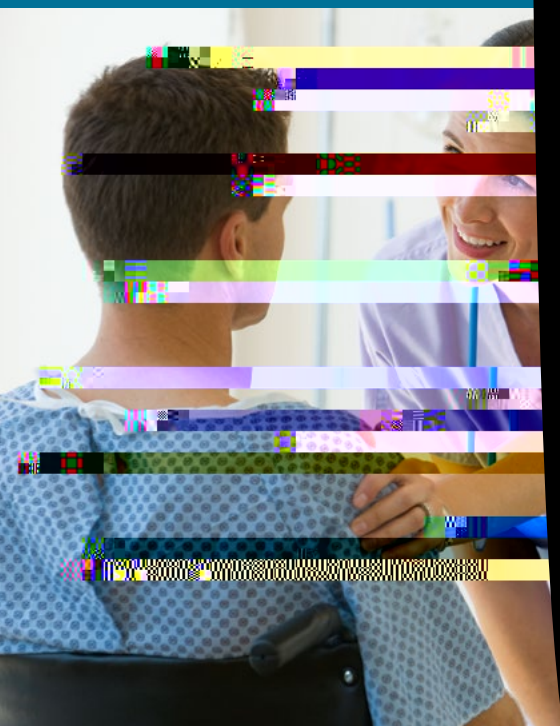


A Nurse's Guide to **Professional Boundaries**



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, semi-intentional, or unintentional.



Examples of professional sexual misconduct include:

- Under-involvement: Failing to maintain appropriate boundaries, such as not wearing a lab coat or not using proper hand hygiene.
- Therapeutic relationship: Maintaining appropriate boundaries and professional conduct.
- Over-involvement: Engaging in sexual activities, such as sexual intercourse or sexual contact, with a patient.

Examples of sexual harassment can be categorized into three types:

- Quid pro quo: Sexual harassment where the patient is required to engage in sexual activity in order to receive or continue to receive services.
- Hostile work environment: Sexual harassment that creates a hostile or offensive work environment for the patient.
- Unwelcome sexual advances: Sexual harassment that involves unwelcome sexual advances or requests for sexual favors.

 Examples of sexual harassment include:

- Unwelcome sexual advances or requests for sexual favors.
- Sexual comments or remarks.
- Sexual touching or groping.
- Sexual assault or battery.
- Sexual harassment via electronic communication (e.g., text messages, social media).

The following are examples of professional sexual misconduct:

- Sexual intercourse or sexual contact with a patient.
- Sexual touching or groping of a patient.
- Sexual comments or remarks to a patient.
- Sexual harassment via electronic communication (e.g., text messages, social media).
- Sexual harassment in a public setting (e.g., a waiting room).
- Sexual harassment of a patient's family member.
- Sexual harassment of a patient's caregiver.
- Sexual harassment of a patient's support person.
- Sexual harassment of a patient's friend.
- Sexual harassment of a patient's neighbor.
- Sexual harassment of a patient's community member.

THE NEEDS OF THE ELDERLY

- The needs of the elderly are diverse and delineate and maintain boundaries.
- The needs of the elderly are unique and specific.
- The needs of the elderly are dynamic and changing, be a life-long process and a life-long learning.
- Variables such as the care setting, community influences, aging needs and the nature of the affective delineate the boundaries.
- Activities that are established boundaries meet the needs of the elderly.
- The needs of the elderly are diverse and specific, be a life-long process, be a life-long learning and be a life-long learning.
- Professional services are complex because the aging may need additional services. It may be difficult to determine when the elderly need services (such as the mental health services and counseling).
- Be careful about the professional services in the aging may need additional services (such as the mental health services and counseling).



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 aid 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 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 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 which there is no violation. Regardless of the matter, sexual misconduct is not a boundary violation, 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 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 praise or negative feedback
- Engaging in behavior that is inappropriate or unprofessional
- Keeping secrets or information from you
- Believing that you are the only one who 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 scheduled office or direct patient care when not on duty

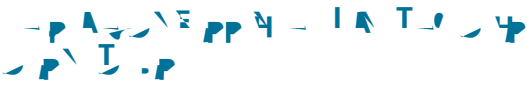
Patients can also demonstrate signs of a problem by asking questions about a particular nurse, seeking personal information. If you suspect, then these indicators are a red flag for a possible boundary violation or sexual misconduct.

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

The nurse needs to be prepared to deal with the patient's behavior as a member of the healthcare team. Patients have the right to be safe. If a healthcare provider's behavior is ambiguous, if the nurse is not sure if the patient is a victim, the nurse should consult with a supervisor or colleague. Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting procedures and the guidelines for discipline in their respective jurisdictions; 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 the 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 12 months for 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.

