

A Nurse's Guide to Professional Boundaries



NCSBN

National Council of State Boards of Nursing

A nurse must understand
and apply the
following concepts of
professional boundaries.

A Nurse's Guide to Professional Boundaries

As health care professionals, nurses strive to inspire confidence in their patients and their families, treat all patients and other health care providers professionally, and promote patients' independence. Patients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the patient's expense and refrains from inappropriate involvement in the patient's personal relationships.

Professional boundaries are the spaces between the nurse's power and the patient's vulnerability.

The power of the nurse comes from the professional position, the access to private knowledge about the patient and the patient's need for care. Establishing boundaries allows the nurse to control this power differential and allows for a safe interaction to best meet the patient's needs.

Boundary crossings are brief excursions across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient.

Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse for potential patient consequences and implications. Repeated boundary crossings should be avoided.

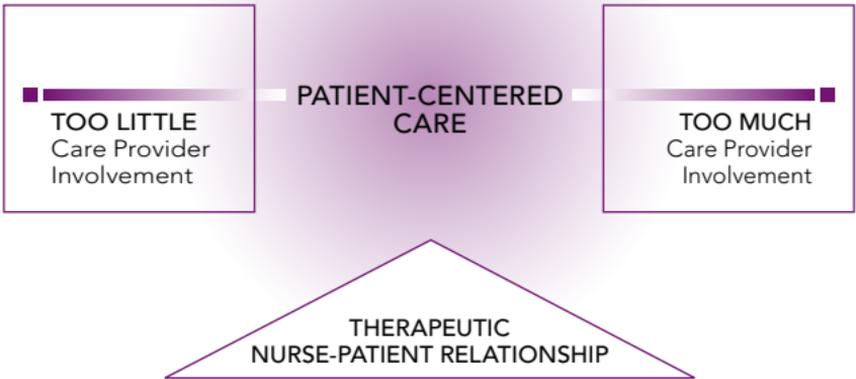
Boundary violations can result when there is confusion between the needs of the nurse and those of the patient.

Such violations are characterized by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. Boundary violations can cause distress for the patient, which may not be recognized or felt by the patient until harmful consequences occur.

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 is an extremely serious violation of the nurse's professional responsibility to the patient. It is a breach of trust.

A CONTINUUM OF PROFESSIONAL BEHAVIOR



Every nurse-patient relationship can be plotted on the continuum of professional behavior illustrated above.

A zone of patient-centered care is in the center of the professional behavior continuum. This is where patient interactions should occur for effectiveness and patient safety. Over-involvement with a patient is on the right side of the continuum; this includes boundary crossings, boundary violations and professional sexual misconduct. Under-involvement lies on the left side; this includes distancing, disinterest and neglect, and can be detrimental to the patient and the nurse. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition or melding.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues' professional-patient interactions. For a given situation, the facts should be reviewed to determine whether or not the nurse was aware that a boundary crossing occurred and for what reason. The nurse should be asked: What was the intent of the boundary crossing? Was it for a therapeutic purpose? Was it in the patient's best interest? Did it optimize or detract from the nursing care? Did the nurse consult with a supervisor or colleague? Was the incident appropriately documented?

Boundaries and the Continuum of Professional Nursing Behavior

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the zone of patient-centered care.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, patient needs and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where he or she has a personal or business relationship with the patient, as well as a professional one.
- Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse-patient relationship is truly terminated.
- Be careful about personal relationships with patients who might continue to need nursing services (such as patients with mental health issues or oncology patients).

Q&A

Regarding Professional Boundaries and Sexual Misconduct

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

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 nurse-patient relationship and dating?
- What kind of therapy did the patient receive? Assisting a patient with a short-term 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 will that affect the future relationship?
- Will the patient need therapy in the future?
- Is there risk to the patient?

What if a nurse lives in a small community? Does this mean that he or she cannot interact with neighbors or friends?

The difference between a caring relationship and an over-involved relationship is narrow. A nursing professional living and working in a remote community will, out of necessity, have business and social relationships with patients. Setting appropriate standards is very difficult in these situations.

If they do not relate to real life, these standards may be ignored by the nurse or simply may not work. However, the absence of consideration of professional boundaries places the patient and nurse at risk.

Variables such as the care setting, community influences, patient needs, nature of the therapy provided, age of the patient and degree of involvement affect the delineation of behavioral limits. All of these factors must be considered when establishing boundaries and all contribute to the complexity of professional boundaries.

Do boundary violations always precede sexual misconduct?

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may or may not lead to sexual misconduct. In some cases, extreme sexual misconduct, such as assault or rape, may be habitual behavior, while at other times it is a crime of opportunity. Regardless of the motive, extreme sexual misconduct is not only a boundary violation, it is 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 is still considered sexual misconduct for a health care professional. It is an abuse of the nurse-patient relationship that puts the nurse's needs first. It is always the responsibility of a health care professional to establish appropriate boundaries with present and former patients.

How can a nurse identify a potential boundary violation?

Some behavioral indicators can alert nurses to potential boundary issues for which there may be reasonable explanations. However, nurses who display one or more of the following behaviors should examine their patient relationships for possible boundary crossings or violations.

EXCESSIVE SELF-DISCLOSURE The nurse discusses personal problems, feelings of sexual attraction or aspects of his or her intimate life with the patient.

SECRETIVE BEHAVIOR The nurse keeps secrets with the patient and/or becomes guarded or defensive when someone questions their interaction.

“SUPER NURSE” BEHAVIOR The nurse believes that he or she is immune from fostering a nontherapeutic relationship and that only he or she understands and can meet the patient’s needs.

SINGLED-OUT PATIENT TREATMENT OR PATIENT ATTENTION TO THE NURSE The nurse spends inappropriate amounts of time with a particular patient, visits the patient when off-duty or trades assignments to be with the patient.

This form of treatment may also be reversed, with the patient paying special attention to the nurse, e.g., giving gifts to the nurse. If a nurse is receiving this type of attention from a patient it is advisable for the nurse to seek the guidance of his or her supervisor.

SELECTIVE COMMUNICATION The nurse fails to explain actions and aspects of care, reports only some aspects of the patient’s behavior or gives double messages. In the reverse, the patient returns repeatedly to the nurse because other staff members are too busy.

FLIRTATIONS The nurse communicates in a flirtatious manner, perhaps employing sexual innuendo, off-color jokes or offensive language.

“YOU AND ME AGAINST THE WORLD” BEHAVIOR The nurse views the patient in a protective manner, tends not to accept the patient as merely a patient or sides with the patient’s position regardless of the situation.

FAILURE TO PROTECT PATIENT If the nurse fails to recognize feelings of sexual attraction to the patient, consult a with supervisor or colleague, or transfer care of the patient when needed to support boundaries.

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

The nurse needs to be prepared to deal with violations by any member of the health care team. Patient safety must be the first priority. If a health care provider's behavior is ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult with a trusted supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements and the grounds for discipline in their respective jurisdictions; they are expected to comply with these 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 work to establish and maintain those boundaries. Nurses should examine any boundary-crossing behavior and seek assistance and counsel from their colleagues and supervisors when crossings occur.

Nurses also need to be cognizant of the potential boundaries issues that exist in using social media to discuss patients, their family or their treatment. These issues are discussed in depth in NCSBN's brochure *A Nurse's Guide to the Use of Social Media*.

For additional information about boundary issues and professional sexual misconduct, visit www.ncsbn.org.



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THE NURSE'S CHALLENGE

- 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.
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