

Accepting an Assignment

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Provider Statement – The North Carolina Board of Nursing will offer 1 contact hour for this continuing nursing education activity.

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Learning Outcome: Nurses that complete the article will gain an increase in knowledge of the nursing Administrative Code practice setting variables for accepting an assignment.

EARN CE CREDIT

INSTRUCTIONS

Read the article, online reference documents (if applicable), and the Reflective Questions.

EARN CONTACT HOUR CERTIFICATE

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Registration deadline is July 1, 2024.



“What?!! I’m being floated to another unit! I have never worked on that unit!”

Have you heard those words spoken at the beginning of a shift? Was it from a colleague? Have you experienced a similar situation?

The North Carolina Board of Nursing (NCBON) receives frequent inquiries from nurses on the topic of safe staffing particularly that of accepting a nursing assignment. Often the nurse’s concerns focus on the safety of accepting an assignment and whether the assignment would pose potential issues for the nurse’s licensure status.

During the COVID-19 pandemic nursing administrators, directors, and managers (nurse leaders) faced unprecedented nurse staffing needs. The need for nurses post-COVID-19 continues to grow causing many healthcare facilities and agencies to struggle to ensure adequate staffing (Rocheffort, et al., 2020). To meet the nursing care delivery needs during periods of understaffing, nurse leaders may need to reassign nursing staff to client care areas different from those of the usual assigned units and client population. Nursing staff reassignment to an area different from the customary assigned unit or client population is referred to as floating and serves as a type of resource sharing to meet nurse staffing needs.

Another method used to address nurse staffing needs for unit or facility coverage for nursing care delivery, is the approval of extended work hours such as overtime or extra shifts. Times of short staffing, working extended work hours, or assignments to float to different practice areas may cause nurses to feel they are placed in positions of accepting assignments that may be unsafe or may not be qualified to perform. This often causes the nurse to feel stressed and anxious. Nurses may perceive that such situations require them to

decide between declining the assignment and risk job repercussions, or practice in situations that may jeopardize their nursing license status.

To better equip nurses for determining whether they can safely perform an assignment, an awareness of the practice setting variables, strategies for negotiation, and how to decline an assignment is needed. During times of nurse staffing challenges, it is essential that nurses and nurse leaders work together to provide safe nursing care for all clients in a manner consistent with the North Carolina (NC) Nursing Practice Act (NPA) and NC Administrative Code-Rules Title 21, Chapter 36 (Rules). Nurses and nurse leaders share accountability and responsibility to ensure the provision of safe competent nursing care.

“...it is essential that nurses and nurse leaders work together to provide safe nursing care for all clients...”

Regulatory Requirements: NC NPA and NC Rules

All nurses, registered nurses (RN) and licensed practical nurses (LPN), practicing in NC are accountable for the provision of safe nursing care and compliance with the regulations set forth in the NPA and Rules. The NPA authorizes the NCBON to regulate nursing practice in NC. The mission of the NCBON is to protect the public by regulating the practice of nursing (NCBON, 2022b). The regulation of nursing practice helps to assure minimum standards for nursing practice and safe competent nurses (Russell, 2017).

Nurses are required to know and adhere to the NPA and Rules, all federal and state laws and rules, and agency policies. The NPA and



Rules establish lawful assignments and provide nurses the right to accept or refuse an assignment. Nursing law and rules mandate that nurses accept only those assignments in which the nurse can safely and competently perform. The individual nurse is responsible for ensuring that they are safe and competent to accept the assignment and that the assignment aligns with their personal and professional values (NCBON, 2022a).

Components of Nursing Practice for the Registered Nurse (COP RN) (North Carolina Administrative Code [NCAC] Title 21 36.0224, 2019) section (a) and Components of Nursing Practice for the Licensed Practical Nurse (COP LPN) (NCAC Title 21 36.0225, 2019) section (a) provide practice setting variables for the nurse to consider when determining whether they can safely perform client care activities and accept an assignment. Pause for a moment to read section (a) for each of these Rules:

[NCAC Title 21 36.0224 \(a\)](#)

[NCAC Title 21 36.0225 \(a\)](#)

Nurse leaders are responsible for the management and administration of nursing services. These responsibilities include:

- maintaining continuous availability for direct participation in nursing care as indicated by the client status,
- assessing the capabilities and qualifications of licensed and unlicensed personnel,
- assigning nursing care functions to qualified licensed and unlicensed personnel,
- retaining accountability for assigned and delegated nursing care given by all personnel,
- planning the nursing care delivery system for the agency/facility,
- managing licensed and unlicensed personnel to ensure the appropriate

- allocation of human resources to promote safe and effective nursing care,
- developing and implementing policies and procedures for the delivery of safe and effective nursing care,
- providing educational opportunities related to the expected nursing performance, and
- defining levels of accountability for nursing services (NCAC Title 21 36.0224, 2019).



