The Right to Accept or Reject an Assignment

Summary: The American Nurses Association (ANA) believes that nurses should reject any assignment that puts patients or themselves in serious, immediate jeopardy. ANA supports the nurses obligation to reject an assignment in these situations even where there is not a specific legal protection for rejecting such an assignment. The professional obligations of the nurse to safeguard clients are grounded in the ethical norms of the profession, the Standards of Clinical Nursing Practice and state nurse practice acts.

Background
In 1984, the American Nurses Association House of Delegates directed that ANA issue a position statement on mechanisms to support nurses' abilities to exercise their right to accept or reject an assignment. The position statement was to be based on a Massachusetts Nurses Association 1981 Resolution and later the Position Statement on Mechanisms to Support Nurses' Abilities to Accept or Reject an Assignment. This action was referred to the ANA Cabinet on Economic and General Welfare. Since the initial work on this issue in Massachusetts, other SNAs have acted to develop similar operating principles within the framework of their individual nurse practice acts. The North Carolina SNA Ad Hoc committee on RN Work Assignments established and published Guidelines for the Registered Nurse in Giving, Accepting, or Rejecting a Work Assignment. The New York State Nurses Association has been a leader in the utilization of Assignment Despite Objection (ADO) forms, and in the presentation of speakers and discussions on the ethical considerations of refusing an assignment. Ohio, California, Washington and other Collective Bargaining states have incorporated language in contracts that recognize the bargaining unit's right to use and review ADO forms. ANA accepted the position of the Massachusetts SNA in its statement of philosophy, operating principle, nursing considerations regarding staffing (managerial and staff nurse), and options (managerial and staff nurse). In addition the ethical dilemmas and the underlying issues identified by MNA in 1981 take on an added urgency in today's practice environment. The ANA supports the professional obligations of the nurse to safeguard patients. It is the nurse's responsibility to:

- Provide competent nursing care to the patient.
- Safeguard patients and avoid actions that place the interests of the patient(s) in jeopardy. The right to refuse an assignment should be narrowly construed and the nurse must balance such a refusal against the obligation to provide for patient safety and to avoid abandonment. A refusal of an assignment may be justified when the risk of harm to the patient(s) is greater by accepting the assignment than by rejecting it.
- Exercise informed judgment and use individual competence and qualifications as criteria in giving, accepting or rejecting an assignment. Nurses are individually accountable for the care of each patient.
- Clarify assignments, assess personal capabilities, jointly identify options for patient care assignments when the nurse does not feel personally competent or adequately prepared to carry out a specific function.
- Determine what will put a patient in immediate, serious danger. The nurse may be held legally responsible for judgments exercised and actions taken in the course of nursing practice.

A proactive approach to potentially conflictive situations can be taken in several ways: the nurse should discuss the potential for conflict before accepting employment in a health care setting; the employer should anticipate potential conflicts around the patient populations cared for by the agency and develop guidelines addressing the potential conflicts. The likelihood of a satisfactory solution will increase if prior consideration of the choices is available.
This consideration of available alternatives should include recognition that nurses are professionals and need to be involved in the decision-making process.

**Rationale**
The registered nurse's primary responsibility, as clearly stated in the ANA Code for Nurses with Interpretive Statements, Standards of Clinical Nursing Practice and state nurse practice acts, is to the patient.

**ANA Code for Nurses With Interpretative Statement**
The Code for Nurses and its interpretative statements provide guidance for nursing conduct which is consistent with the ethical obligations of the profession and with high quality nursing care. The Code for Nurses provides one means for the exercise of self-regulation. The Code for Nurses serves to inform both the nurse and the public of the profession's expectations and requirements in ethical matters. A code of ethical conduct offers general principles to guide and evaluate nursing action. The Code for Nurses is not open to negotiation in employment settings and the requirements of the Code may often exceed that of the law. Some states have incorporated the ANA Code for Nurses, in part or in total into state nurse practice acts, thus the nurse has both an ethical and a legal obligation to report certain types of conduct.

