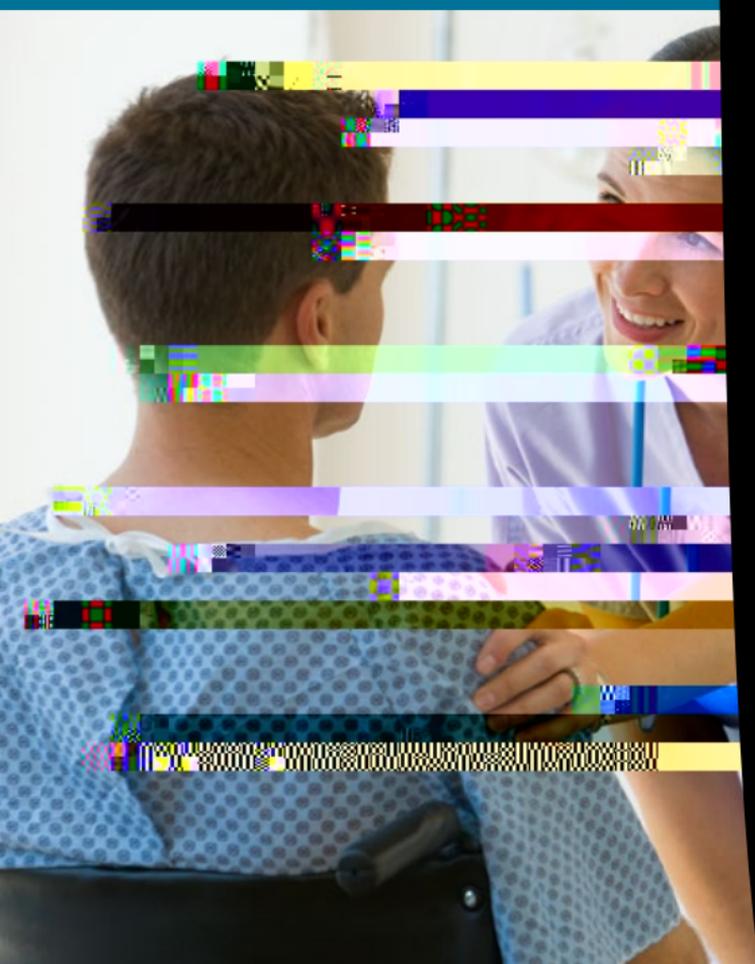


# A Nurse's Guide to **Professional Boundaries**



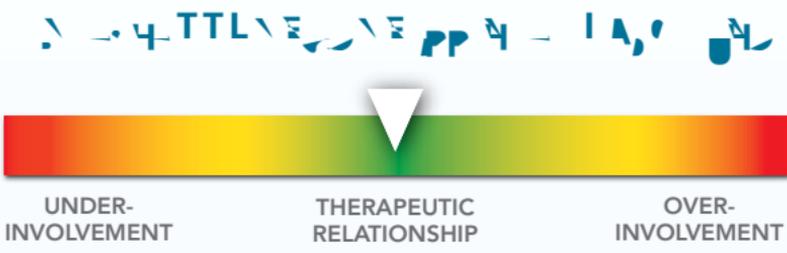


Year after year, nursing tops national polls of the most widely respected and trusted professions. The results of these polls reflect the special relationship and bond between nurses and those under their care. Patients expect nurses to act in their best interests and to respect their dignity. This means nurses don't benefit at the patient's expense or jeopardize therapeutic nurse-patient relationships.

To maintain that trust and practice in a manner consistent with professional standards, nurses should be knowledgeable regarding professional boundaries and work to establish and maintain those boundaries.

**A therapeutic relationship allows nurses to apply their professional knowledge, skills, abilities and experiences towards meeting the health needs of the patient.**

Professional sexual misconduct is an extreme form of boundary violation and includes any behavior that is seductive, sexually demeaning, harassing or reasonably interpreted as sexual by the patient. Professional sexual misconduct can be intentional, negligent, and criminal, illegal.



Example: A therapist who has a sexual relationship with a patient is in the 'OVER-INVOLVEMENT' category. A therapist who has a professional relationship with a patient is in the 'THERAPEUTIC RELATIONSHIP' category. A therapist who has a relationship with a patient that is not professional and not sexual is in the 'UNDER-INVOLVEMENT' category.

Even when a therapist's relationship with a patient can be considered a professional relationship, it is not automatically a professional relationship. Nurses can be held liable for a frame of reference of their behavior and consider if they are acting within the confines of the therapeutic relationship if they are not involved in the patient's care. Over-involvement includes boundary crossings, boundary violations and professional sexual misconduct. Under-involvement includes abandonment, dereliction and neglect, and can be detrimental to the patient and the nurse. There are no definite lines separating the therapeutic relationship from non-involvement or involvement; instead, it is a gradual transition.