Staffing challenges may vary depending upon the practice setting. Several noted challenges encountered by nurses include short staffing, working extended hours, floating to unfamiliar units/areas, and concerns of abandonment. Decisions regarding these staffing challenges are based on complex variables that include the practice setting, client population, nursing care delivery model, geographic design of the facility, client acuity, and capabilities of nursing personnel. Section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019) provide variables to guide the nurse in decision making for accepting an assignment. These variables also serve as a guide for making assignments to other nurses.

Accepting an Assignment

The issuance of a nursing license by the NCBON requires the nurse to accept responsibilities and accountability for their



individual nursing actions and to practice nursing safely and competently in accordance with the level of licensure (NCAC Title 21 36.0224, 2019) (k) for RNs and (NCAC Title 21 36.0225, 2019) (i) for the LPN. Accepting an assignment is a formal agreement in which the nurse acknowledges and accepts responsibility for the care of the client or group of clients. The nurse's decision to accept the assignment is based on legal, ethical, and professional responsibility for individual nursing actions, competence, and behavior. Prior to the nurse accepting an assignment for client care, a type of handoff report should occur from one nurse to the next nurse. The handoff report serves as a transfer of client care information and responsibility. Once the nurse accepts responsibility and assumes the assignment for the client(s), the nurse has a regulatory and ethical responsibility to provide safe client care in accordance with the NPA, Rules, and other state and federal laws, rules, and regulations including the agency's policies and procedures.

At times, the nurse may consider an assignment to be unsafe due to lack of qualified staff, high client acuity, inadequate number of staff, or the nurse may not feel qualified or competent to perform the nursing care delivery needs of the client(s). The NPA and Rules permit the nurse the right to refuse an assignment that is not within the nurse's legal scope of practice. The NPA and Rules also permit the nurse the right to refuse an assignment in which the nurse cannot safely and competently perform the required client care activities. Although the nurse has the right to decline an assignment; declining an assignment may create conflict between the nurse and nurse leader. Depending upon the employer's policies, declining an assignment may result in employment consequences and actions. It is important to recognize that the

NCBON has authority over the nurse's licensure and practice. The NCBON does not have authority over employers, agencies, or facilities and cannot address matters related to employment consequences/actions. In situations of declining an assignment, the NCBON encourages the nurse and nurse leader to work collaboratively to negotiate an assignment that would provide safe competent nursing care.

Staffing Challenges and Strategies

Although some nurses have not experienced situations involving concerns for an unsafe assignment or an assignment in which the care could not be safely performed, the NPA and Rules mandate that all nurses know and understand their legal scope of practice. It is required that nurses are cognizant of the practice setting variables provided in COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019) sections (a) for determining whether they can safely perform and accept the assignment. In addition, nurses need to gain an awareness of strategies that could be used when negotiating or declining an assignment.

Solutions for questions and concerns regarding staffing challenges related to floating to other units, short staffing, and working extended hours are often complex and do not have a one size fits all approach. To address the questions and concerns, it is crucial that the nursing staff and nurse leadership communicate effectively to assure client safety. As previously mentioned, when accepting an assignment, the nurse accepts accountability and responsibility for the provision of competent and safe nursing care. Nurses are accountable and responsible for their own actions and decisions (NCAC Title 21 36.0120, 2019). Rather than assume to know what the responsibilities are for the assignment,



it is prudent for the nurse to clarify the expectations of the assignment. The clarification includes utilizing the strategy of asking questions and seeking information about the assignment to assure the provision of safe care.

Each assignment situation requires the nurse to carefully consider the variables provided in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019). Section (a) variables are provided in the table below.