**Pertinent Sections:**

4 The nurse assumes responsibility and accountability for individual nursing judgments and actions.

4.1 Acceptance of Responsibility and Accountability
The recipients of professional nursing services are entitled to high quality nursing care. Individual professional licensure is the protective mechanism legislated by the public to ensure the basic and minimum competencies of the professional nurse. Beyond that, society has accorded to the nursing profession the right to regulate its own practice. The regulation and control of nursing practice by nurses demand that individual practitioners of professional nursing must bear primary responsibility for the nursing care clients receive and must be individually accountable for their own practice.

4.2 Responsibility for Nursing Judgment and Action  Responsibility
Refers to the carrying out of duties associated with a particular role assumed by the nurse. Nursing obligations are reflected in the ANA publications, Nursing: A Social Policy Statement and Standards of Nursing Practice. In recognizing the rights of clients, the standards describe a collaborative relationship between the nurse and the client through the use of the nursing process. Nursing responsibilities include data collection and assessment of the health status of the client; formation of nursing diagnoses derived from client assessment; development of a nursing care plan that is directed toward designated goals, assists the client in maximizing his or her health capabilities, and provides for the clients participation in promoting, maintaining, and restoring his or her health; evaluation of the effectiveness of nursing care in achieving goals as determined by the nurse; and subsequent reassessment and revision of the nursing care plan as warranted. In the process of assuming these responsibilities, the nurse is held accountable for them.

4.3 Accountability for Nursing Judgement and Action
Accountability refers to being answerable to someone for something one has done. It means providing an explanation or rationale to oneself, to clients, to peers, to the nursing profession, and to society. In order to be accountable, nurses act under a code of ethical conduct that is grounded in the moral principles of fidelity and respect for the dignity, worth and self-determination of clients. The nursing profession continues to develop ways to clarify nursing's accountability to society. The contract between the profession and society is made explicit through such mechanisms as (a) the Code for
Nurses, (b) the Standards of Nursing Practice, (c) the development of nursing theory derived from nursing research in order to guide nursing actions, (d) educational requirements for practice, (e) certification, and (f) mechanisms for evaluating the effectiveness of the nurse's performance of nursing responsibilities. Nurses are accountable for judgments made and actions taken in the course of nursing practice. Neither physicians' orders nor the employing agency's policies relieve the nurse of accountability for actions taken and judgments made.

6 The nurse exercises informed judgment and uses individual competency and qualifications as criteria in seeking consultation, accepting responsibilities, and delegating nursing activities.

6.1 Changing Functions
Nurses are faced with decisions in the context of the increased complexity of health care, changing patterns in the delivery of health services, and the development of evolving nursing practice in response to the health needs of clients. As the scope of nursing practice changes, the nurse must exercise judgment in accepting responsibilities, seeking consultation, and assigning responsibilities to others who carry out nursing care.

6.2 Accepting Responsibilities
The nurse must not engage in practices prohibited by law or delegate to others activities prohibited by practice acts of other health care personnel or by other laws. Nurses determine the scope of their practice in light of their education, knowledge, competency, and extent of experience. If the nurse concludes that he or she lacks competence or is inadequately prepared to carry out a specific function, the nurse has the responsibility to refuse that work and to seek alternative sources for care based on concern for the client's welfare. In that refusal, both the client and the nurse are protected. Inasmuch as the nurse is responsible for the continuous care of patients in health care settings, the nurse is frequently called upon to carry out components of care delegated by other health professionals as part of the client's treatment regimen. The nurse should not accept these interdependent functions if they are so extensive as to prevent the nurse from fulfilling the responsibility to provide appropriate nursing care to clients.

6.3 Consultation and Collaboration
The provision of health and illness care to clients is a complex process that requires a wide range of knowledge, skills, and collaborative efforts. Nurses must be aware of their own individual competencies. When the needs of the client are beyond the qualifications and competencies of the nurse, consultation and collaboration must be sought from qualified nurses, other health professionals, or other appropriate sources. Participation on intradisciplinary or interdisciplinary teams is often an effective approach to the provision of high quality total health services.