The confusion may arise from a frame of reference of nurses in evaluating their own and their colleagues' professional relationships. For a given situation, the factors should be identified to determine whether the nurse is acting as a boundary crossing, crossed and facilitated. The nurse should be asked: What is the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the patient's best interests? Did it improve or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident a violation of the code of ethics?



## Is it considered sexual misconduct if a nurse wants to date or even marry a former patient?

The key word here is former. The following are important factors to consider when making this determination:

- What is the length of time between the relationship and dating?
- What kind of harm did the patient receive? Assessing a patient with a physical or mental problem, such as a broken limb, is different than providing long-term care for a chronic condition.
- What is the nature of the knowledge the nurse has had access to and how has it affected the relationship?
- Will the patient need harm in the future?
- Should we ask the patient?

## What if a nurse lives in a small community? Does this mean that they cannot provide care for neighbors or friends?

The difference between a caring relationship and an emotional relationship is sometimes difficult to discern. A nursing professional living and working in a small, rural community, for necessity, has business and social relationships with patients. In these instances, it is recommended that nurses do not acknowledge their dual relationship with patients and do not have sex when they are performing a professional activity.

The nurse must ensure the patient's care needs are met. When this is not possible, nurses should remove themselves from the situation to avoid the appearance of a conflict of interest.



### Do boundary violations always precede sexual misconduct?

Boundary violations are a common feature of many sexual relationships. Many are ambiguous and difficult to deal with. Boundary violations may lead to sexual misconduct. Some cases feature sexual misconduct, such as assault or rape, but may also involve, at the same time, a crime of sexual nature. Regardless of the matter, sexual misconduct is not a boundary violation, but a criminal behavior.

### Does patient consent make a sexual relationship acceptable?

If the patient consents, and even if the patient initiates the sexual conduct, a sexual relationship will be considered sexual misconduct for a health care professional. It is an abuse of the non-sexual relationship that the nurse needs to fix. It is also the responsibility of a health care professional to establish a clear boundary in consent and form consent.



Some behavioral indicators can also be subtle at first, but early warning signs that should raise a “red flag” can include:

**Signs of inappropriate behavior can be subtle at first, but early warning signs that should raise a “red flag” can include:**

- Discouraging in your image or personal appearance
- Engaging in behavior that is inappropriate or disrespectful
- Keeping secrets from you or others
- Believing that you are the only one who understands and can help the patient
- Sending messages that are unnecessary or inappropriate
- Seeking inappropriate relationships or involvement
- Showing favoritism
- Meeting a patient in settings besides the setting or in a direct care environment when not necessary

Patients can also demonstrate signs of involvement by asking questions about a particular nurse, seeking personal information. If you suspect, then these indicators are a red flag for a possible inappropriate relationship.

**What should a nurse do if confronted with possible boundary violations or sexual misconduct?**

The nurse needs to be prepared to deal with inappropriate behavior from a member of the healthcare team. Patients have the right to be safe. If a healthcare provider behaves in an ambiguous way, if the nurse is not sure if the patient is being sexually abused, the nurse should report the incident to the appropriate authority. Incidents should be handled confidentially in a timely manner. Nurses should be familiar with reporting procedures and the guidelines in their respective jurisdiction; they are expected to comply with the legal and ethical mandates for reporting.

## What are some of the nursing practice implications of professional boundaries?

Nurses need to practice in a manner consistent with professional standards. Nurses should be knowledgeable regarding professional boundaries and acknowledge and maintain these boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossing occurs. Nurses also need to be cognizant of the boundary implications when using social media to discuss patients, their families, or their employers. These issues are discussed in depth in NCSBN's brochure *An e' Get t' the Social Media*. Other resources about social media guidelines can be found at [ncsbn.org/boundaries](http://ncsbn.org/boundaries).



NCSBN offers a variety of resources explaining professional boundaries:

- The **Professional Boundaries in Nursing** guide, at [ncsbn.org/boundaries-guide](http://ncsbn.org/boundaries-guide), helps explain the common forms of professional behavior and the consequences of boundary crossings, boundary implications and professional responsibility. Internal and external factors that contribute to professional boundary issues, including social media, are explored.
- The **Understanding the Standard: Professional Accountability in Nursing** online course is developed as a complimentary guide. The cost of the course is \$50. Unsubscribed for 12 months for the course, 4.5 continuing education credits are available. Register at [ncsbn.org](http://ncsbn.org)

## • ' , - T P , P . ' II , - F ,

- Be aware.
- Be cognizant of feelings and behavior.
- Be observant of the behavior of other professionals.
- Always act in the best interest of the patient.