Practice Setting Variables

Components of Nursing Practice for the Registered Nurse 21 NCAC 36.0224 (a)	Components of Nursing Practice for the Licensed Practical Nurse 21 NCAC 36.0225 (a)
Nurse's education, knowledge, skills, and practice	Nurse's education, knowledge, skills, and practice
Complexity and frequency of nursing care needed	Degree of RN supervision
Proximity of clients to personnel	Stability of the client's clinical condition
Qualifications and number of staff	Complexity and frequency of nursing care needed
Accessible resources	Accessible resources
Established policies, procedures, practices, and channels of communication that support nursing services	Established policies, procedures, practices, and channels of communication that support nursing services

In reviewing one's own qualifications, the nurse should have a thorough understanding of their individual competencies and skills. A critical component of negotiations for an assignment is the ability to effectively communicate one's individual level of competencies or lack of competencies to nurse leaders. In alignment with competency, consideration should be given to the complexity and frequency of client nursing care needs rather than focusing solely on the number of assigned clients. The NCBON often receives questions about the requirements for nurse patient ratios. The NPA and Rules do not mandate or establish a nurse patient ratio. Nor does the NCBON have jurisdiction over employment and workplace issues (North Carolina Nursing Practice Act, 1981/2019). The number of clients for whom the nurse can provide safe, competent, and quality care is dependent upon multiple factors.

For each assignment, nurses should self-assess and evaluate whether the knowledge, skills, and experience they possess match the nursing care needs of the client. If a gap in knowledge and/or skills is identified, the nurse should seek additional training and education. Proximity of clients to personnel is another important variable to consider when accepting an assignment. The proximity of clients to nursing personnel and the ability to provide safe care includes careful consideration for situations in which the nurse may have client assignments on different units, floors, or buildings within the agency. For this reason, the nurse should be familiar with the geographical layout of the unit and agency.

The LPN scope of practice requires consideration of the degree of RN supervision available for the LPN implementation of the nursing care. The LPN scope of practice always requires supervision by an RN, physician, dentist, or other person authorized by State law



to provide the supervision. Another variable for consideration by the LPN is the stability of the client's condition. Stability refers to the predictability and rate of change of the client's condition. The less stable or more unpredictable the client's condition, the greater the requirement for close RN supervision of the LPN performance of client care tasks.

Complexity of nursing task is another variable for consideration for the LPN scope of practice. The performance of complex task by the LPN requires close supervision by the RN or other licensed person authorized by law to provide the supervision.

"Clear communications between the nurse and nurse leader are essential.."

After careful review of the variables in section (a) of COP RN (NCAC Title 21 36.0224, 2019) or COP LPN (NCAC Title 21 36.0225, 2019), the nurse may determine that they can safely and competently perform the nursing care needed and would proceed with accepting the assignment. Conversely, after considering the variables the nurse may have concerns about accepting the assignment. The nurse that has concerns about the assignment must notify the nurse leader or appropriate chain of command as indicated in agency's policies and clearly communicate the concerns. Clear communications between the nurse and nurse leader are essential. For clarity in expressing concerns for the assignment and client safety, it would be helpful for the nurse to use the framework of the variables in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019).

After careful consideration, if the nurse's decision is to decline the assignment, it would be helpful for the nurse to collaborate with the nurse leader regarding options for the provision

of safe client care. The NCBON encourages nurses and nurse leaders to engage in negotiations for appropriate assignments. Negotiations between the nurse and nurse leader is encouraged to be collaborative to explore solutions for assuring a safe assignment and to meet the nursing care needs of the client.

Challenging Staffing Situations: Negotiations and Strategies

Staffing assignment concerns are often complex and do not have a single solution or response. While there may be similarities among various assignment concerns, there does not appear to be a simple solution. The information provided in this article serves as a guide for the nurse in determining whether they can safely perform the assignment and if not, strategies for negotiating a safe assignment. Provided in this section are three challenging staff assignment scenarios. As you read each of the staff assignment scenarios consider the decision-making process using the variables provided in section (a) of COP RN (NCAC Title 21 36.0224, 2019) or section (a) of COP LPN (NCAC Title 21 36.0255, 2019) to determine whether the nurse can safely perform the responsibilities and accept the assignment.