6.4 Delegation of Nursing Activities
Inasmuch as the nurse is accountable for the quality of nursing care rendered to clients, nurses are accountable for the delegation of nursing care activities to other health workers. Therefore, the nurse should not delegate to any member of the nursing team a function for which that person is not prepared or qualified. Employer policies or directives do not relieve the nurse of accountability for making judgments about the delegation of nursing care activities. The complexity of the delivery of nursing care is such that only professional nurses with appropriate education and experience can provide nursing care. Upon employment with a health care facility, the nurse contracts or enters into an agreement with that facility to provide nursing services in a collaborative practice environment.

Standards of Clinical Nursing Practice
The clinical responsibilities of the profession of nursing, are delineated in the Standards of Clinical Nursing Practice and nursing practice guidelines. "Standards are authoritative statements by which the nursing profession describes the responsibilities for which its practitioners are accountable."
Consequently, standards reflect the values and priorities of the profession. Standards provide direction for professional nursing practice and a framework for the evaluation of practice. Written in measurable terms, standards also define the nursing profession's accountability to the public and the client outcomes for which nurses are responsible. "(Standards, p.1)

Standards prescribe a competent level of professional nursing care and professional performance common to all nurses engaged in practice. Criteria are included within the nursing standards to allow for measurement. Criteria include key indicators of competent practice. In addition to Standards of Clinical Nursing Practice, nurses have an obligation to adhere to professional standards as stated in case law and in hospital/institutional manuals. Finally, nurses must individually assume responsibility for ongoing self-evaluation to determine compliance with the professional and ethical boundaries of practice.(Guidelines, p.2)

**Nurse Practice Acts**

Every state has a specific nurse practice act which is designed to protect the public by delineating the legal scope of nursing practice. Nurse practice acts and other laws governing health care practice provide the framework to evaluate practices which may be illegal. Each nurse is expected to care for clients within defined practice limits; any action beyond the designated limits may be interpreted as a violation of the nurse practice act and lead to allegations of illegal practice. Violations of nurse practice acts may also be construed as incompetent practice. (Guidelines, p.4)

The nurse practice act creates a state board of nursing which is authorized to administer and enforce the rules and regulations of the profession. Generally, a nurse practice act lists violations that can result in a disciplinary charge against a nurse. Depending on the nature of the violation, a nurse may also incur criminal and civil liability for illegal actions. (Loeb, p.4) Nurses need to be familiar with state nurse practice acts and know when it is obligatory and proper to report violations to the state board of nursing. Also, the legal parameters of nursing practice are controlled in some instances by federal laws which set out medicare standards for nursing homes and other facilities.(Guidelines, p.4)

ANA Supports SNA Actions to include:

SNA collaboration with SNA structural units to develop a position statement which will identify mechanisms to support nurses' abilities to exercise their right to accept or reject an assignment through concerted activity as protected by the NLRA and through their Nurse Practice Acts. A position statement will provide the framework for decision-making about work assignments for all registered nurses, regardless of their positions within an organization. In developing these statements each SNA must recognize the uniqueness of their individual state practice acts, other state statutes governing employment, judicial and administrative decisions. Any statement developed by an SNA should be reviewed by SNA legal counsel.

The development of nursing considerations regarding staffing which must include the likelihood of discipline by employers as a consequence of refusal. Acceptance of an assignment, however, need not be without question.

SNAs are encouraged to develop an ADO form to document unexpected or inadequate staffing. SNAs also should develop appropriate follow-up measures for nurses to take after filing the ADO form in order to fully document the extent of the nurse's protest. An SNA that distributes an ADO form must be prepared to review and act on information from these forms. Data about quality issues and facts related to risk in patient care because of substitution of registered nurses by others or understaffing of registered nurses have been hard for the SNAs to compile. With the ADO forms the SNAs can gather the anecdotal information to report to the public as well as the proper authorities.
**Conclusion**
Professional nurses are accountable for nursing judgments and actions regardless of the personal consequences. Providing safe nursing care to the patient is the ultimate objective of the professional nurse and the health care facility.

**References**

Effective Date: July 2, 1995
Status: New Position Statement
Originated by: Congress on Nursing Economics
Adopted by: ANA Board of Directors