



# Maintaining Professional Boundaries

To support the development and maintenance of professional boundaries between staff and healthcare consumers.

## Learning outcomes

- Demonstrate an understanding of “*right relationship*”
- Understand what constitutes *professional behaviour*
- Clarify the difference between “*friend*” and “*friendly*”

Nursing is one of the most trusted professions in the community and has been for over 23 years. This means that nurses are trusted to enter into therapeutic relationships that adhere to the concept of patient care physically, mentally and ethically. The therapeutic relationship that is created is built on the professional knowledge and skills of the nurse and the patient trusting in the nurse’s ability to care for them. 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 jeopardising the therapeutic nurse patient relationship.

As health professionals we all work under a set of ethical guidelines laid down for us through our professional body, such as the Nursing and Midwifery Board of Australia, and through the unstated expectations of the public.

The ICN Code of Ethics for Nurses has four principal elements that outline the standards of ethical conduct;

- element of code #1, practitioners and managers provide care that respects human rights and is sensitive to the values, customs and beliefs of health care consumers.
- element of the code #2, practitioners and managers to establish standards of care and a work setting that promotes quality care.
- element of code #4, practitioners and managers develop systems that support common professional ethical values and behaviour.
- element of code # 4, practitioners and managers are also to develop mechanisms to safeguard the individual healthcare consumer, family, carer and community when their care is endangered by healthcare personnel.

When evaluating the professional conduct of nurses. If professional conduct varies significantly from the values outlined in the code, nurses should be prepared to explain and justify their decisions and actions. Serious or repeated failure to abide by this code may have consequences for

nurses’ registration and may be considered as unsatisfactory professional performance, unprofessional conduct or professional misconduct.

Nurses should make every effort to respect the power imbalance and ensure a patient-centred relationship. Though, nurses who display one or more of the following behaviours should examine their patient relationships for possible boundary crossings or violations.

**Signs of inappropriate behaviour can be subtle at first, but early warning signs that should raise a “an alert” can include:**

- Discussing intimate or personal issues with a patient
- Engaging in behaviours 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 favouritism
- 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 their line manager.

## Breaching boundaries by nurses:

A breach of boundaries is characterised by excessive personal disclosure by the nurse, secrecy or even a reversal of roles. This can cause distress for the patient, which may not be recognised or felt by the patient until harmful consequences occur. The health and wellbeing of the patient is paramount, patient safety is the first priority.

Incidents should be thoroughly documented in a timely manner. Nurses should be familiar with reporting requirements and they are expected to comply with these legal and ethical mandates for reporting.



Some examples are:

- 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 breach of boundary.
- Communicating with the patients outside of their treatment including via text message and social media.
- Taking the patients on a camping trip and purchasing cannabis from a relative of one of the patients.
- Providing patients with medications, despite not being authorised to do so. Misappropriated medication tablets from the hospital.

#### Penalties for Breach of Professional Boundaries

Professional misconduct and suspended registration for a timeframe and/or monetary fine. Conditions also placed on registration once the period of suspension had concluded, which includes a prohibition of any non-clinical communications with patients, and further education and mentorship.

Although boundary crossings may be viewed as trivial, they have the potential to progress to a boundary violation if there is an increase in the frequency and severity of the crossings.

Boundary violations varies on the particular situation and can result from a continual process of events rather than simply crossing a well-defined line. Health professionals may act in a well-intended manner yet end up crossing or even violating a boundary. As a nurse, it is important to use discretionary decision making in all circumstances to ensure that a nurse patient therapeutic relationship is maintained.

Do you think you have ever crossed or violated a professional boundary?

#### CASE STUDY 1

The Hospital in the Home nurse will be attending to the care of a long-term patient at the patients house this afternoon. The patient phones and asks the nurse to go to the shop on the way to purchase bread and milk.

#### Proposed actions to avoid a boundary violation

The health and wellbeing of the patient is paramount, patient safety is the first priority. The nurse's role is to provide care and ensure that the patients best interests and health needs are catered too. It is not the nurse's responsibility and

accountability to go to the shop for the patient. The should explain this in a manner that does not offend the therapeutic relationship.

