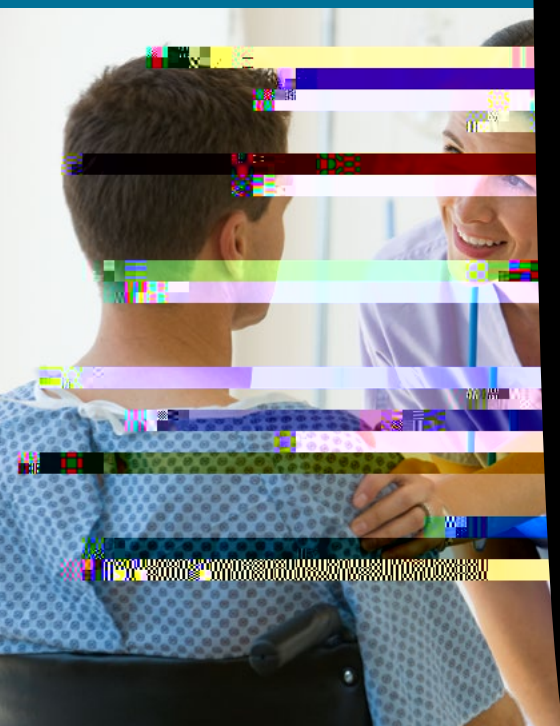


A Nurse's Guide to **Professional Boundaries**



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 has a sexual relationship with a patient. This is a boundary violation. The therapist is not acting in the patient's best interest. This is a form of professional sexual misconduct.

Even when a therapist's behavior can be considered a boundary violation, it does not necessarily constitute professional sexual misconduct. 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 intended or intended in their patients' 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 intended or intended in; 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 actions. 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 interest? 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 when she has had access and how has it affected the relationship?
- Will the patient need her 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, if necessary, has a business and social relationship with a patient. In these instances, it is recommended that nurses do not acknowledge their dual relationship with a patient and they must be careful when they are performing in a professional capacity.

The nurse must ensure the patient's care needs are met. When this is not possible, nurses should remove themselves from the situation and seek assistance from a professional colleague.



Do boundary violations always precede sexual misconduct?

Boundary violations are a common feature of sexual misconduct. Many are ambiguous and difficult to label. Boundary violations may or may not lead to sexual misconduct. Some cases feature sexual misconduct without a clear violation, but may be habitual behavior, while at other times it is a crime for its own sake. Regardless of the manner, sexual misconduct is not an inevitable result of boundary violations, but is 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 professional needs to establish a professional relationship with a patient. It is also a violation of the professional's duty to maintain a professional relationship and to maintain a professional relationship.

Red Flag

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 image or verbal feedback with a patient
- Engaging in behavior that is inappropriate or unprofessional
- Keeping secrets with a patient or a family
- Believing that a patient is not the best person to help and can help the patient
- Sending messages that are necessary with a patient
- Seeking a relationship with a patient or family
- Seeking a relationship with a patient or family
- Meeting a patient in settings besides the hospital or office

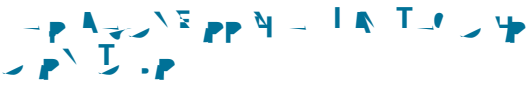
Patients can also demonstrate signs of a problem when asking for a relationship, seeking personal information. If the patient is not the best person to help and can help the patient, it may be a sign of a problem.

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

The nurse needs to be prepared to deal with a patient's behavior. Patients may be the first to report. If a health care provider's behavior is ambiguous, if the nurse is not sure if the patient is a patient, the nurse should not be involved in a relationship. Incidents should be handled in a timely manner. Nurses should be familiar with the reporting process and the guidelines in the ethics code; the appropriate committee in the hospital and ethical standards for the profession.

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'Gett the Social Media. Other resources about social media guidelines can be found at ncsbn.org/boundaries.*



NCSBN offers a variety of resources explaining professional boundaries:

- The **Professional Boundaries in Nursing** guide, at 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 a limited time, the course is, 4.5 continuing education credits are available. Register at ncsbn.org

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- 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.

