



College Member

Notice of Censure

Allegation:

The complaint alleged that the member was part of a prank played on other members of the health-care team. The prank involved putting a fake substance that looked like a bodily fluid in a particular patient's washroom.

Findings:

During a shift as a registered nurse, the member was approached by an unregulated health care provider who notified the member of a joke to be played on another member of the staff.

The joke was graphic in nature and involved staging a patient's washroom with a fake substance that resembled a bodily fluid. Although the intended target of this joke was not a patient, the patient whose washroom was used in the joke experienced mental and emotional stress because of it.

The member acknowledged that she did not intervene and did not consider the potential outcomes, in particular the potential impact on the patient. The member acknowledged that she displayed a lack of insight and judgment regarding this situation.

The Investigation Committee's position is the member ought to have known she had a professional and ethical responsibility to have intervened and provide the leadership expected of a reasonable and prudent registered nurse.

The Investigation Committee is reasonably satisfied that the facts support the member did not meet the following *Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses*:

Standard 1: Client-Centered Practice

Registered nurses are professionals, responsible and accountable in their practice to deliver client-centered care to the public. Indicators:

- 1) You identify that the client's needs, language, health literacy, abilities and culture are the focus of client-centered care.
- 2) You communicate and share the nursing perspective with the client, other professionals and the public and integrate it into team-based client-centered care.

Standard 2: Professional Practice

Registered nurses are accountable and responsible for nursing practice that is informed by evidence and demonstrates competence. Indicator:

- 13) You demonstrate professional behaviours, attributes and values and act as a mentor, coach, preceptor and resource to students, nursing colleagues and other members of the health-care team.

Standard 3: Professional Relationships

Registered nurses establish and maintain professional relationships with clients and team members in order to promote leadership, collaborate and deliver safe health-care services. Indicator:

- 20) You promote a practice environment that supports responsibility, professional development and a respectful attitude when working with others.

Standard 4: Ethical Practice

Registered nurses recognize, promote and uphold the ethical standards of the nursing profession. Indicators:

- 23) You practice in accordance with the values outlined in the *Code of Ethics*.
- 26) You establish and maintain appropriate therapeutic nurse-client relationships.

Code of Ethics:

Part 1: Nursing Values and Ethical Responsibilities

A. Providing Safe, Compassionate, Competent and Ethical Care:

Nurses provide safe, compassionate, competent and ethical care. Ethical responsibilities:

- 1) Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care as well as with families, communities, groups, populations and other members of the health care team.
- 2) Nurses engage in compassionate care through their speech and body language and through their efforts to understand and care about others' health-care needs.
- 4) Nurses question and intervene to address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care to those to whom they are providing care, and they support those who do the same.

C. Promoting and Respecting Informed Decision-Making

Nurses recognize, respect and promote a person's right to be informed and make decisions. Ethical responsibilities:

- 6) Nurses advocate for persons in their care if they believe that the health of those persons is being compromised by factors beyond their control, including the decision-making of others.

D. Preserving Dignity

Nurses recognize and respect the intrinsic worth of each person. Ethical responsibilities:

- 1) Nurses, in their professional capacity, relate to all persons with respect.
- 4) Nurses intervene, and report when necessary, when others fail to respect the dignity of a person receiving care, recognizing that to be silent and passive is to condone the behaviour.

E. Maintaining Privacy and Confidentiality

Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship. Ethical responsibilities:

- 5) When nurses engage in any form of communication, including verbal or electronic, involving a discussion of clinical cases, they ensure that their discussion of persons receiving care is respectful and does not identify those persons unless appropriate.

F. Promoting Justice

Nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good. Ethical responsibilities:

- 2) Nurses refrain from judging, labeling, demeaning, stigmatizing and humiliating behaviors toward persons receiving care, other health-care professionals and each other.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Decisions:

The investigation committee recorded its disapproval of the member's lack of professionalism in failing to adhere to the ethical values and standards of practice as required in the *Standards of Practice for Registered Nurses* and the *Code of Ethics for Registered Nurses*. The investigation committee ordered the member to pay costs of \$1,000.

Although the conduct was serious enough to warrant referral to the discipline committee, the investigation committee was mindful of the fact that the member did not have a disciplinary record.

Based on these facts, the investigation committee believed that a censure should be published to alert other registered nurses of the seriousness of failing to collaborate, communicate and problem solve with the health-care team.

The member attended an investigation committee meeting to receive the reading of the censure. The investigation committee advised the member that the only reason their name will not be published is to protect the anonymity of the patient.