Floating or Reassignment

Floating or reassignment to a work area different from the nurse's usual assignment or home unit may present opportunities and challenges for the nurse. The opportunities provided by floating may enable the nurse to acquire new skills, enhance existing skills, and gain additional experience. The challenges presented when floating to an unfamiliar unit or client population depend upon the nurse's qualifications and care needs of the clients. It is important to recognize that orientation and on-the-job training for nurses working in unfamiliar units or areas is essential to



promote the delivery of safe competent care (North Carolina Board of Nursing & North Carolina Division of Health Services Regulation, n.d.).

Case Scenario #1: Floating or Reassignment to Unfamiliar Units

Jesse RN works on a cardiac stepdown unit on the 11 pm – 7 am shift. Upon arrival to the unit to work his regularly scheduled shift, he was informed that he was being floated to a pediatric oncology unit. Jesse expressed his concerns about lack of experience with pediatrics and oncology clients to the nurse supervisor. The nurse supervisor advised that he would be performing general nursing care but did not provide specific information about the care responsibilities.



What should Jesse do?

Jesse should first consider the practice setting variables in COP RN (NCAC Title 21 36.0224, 2019) (a) for accepting an assignment beginning with his own qualification, knowledge, skills, and experience. Recognizing one's own strengths and limitations is crucial in determining competence. When the nurse does not possess the knowledge, skills, and capability to safely provide care for the client(s), the nurse should clearly articulate their limitation to the nurse leader. If a discrepancy is identified between the nurse's abilities and the expectation for the provision of safe nursing care, the nurse may need to consider negotiating for different options for the assignment or declining the assignment. In situations in which the nurse may have a discrepancy between their knowledge and

skills to safely provide care, strategies in which the nurse may use for negotiating the assignment include a request for:

- additional education and training such as an on-the-job in-service or formal education session depending upon the identified gap in knowledge or skill,
- training for new or different equipment, technology, and modes of care delivery,
- a different assignment, or
- a modified work assignment in which the nurse would provide only certain aspects of the care for which they are competent to perform such as performing vital signs, assessments, medication administration, wound care, and other activities.

Other strategies to address concerns related to floating or reassignment to unfamiliar units may include:

- **Mentor:** Request a mentor or resource person.
- **Unit Tour:** Request a tour of the unit and the location of equipment and supplies. This better enables the nurse to be organized and focused on client care rather than spending unnecessary time trying to locate equipment and supplies.
- **Unit Policies:** Seek guidance on the location of the unit's policies and procedures along with an overview of key components.
- **Care Activities and Competencies:** Carefully identify the similarities between the type of care activities and competences the nurse performs in their home unit to those in the unfamiliar unit. Often there are similarities in core competencies such as inserting intravenous catheters, wound care, physical assessment, and other activities. This better enables the nurse to perform



the similar competencies and skills in the unfamiliar unit. Discuss the competencies with the charge nurse or team leader in the unfamiliar unit to assist with assigning an appropriate client level of nursing care to the float nurse.

- **Unit Routines:** Seek information about unit routines such as frequency of charting, assessments, and other activities.
- **Meet the Staff:** If time allows, meet the staff that are also working on the unit. This provides opportunity to establish a cohesive approach to the team.

Nursing assignments often include the administration of medications. Nurses are responsible for competently administering medications (NCAC Title 21 36.0221, 2019). It is prudent for the nurse to obtain information about unfamiliar medications prior to administration. The agency's medication reference documents and pharmacy services may be helpful resources for acquiring information about medication pharmacodynamics, pharmacokinetics, and administration. Although these steps may take longer for the administration of unfamiliar medications, safe medication administration is at the forefront of nursing care.

Short Staffing

Short staffing occurs when the nurse comes on duty and finds there is not an adequate number of nurses, mix of nurses and unlicensed assistive personnel, or mix of experienced and inexperienced nurses to meet the nursing care needs of the clients. Short staffing poses challenges for both nurses and nurse leaders. During times of short staffing, nurses need an understanding of the practice setting variables provided in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and section (a) of COP LPN (NCAC Title 21 36.0225, 2019) for determining whether they can safely accept

the assignment.

Case Scenario #2: Short Staffing

Kendra RN works on the neurological step-down unit at the local hospital. Upon reporting for duty, she discovers that two RNs scheduled for her shift called in sick for work. Replacement nurses were not obtained therefore leaving the unit shift short staffed. The usual client assignment per nurse is 6:1. Due to the shortage of two RNs, this placed the nurse client assignment at 10:1.

