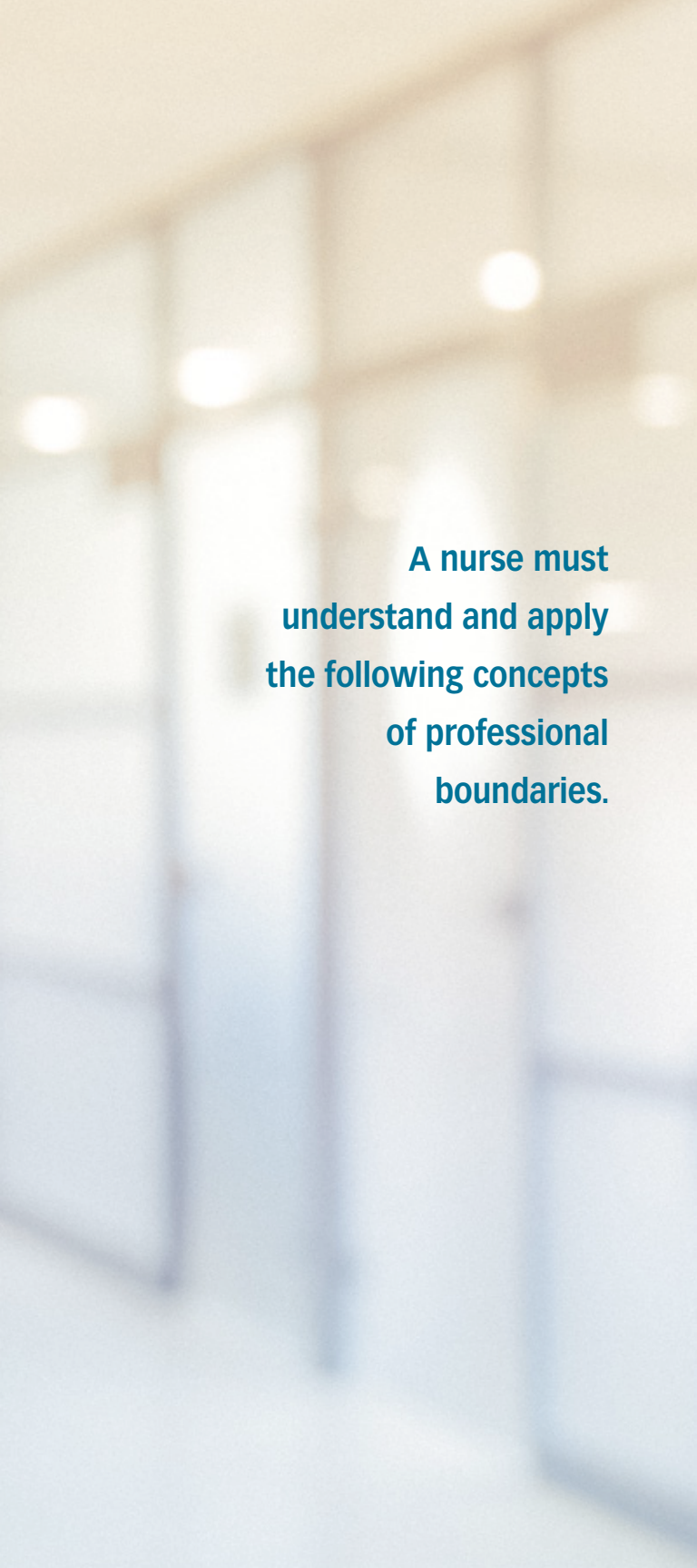


A Nurse's Guide to
**Professional
Boundaries**



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A nurse must understand and apply the following concepts of 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 can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from attaining personal gain at the patient's expense and refrains from jeopardizing the therapeutic nurse–patient relationship. In order 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 is one that allows nurses to apply their professional knowledge, skills, abilities and experiences towards meeting the health needs of the patient. This relationship is dynamic, goal-oriented and patient- and family-centered because it is designed to meet the needs of the patient and family. Regardless of the context or length of interaction, the therapeutic nurse–patient relationship protects the patient’s dignity, autonomy and privacy and allows for the development of trust and respect.

