

Duty to Provide Care

Practice Direction

College of Licensed
Practical Nurses of Manitoba
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Practice directions assist practical nurses in understanding their responsibilities and legal obligations, enabling them to make safe and ethical decisions within their practice. Practical nurses are expected to comply with the information disseminated in practice directions. Failure to do so may result in investigation for misconduct and/or an audit of the nurse's practice.

Purpose

The purpose of this practice direction is to provide nurses, employers, and the public with information regarding the professional duty to provide care once a therapeutic nurse-client relationship has been established.

Duty to Provide Care

In accordance with the CLPNM's Standards of Practice and Conduct, and Code of Ethics, nurses have a duty to provide compassionate, safe, ethical and competent nursing care to their clients.¹ Once a therapeutic nurse-client relationship has been established, the nurse must ensure that the client's needs are first and foremost and that the relationship is both professional and therapeutic.

Duty to Provide Care Principles

Nurses may find themselves in conflicting situations where they are torn between the principles of beneficence (to do good) and non-maleficence (to do no harm). Ultimately, these basic principles of bioethics define the moral duty of each nurse in Manitoba and help set the professional standards for the profession.

The ethical component of the duty to provide care lies in CLPNM's Code of Ethics (2014), which states that the LPN will practise with a

people-centred approach providing compassionate, safe, ethical, and competent care while ensuring professionalism, integrity, and accountability.

There are circumstances in which the nurse may be faced with a conflict between his or her duty to provide care and another competing interest. Nurses are expected to recognize, assess, and manage circumstances (both professional and personal) that may have an impact on their duty to provide care.

Nurses must not abandon their clients, nor terminate the therapeutic nurse-client relationship before a transfer of care occurs. Doing so is considered professional misconduct and the nurse is accountable for any impact these actions might have on their clients.

Managing the Duty to Provide Care

When the nurse feels that his or her ability to provide safe, competent and ethical care is compromised as a result of:

- lack of resources,
- unreasonable employment expectations,
- lack of individual competence, or
- a conscientious objection (e.g., moral, or religious objection),

¹ The client is the person with whom the nurse is engaged in a professional therapeutic relationship. Depending on

the context, the client may also be a family, group/aggregate, community, or population.

the nurse is expected to notify the employer to seek resolution. A nurse working in self-employed practice who encounters similar circumstances is expected to advise the client and, if necessary, refer the client to another qualified health care professional. In all nursing roles, the nurse is expected to continue to provide safe, ethical, and competent care to the best of the nurse's ability under the circumstances while the situation is being resolved and/or a replacement is being identified.

A nurse may also experience a dilemma in meeting their duty to provide care if the employer proposes extended hours of work beyond the nurse's scheduled shift. The decision to decline extra hours must be based on an assessment of the following:

- individual ability to practise safely and competently,
- availability of a qualified replacement to provide client care, and
- the risk to the client's health and well-being if the nurse does not extend his or her shift.

If the nurse is fit to work the extended hours, he or she may collaborate with the employer to agree upon reasonable limits to the number of extended hours, or to modify the duties required during that shift. This might include modifying the client assignment, reassigning certain tasks, and/or reprioritizing the delivery of client care. Ultimately, if the nurse is fit and able to work the extended hours, a replacement cannot be found, and the client's health and well-being would be at risk if the shift were not extended, the nurse is expected to remain for the extended hours.

It is important to note that the nurse is never obligated to place him or herself in a situation where meeting the duty to provide care would result in serious and immediate personal danger. In those situations, the nurse is

expected to know and follow the applicable policies and procedures of the workplace.

[A Shared Responsibility](#)

Employers and nurses share responsibility for providing safe and competent care to the public. Employers are encouraged to ensure that there are clear policies in place and to provide the resources and supports that nurses require to meet their professional standards.

Nurses are required to familiarize themselves with their professional standards and expectations respecting the duty to provide care and to assess and manage any situation that could impact their ability to act upon that duty.

[For More Information](#)

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[About the CLPNM](#)

The CLPNM is the governing body for the licensed practical nursing profession in Manitoba. Mandated to govern its members in a manner that serves and protects the public interest, the CLPNM establishes practice requirements for the provision of safe and effective nursing care.

[References](#)

British Columbia College of Nurses and Midwives. *Practice Standard: Duty to Provide Care*

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Government of Manitoba (2001). *The Licensed Practical Nurses Act of Manitoba*