What should Kendra do?



Kendra should review the practice setting variables provided in Component of Nursing Practice for the Registered Nurse (NCAC Title 21 36.0224, 2019) section (a) and the guidance previously discussed. In situations in which the nurse may think staffing to be inadequate to provide safe care, the nurse should notify the immediate nurse supervisor. This notification serves to inform the supervisor of the situation and to request assistance in planning for the nursing care needs based on the available resources. Potential options that Kendra RN could use for negotiation for assistance with short staffing include:

- obtain additional staff or a different mix of staff. Revision of the nursing care assignments may include the utilization of float nurses, LPNs, and/or additional nursing assistants as appropriate.
- request periodic or episodic assistance in performing specific care activities or during times of busy routine nursing care such as assessments, medication administration, or treatments. The nurse



supervisor or a nurse from a different unit of the agency that is familiar with the client population, treatments, medications, or care activities could assist with providing periodic nursing care.

During times of short staffing and limited resources, client care activities may need prioritization to assure the provision of crucial care activities during the shift. The nurse must implement the following care activities regardless of staffing levels are:

- medication administration;
- medical treatment regimens;
- monitoring and evaluating client response to treatments, interventions, and medications;
- communications of pertinent client healthcare information to appropriate providers and staff;
- accurate documentation of client assessment and care provided; and
- assuring client safety (NCBON, 2019).

Working Extended Work Hours

Employers sometimes ask nurses to work overtime or extended shifts to provide nursing coverage for the unit, clients, or facility. Working extended work hours, whether mandatory or voluntary, may pose challenges for assuring client safety. At times, such request may place nurses in situations that create a conflict between the nurse's decision to accept the assignment and their own personal obligations. Nurses often express concern that refusing to work mandatory or requested overtime may result in employment actions such as poor performance evaluations or discipline.

The NPA and Rules do not specify a set number of hours a nurse can work during a shift or other period. Nor does the NCBON have authority over employer-employee actions.

For client safety, the nurse and nurse leader should carefully consider the number of hours worked and the utilization of extended work hours. Literature indicates that cumulatively working overtime hours may lead to nurse fatigue and sleep deprivation. Fatigue and sleep deprivation may in turn result in a higher incident of practice errors and impaired judgement and decision making (Bae & Fabry, 2014; Wheatly, 2017). Cumulative work hours may be a combination of extended work hours or multiple work commitments including the actual hours worked in addition to "on-call" assignments (NCBON, 2019). Based on existing evidence, the nurse and nurse leader should exercise caution whenever an assignment is expected to exceed 12 hours in a 24-hour period or 60 hours within a seven-day period (Geiger-Brown et al., 2011; Lobo et al., 2015; NCBON, 2019). This would include the nurse that may work more than one job. The nurse is responsible for careful self-evaluation of competence and the total number of hours worked.

Case Scenario #3: Working Extended Work Hours

Jackie LPN works in a long-term care skilled facility. Thirty minutes prior to the end of her shift, the assistant director of nursing (ADON) informed her that she will need to work the next shift because there is not a nurse to replace her. The oncoming nurse called in sick. Jackie LPN is concerned because this would place her in a position of working two eight-hour shifts within a 24-hour period.

What variables should Jackie consider before accepting the assignment?

In addition to the variables in section (a) of COP LPN (NCAC 36.0225, 2019) and the guidance previously provided, Jackie LPN would need to give special consideration to her self-assessment of fitness for duty and level of



competence. Jackie LPN's self-assessment should include an evaluation of her level of fatigue and the impact her fatigue may have on her ability to provide safe competent nursing care. Every nurse has a duty to recognize when they are not competent or fit to accept an assignment due to physical, mental, and/or emotional fatigue or illness. It is important to recognize that nursing judgment and the provision of safe nursing care may be impaired due to illness, fatigue, or emotional/mental circumstances.

Case Scenario #3: Working Extended Work Hours Continued

Jackie LPN determines that she cannot safely accept the assignment to work the additional eight-hour shift. She recognizes that working the additional eight-hour shift not only places her in a position to work a total of 16 hours consecutively, but the schedule indicates that she is to report back for duty the next morning for the 7:00 am to 3:00 pm shift. She decides that it would not be safe for her to accept responsibility for the additional eight-hour shift. However, she makes the determination that there may be several options that could be negotiated to provide safe competent nursing care.

