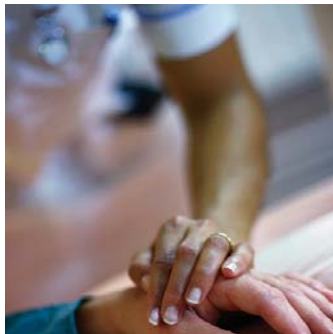


PROFESSIONAL



BOUNDARIES

A nurse's guide to the
importance of appropriate
professional boundaries

- □ □ □ ■ TO DO THESE THINGS, A NURSE MUST UNDERSTAND AND APPLY THE FOLLOWING CONCEPTS OF PROFESSIONAL BOUNDARIES:

As a health care professional, a nurse strives to inspire the confidence of clients, treat all clients and other health care providers professionally, and promote the clients' independence. Clients 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 client's expense and refrains from inappropriate involvement in the client's personal relationships.

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

The power of the nurse comes from the professional position and the access to private knowledge about the client. Establishing boundaries allows the nurse to control this power differential and allows a safe connection to meet the client's needs.

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

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 client, which may not be recognized or felt by the client until harmful consequences occur.

Boundary crossings are brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful if done to meet a special therapeutic need.

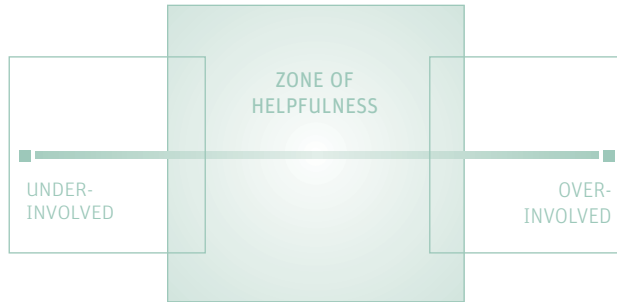
Boundary crossings can result in a return to established boundaries but should be evaluated by the nurse for potential client consequences and implications. Repeated boundary crossings should be avoided!

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 client.

Professional sexual misconduct is an extremely serious violation of the nurse's professional responsibility to the client. It is a breach of trust!



A Continuum of Professional Behavior



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

A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client 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 it can also be detrimental to the client 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-client 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 client'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?

SOME GUIDING PRINCIPLES TO DETERMINING PROFESSIONAL BOUNDARIES AND THE CONTINUUM OF PROFESSIONAL BEHAVIOR

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the zone of helpfulness.
- 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, client 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 the nurse has a personal or business relationship, as well as a professional one.
- Post-termination relationships are complex because the client may need additional services and it may be difficult to determine when the nurse-client relationship is truly terminated.

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REGARDING
PROFESSIONAL
BOUNDARIES
AND SEXUAL
MISCONDUCT

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

The key word here is *former*, and the important factors to be considered when making this determination are:

- What is the length of time between the nurse-client relationship and the dating?
- What kind of therapy did the client receive? (Assisting a client 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 client need therapy in the future?
- Is there risk to the client?

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

Variables such as the care setting, community influences, client needs, nature of the therapy provided, age of the client and degree of involve-

ment 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.

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

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 client and nurse at risk.

Do boundary violations always precede sexual misconduct?

Boundary violations are extremely complex. Most are ambiguous and difficult to evaluate. Boundary violations may lead to sexual misconduct, or they may not. 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 client consent make a sexual relationship acceptable?

If the client consents, and even if the client initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for the health care professional. It is an abuse of the nurse-client relationship that puts the nurse's needs first. It is always the responsibility of the health care professional to establish appropriate boundaries with present and former clients.

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 client 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 client.

SECRETIVE BEHAVIOR – The nurse keeps secrets with the client 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 non-therapeutic relationship and that only he or she understands and can meet the client's needs.

SINGLED-OUT CLIENT TREATMENT OR CLIENT ATTENTION TO THE NURSE – The nurse spends inappropriate amounts of time with a particular client, visits the client when off-duty or trades assignments to be with the client. This form of treatment may also be reversed, with the client paying special attention to the nurse, e.g., giving gifts to the nurse.

SELECTIVE COMMUNICATION – The nurse fails to explain actions and aspects of care, reports only some aspects of the client's behavior or gives “double messages.” In the reverse, the client 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 client in a protective manner, tends not to accept the client as merely a client or sides with the client’s position regardless of the situation.

FAILURE TO PROTECT CLIENT – The nurse fails to recognize feelings of sexual attraction to the client, consult with supervisor or colleague, or transfer care of the client 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. Client 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 documented in a thorough and timely manner. Nurses should be familiar with reporting requirements, as well as the grounds for discipline in their respective jurisdictions, and 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.

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 client.

FOR MORE INFORMATION

For additional information about boundary issues and professional sexual misconduct, call the National Council of State Boards of Nursing (NCSBN) at 312.525.3600.



NCSBN

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