

ADVISORY
OPINION

OPINION: Patient Abandonment
ADOPTED: 3/1994
REVISED: 11/95, 4/11, 3/17, 7/18,
12/19
REAFFIRMED: 5/00, 7/01, 2/21, 5/22

This Nebraska Board of Nursing advisory opinion is issued in accordance with the Nebraska Nurse Practice Act, Neb. Rev. Stat. 38-2216 (2). As such, this advisory opinion is for informational purposes only and is non-binding. The advisory opinions define acts, which in the opinion of the board, are or are not permitted in the practice of nursing.

Patient Abandonment

Patient abandonment must be defined and differentiated from *employer* abandonment. *Patient* abandonment is “a unilateral severance of the **established** nurse-patient relationship without giving reasonable notice to the appropriate person so that arrangements can be made for continuation of nursing care by others” (American Nurses Association [ANA], 2009).

Patients under the care of a nurse are vulnerable by virtue of illness, injury, and/or the dependent nature and unequal power base of the nurse-patient relationship. The distinction between a nurse leaving employment versus a nurse violating a duty to a patient through leaving an assignment is often confused. The first is an employment issue; the other is potentially a licensure issue...the focus for disciplinary sanctions is on the relationship and responsibility of the nurse to the patient, not to the employer or employment setting (Texas Board of Nursing, 2016).

For *patient* abandonment to occur, the nurse must:

1. Have first **ACCEPTED** a patient assignment and/or agreed to provide care, thus establishing a nurse-patient relationship, **AND** then
2. **DISENGAGED** from the nurse-patient relationship without giving reasonable notice and information about the patient(s) to a qualified person. A qualified person is another nurse, supervisor/manager or other health care professional that can continue the care or make arrangements for others to continue the care.

Refusal to accept an assignment or engage in a nurse-patient relationship that puts the patient(s) or the nurse at serious risk for harm does not constitute patient abandonment (ANA, 2009).

Patient abandonment includes, but is not limited to:

1. Leaving a nursing unit or patient care setting without notice and report to a qualified person.
2. Leaving a facility or work place if the nurse is the only nurse on duty at the level of licensure that is required by employer policy or other laws regulating facility licensure to be present.
3. Failure to report for an assignment where the nurse is the sole provider of care (e.g., private duty/home health/hospice care) without notice to a qualified person.
4. Terminating a contractual or other relationship in which the nurse is the primary or sole provider of care without notice to the patient and/or other person(s) acting on behalf of the patient to make other arrangements.

Employer abandonment occurs when a nurse fails to give reasonable notice to an employer of her or his intent to terminate an employer-employee relationship or contract. The following are examples of **employer** abandonment:

1. The nurse fails to notify an employer and does not appear for scheduled work hours.
2. The nurse completes assigned work hours and then notifies the employer that the employment relationship is being ended immediately.
3. The nurse fails to return for scheduled work hours following a scheduled leave of absence.
4. The nurse resigns and fails to provide the amount of notice required by employer policy.

The Board of Nursing has no jurisdiction over employer abandonment or other employment-related issues. Both individual nursing leaders and nurses in patient care roles are accountable for providing safe nursing care and may be subject to disciplinary recommendations by the Board when patients are placed at risk. During periods of time where insufficient numbers of qualified staff are available, it is essential that nurse managers and staff work together to achieve adequate staffing. Employers and nurses as employees share responsibility for effective communication regarding staffing and other employment policies.

Employers cannot use threats of action against licensure as a means of intimidation to coerce the acceptance of additional work hours or patient assignments by the nurse. A supervisor or employer may

file a complaint against a nurse to the Department of Health and Human Services, but they have no authority to take any type of disciplinary action against licensure. Complaints are reviewed on an individual basis. In order for a nurse to be disciplined and potential action taken against licensure, s/he must undergo the disciplinary process defined in statute including review and recommendation by the Board.

In practice settings where patients may be dismissed, the Board recommends policies and procedures that includes patient behaviors or circumstances that may result in termination of nursing services; expectations regarding attempted resolution and communication with the patient and/or other person(s) acting on behalf of the patient; and, nursing documentation for the preceding.

References:

American Nurses Association. (2009). *Patient safety: Rights of Registered Nurses when considering a patient assignment*. (Position Statement). Retrieved from https://www.nursingworld.org/globalassets/practiceandpolicy/nursing-excellence/official-position-statements-media---secured/rights_of_rns_consider_assign_rev2009.pdf .

Texas Board of Nursing. (2016). *Board rules associated with alleged patient abandonment*. Retrieved from https://www.bon.texas.gov/practice_bon_position_statements_content.asp#15.6.