What are some options that Jackie LPN could negotiate to assist with the delivery of safe nursing care?

Jackie LPN should communicate her concerns to the nurse leader. The nurse leader is responsible for providing a nurse that would accept report and assume client care responsibilities from Jackie LPN (NCBON, 2019). Some potential options that may be negotiated to assist with the delivery of nursing care are:

- Jackie LPN offers to remain on duty for the first few hour(s) or partial shift. This would permit the ADON an opportunity to locate another nurse to work the

remainder of the shift.

- The ADON could request the nurse scheduled for 11:00 pm – 7:00 am shift to come to work early to assist with coverage of the 3:00 pm – 11:00 pm shift.
- Jackie LPN determines that she could competently and safely accept the assignment and would offer to work the additional eight-hour shift provided her schedule is revised to have off work the 7:00 am – 3:00 pm shift scheduled for the next day.

It is important to recognize that if a replacement nurse cannot be obtained, the nurse leader would be responsible for providing the nursing care coverage (NCBON, 2019).

Declining an Assignment and Abandonment

Nursing law provides nurses the right to accept or refuse assignments. It is the individual nurse's responsibility to ensure that they are safe and competent to accept an assignment (NCBON, 2022a). After careful consideration of the variables in section (a) of COP RN (NCAC Title 21 36.0224, 2019) and COP LPN (NCAC Title 21 36.0225, 2019) along with the other guidance provided, the nurse that determines they cannot safely perform the nursing care should decline accepting the assignment. Refusing an assignment often creates anxiety for nurses and fear of employment actions such as discipline or termination. Employers may sometimes consider the refusal to accept an assignment as abandonment of client care and threaten to report the nurse to the NCBON. The focus of the NPA and Rules for abandonment is on the relationship and responsibility of the nurse to the client rather than to the employer or employment settings (NCBON, 2019). Once the nurse has accepted the assignment, they remain accountable and responsible for the care of the client until they provide handoff of the care responsibilities to another qualified



nurse or approved caregiver. Abandonment occurs once the nurse comes on duty and accepts the assignment for that shift but leaves or abandons the client in need of nursing care without arranging for the continuation of an equivalent level of care and prior to the completion of the agreed upon shift.

The NPA and Rules permit the nurse the right to refuse an assignment that is not within the legal scope of practice or cannot be safely and competently performed. Refusing to work an extra shift, partial shift, or overtime beyond the established and agreed upon schedule does not constitute client abandonment. Leaving at the end of the regular shift in which the nurse has appropriately notified their nursing leadership that they are leaving and provided handoff report on the client status and care to another nurse or authorized/approved caregiver, is not considered abandonment. It is not considered abandonment for the nurse to decline or refuse to accept an assignment. Nor is abandonment the refusal to work out a resignation notice or no call/no show for work

(NCBON, 2019).

Conclusion and Safe Nursing Care

Clients require and need safe, competent, and quality nursing care. Safe competent nursing care must be the priority of all nurses. The delivery of safe competent nursing care is a shared accountability and responsibility for nurses and nurse leaders. There may be times in which nurses need to advocate for their clients and themselves to assure the provision of safe nursing care. Knowledge and understanding of the practice setting variables for accepting an assignment enables the nurse to make appropriate assignment decisions. Appropriate assignments for the provision of safe nursing care requires effective communication between the nurse and nurse leader.

Additional Required Reading for this Article

- NCBON Position Statement: Accepting An Assignment
- NCBON Position Statement: Staffing and Patient/Client Safety
- NCBON Joint Statement on Nursing Work Environments

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WORD SEARCH

R I J P A T I E N T C V G I R
 N T A R O P E R A T I O N Q A
 E E V E S N O L I D C G D N I
 E M S S Q T Z O R E B L O O D
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 H A N B V X - R A Y C E E I P
 Y B I D S Q P X P O I T E S E

- OPERATION
- NEEDLE
- WARD
- BLOOD
- PATIENT
- PRESSURE
- TABLET
- RESPIRATION
- CARDIAC
- X-RAY
- OXYGEN
- SALINE
- BED
- TEMPERATURE
- PULSE
- DIAGNOSIS