their lives, however they must prioritize client safety in these situations...”</i> contains a conflicting message. 	<ul style="list-style-type: none"> ● Rewrite this statement to remove the internal inconsistencies, making sure to provide nurses with the clearest guidance possible.

Question 8: Is the partners in client safety section clear?

Response: No. The guidance provided in this section conflicts with that provided under the “Professionalism” section.

- The “Partners in Client Safety” section advises: “not refusing to work an extra shift or overtime does not amount to discontinuing professional services within the meaning of the Professional Misconduct regulation,”
- The “Professionalism” section advises: “nurses who discontinue or decline to provide care without the client requesting it must continue to provide professional services until alternative or replacement services are arranged, or the client is given a reasonable opportunity to arrange alternative or replacement services.”

Recommendation: Reconcile the guidance to ensure that nurses have clear and consistent information to navigate these situations.

Question 9: Are the items in the glossary clear?

Response: No. Our concerns and recommendations follow in the table below.

Concern	Recommendation
<ul style="list-style-type: none"> • Definition of “health care team”: The terminology “intra-professional and/or interprofessional team” may not be clear to the nurse. 	<ul style="list-style-type: none"> • Define explicitly the terms “intra-professional team” and “interprofessional team” in the glossary.
<ul style="list-style-type: none"> • The terminology for the five components of the therapeutic nurse-client relationship may not be clear (“trust”, “respect”, “empathy”, “power” and “professional intimacy”). 	<ul style="list-style-type: none"> • Provide separate definitions for each of these components provided in the glossary, as outlined in the Therapeutic Nurse-Client Relationship practice standard on page 3.
<ul style="list-style-type: none"> • There is no clear definition of “abandonment”. 	<ul style="list-style-type: none"> • Provide further clarity (per our recommendation for question 5, above) – neither the definition or the information in Appendix A address a nurse’s professional obligation to provide care if they have not accepted an assignment or a shift.

Question 10: Are there any other items used in this standard that should be defined in the glossary?

Response: Yes. As noted elsewhere in this submission, please include definitions for these terms: “diversity,” “equity,” “inclusion,” the five components of the therapeutic-nurse client relationship; “interprofessional team,” “intra-professional team,” and “leadership”.

Question 11: Do you have any feedback about Appendix A? If so, please provide it here:

Response: The information in Appendix A does not address the obligation of a nurse who has not accepted an assignment or shift.

Question 12: What supports or resources would be helpful for CNO to provide to support the implementation of this new *Discontinuing or Declining to Provide Care* practice standard?

Response: We recommend that you provide a link to the [Therapeutic Nurse-Client Relationship practice standard](#).

Question 13: If you have any other comments about this practice standard, please provide them here:

Response: RNAO is concerned that the draft *Discontinuing or Declining to Provide Care* practice standard increases nurses' responsibilities while decreasing employers' accountability. We have outlined content that should be retained from the existing guideline, and our concern with content in the draft standard below:

1. Content to retain from the existing guideline

Recommendation: Retain language from the CNO practice guideline – *Refusing Assignments and Discontinuing Nursing Services*, updated in February 2017 (the Guideline) – in the draft practice standard.

- The Guideline sets out (on page 3) the employer's responsibility to maintain a safe work environment, including safe staffing, the union's role, and the relevance of the Occupational Health and Safety Act. This section effectively supports nurse decision-making by advising nurses of employer and union obligations and responsibilities.

Recommendation: Add language to the draft practice standard to emphasise the importance of becoming familiar with collective agreements and employment contracts as resources to support decision making for nurses so that they are aware of their rights.

- The Guideline advises nurses to become familiar with their collective agreement when making decisions (see page 5, "Key Expectations" section). This statement refers the nurse to their collective agreement as a resource to support their decision-making process when discontinuing or declining to provide care.

Recommendation: Ensure that the draft practice standard communicates that employers and nurses are jointly responsible for maintaining safe practice environments.

- The Guideline addresses the joint responsibility of employers and nurses for creating environments that support quality practice (see page 7, "Maintain a Quality Practice Setting" section). This statement outlines the employer's obligation for maintaining a safe work environment and addressing issues that impact care delivery, removing any suggestion that this is the sole responsibility of the nurse.

Recommendation: Define the term “leadership” and include language addressing the accountability of leadership in maintaining safe staffing practices.

- The “Leadership” section of the Guideline (see page 8) holds administrative leadership accountable for maintaining safe staffing practices, and directs the nurse to administrative leadership when there is a concern with staffing that impacts their professional responsibilities. It covers several important issues lacking in the draft practice standard:
 - the role of administrative leadership in developing clear lines of communication with nurses when staffing is low or short
 - the value of a plan in the event of staffing shortages
 - recognition of nurses’ professional accountability
 - continual evaluation of staffing issues

Recommendation: Include language in the “Organization Supports” section that emphasises the obligation of health organizations to address nurses and nursing in organizational policy, consistent with the Guideline.

- The Guideline holds organizations accountable for providing safe work environments to support the delivery of quality care, and directs the nurse to organizational policies as a resource to guide decision making. It emphasises the employer’s responsibility to provide a safe environment for nurses and clients. This responsibility – which includes consideration of safe staffing levels – should be reflected across all organizational policies and procedures.

2. Concern with content in the draft practice standard

Recommendation: Outline explicitly employers’ legal responsibility to provide nurses with the resources they need to meet their professional obligations, to ensure that nurses know and understand their employers’ legal obligations.

- The existing brief statement in the “Partners in Client Safety” section presumes that employers provide access to all necessary resources and supports to ensure that nurses are able to meet their professional standards. This presumption is dangerous, misleading and unfair; it does not support a nurse’s decision-making process.

Recommendation: Change the language in the “Safety” section to address the employer’s responsibility in supporting continuing education and professional practice development for nurses.

- a. The statement “nurses self-reflect on their practice, identify learning needs, and pursue training and education to improve their competence” places the responsibility for maintaining competence directly on the nurse, thereby removing the employer’s obligation to support nurses with additional training and education.
 - RNAO’s position – formally expressed most recently in our [Nursing Career Pathways](#) report – is that nurses ought to be provided with dedicated time from their employer to engage in continuing education and training to address their learning needs.

Recommendation: Incorporate case scenarios directly into the practice standard to ensure better communication and easy access to nurses.

- Although RNAO is aware that case scenarios intended to inform nurses' decision making will be made available in a web-based format, they should also be included in the practice standard to ensure that busy nurses having to make decisions quickly have access in this important guidance document.

Conclusion

RNAO respects deeply the CNO's role. Furthermore, the CNO is responsible for assisting nurses with safe and effective decision-making in order to fulfill its mandate of protecting the public. RNAO is concerned that the new draft practice standard is unclear, increasing the risk for confusion amongst nurses, and consequently impacting their decision-making process.

RNAO is also concerned that the new draft practice standard imposes greater responsibility on nurses to maintain safe work environments, over the obligation of the employer, while providing less guidance for discontinuing or refusing to provide nursing services when compared to the Guideline. These issues must be remedied if the CNO is to fulfil its mandate.

Thank you for this opportunity to contribute our recommendations for the new draft *Discontinuing or Declining to Provide Care* practice standard. RNAO expects to be given timely notice of proposed changes to CNO Guidelines and Standards and reasonable opportunity to respond in advance of CNO Council consideration.