Professional boundaries are the spaces between the nurse’s power and the patient’s vulnerability. The power of the nurse comes from the nurse’s professional position and access to sensitive personal information. The difference in personal information the nurse knows about the patient versus personal information the patient knows about the nurse creates an imbalance in the nurse–patient relationship. Nurses should make every effort to respect the power imbalance and ensure a patient-centered relationship.

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 adverse 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.

A nurse’s use of social media is another way that nurses can unintentionally blur the lines between their professional and personal lives. Making a comment via social media, even if done on a nurse’s own time and in their own home, regarding an incident or person in the scope of their employment, may be a breach of patient confidentiality or privacy, as well as a boundary violation.

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, and criminal, violation.

A CONTINUUM OF PROFESSIONAL BEHAVIOR



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

Every nurse–patient relationship can be conceptualized on the continuum of professional behavior. Nurses can use this graphic as a frame of reference to evaluate their behavior and consider if they are acting within the confines of the therapeutic relationship or if they are underinvolved or overinvolved in their patients' care. Overinvolvement includes boundary crossings, boundary violations and professional sexual misconduct. Under involvement includes patient abandonment, disinterest and neglect, and can be detrimental to the patient and the nurse. There are no definite lines separating the therapeutic relationship from under involvement or overinvolvement; instead, it is a gradual transition.

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 therapeutic relationship.
- 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, professional or business relationship with the patient.
- Post-termination relationships are complex because the patient may need additional services. It may be difficult to determine when the nurse–patient relationship is completely terminated.
- Be careful about personal relationships with patients who might continue to need nursing services (such as those with mental health issues or oncology patients).



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 provide care for neighbors or friends?

The difference between a caring relationship and an overinvolved relationship is sometimes difficult to discern. A nursing professional living and working in a small, rural or remote community will, out of necessity, have business and social relationships with patients. In these instances, it is extremely important for nurses to openly acknowledge their dual relationship with patients and to emphasize when they are performing in a professional capacity.

The nurse must ensure the patient's care needs are primary. When this is not possible, nurses should remove themselves from the situation or request assistance from a supervisor or colleague.



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 current and former patients.

RED FLAG BEHAVIORS

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.

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

- Discussing intimate or personal issues with a patient
- Engaging in behaviors that could reasonably be interpreted as flirting
- Keeping secrets with a patient or for a patient
- Believing that you are the only one who truly understands or can help the patient
- Spending more time than is necessary with a particular patient
- Speaking poorly about colleagues or your employment setting with the patient and/or family
- Showing favoritism
- Meeting a patient in settings besides those used to provide direct patient care or when you are not at work

Patients can also demonstrate signs of overinvolvement by asking questions about a particular nurse, or seeking personal information. If this occurs, the nurse should request assistance from a trusted colleague or a supervisor.

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 boundary violations that occur when 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*. Other resources about social media guidelines can be found at [ncsbn.org/boundaries](https://www.ncsbn.org/boundaries).

NCSBN PROFESSIONAL BOUNDARIES RESOURCES

NCSBN offers a variety of resources pertaining to professional boundaries:

- The “Professional Boundaries in Nursing” video, at [ncsbn.org/464.htm](https://www.ncsbn.org/464.htm), helps explain the continuum of professional behavior and the consequences of boundary crossings, boundary violations and professional sexual misconduct. Internal and external factors that contribute to professional boundary issues, including social media, are explored.
- The “Professional Boundaries in Nursing” online course was developed as a companion to the video. The cost of the course is \$30. Upon successful completion of the course, 3.0 contact hours are available. The course is approved by the Alabama Board of Nursing. Register at [learningext.com](https://www.learningext.com).

Other resources can be found at [ncsbn.org/boundaries](https://www.ncsbn.org/boundaries).



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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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