#### CASE STUDY 2

##### Conduct

Louise is a midwife working in the community and was making her final visit to a woman who had recently given birth to her second child. Louise delivered the woman's first child five years earlier and had established a good professional relationship with the woman and her family.

During the visit, the woman indicated that she would like to continue seeing Louise on an ongoing basis to check in on the baby and the family, or just to have a coffee.

##### Applying the Code of conduct for midwives'

Professional boundaries exist between anyone the midwife enters into a professional relationship with, including the woman and her family. Adhering to professional boundaries enables the midwife to engage safely and effectively in professional relationships with the women in their care.

The code gives clear guidance on professional boundaries for midwives. In particular, the code states that midwives must:

- Principle 4.1(a) recognise the inherent power imbalance that exists between midwives, women in their care and significant others and establish and maintain professional boundaries.
- Principles 4.1(d) actively manage the woman's expectations and be clear about professional boundaries that must exist in professional relationships for objectivity in care and prepare the woman for when the episode of care ends.

##### Outcome

Louise recognised there is a start and end point to the professional relationship and that maintaining professional boundaries is integral to the midwife-woman professional relationship.

Louise recognised that it was not appropriate to extend the relationship beyond the professional one and recognised the potential to cross the professional boundary by accepting the woman's offer.

Louise thoughtfully discussed the need to maintain the professional relationship with the woman. Louise documented the event and discussed it with her team, reflecting on how she could have better prepared the woman for the end of the professional relationship.



### CASE STUDY 3

Your neighbour of five years is in the supermarket buying some groceries. They slip over and can't get up or move their arm. You are well known within the community and as you are a nurse, the store manager makes a call for you over the intercom to come and assist with the situation.

#### Proposed actions to avoid a boundary violation

Make it known that you are rendering first aid care; ask for an ambulance to be called or another health practitioner. As you render first aid, advise what you are doing at all times. Remain within the scope of practice of first aid only. Hand the care over as soon as possible.

### CASE STUDY 4

You treat a man whilst working a shift at Accident and Emergency. He is admitted to hospital for a few days after having had an accident at work, however, you only make an initial assessment when he first arrives to hospital. Six months later you see the man in your local pub. He has made a full recovery and is no longer having treatment. You are getting on really well, exchange numbers and agree to go out for a date. It went well and you have now been dating a few months.

#### Proposed actions to avoid a boundary violation

Essentially once you have had a therapeutic/professional relationship with a client then you should not have an intimate sexual relationship with that person, particularly if you are likely to provide ongoing care for that person in the future. Consider the extent of your professional relationship, the nature of the patient professional relationship, the age of the patient, their vulnerability and the ongoing professional interaction. Does a power imbalance exist and what if the relationship deteriorates? Advise your manager that you are dating, if you are keeping the relationship a secret, ask yourself why?

### CASE STUDY 5

You see a rather unusual case and take a photo to send on to a consultant you know in Sydney who may be able to provide some further advice for treatment. You take the photo on your personal phone and send the image to him via email.

#### Proposed actions to avoid a boundary violation

Did you obtain an informed consent from the patient? Is this a medical record? What are the regulations around the storage of medical records? What if the image goes public? What do you do with the clinical advice given to you by the consultant? What if your phone is lost or accessed and the image distributed widely? What if you send it to the wrong email?

If you are required to send photos for clinical advice speak to your employer regarding a safe way to do this and for the consultation to be part of the medical record. Do not take photos for reasons other than seeking professional clinical advice.

### CASE STUDY 6

A good friend of yours is having a baby and has asked you to be their midwife.

#### Proposed actions to avoid a boundary violation

Advise them that you are flattered but it would not be in both your best interests. There is a clear conflict here. Can you be objective in determining care? Will they tell you everything you need to know to provide adequate care, for example they might not disclose some information due to embarrassment i.e. domestic issues. Are you the right person in relation to skill and complexity of the case? What if something goes wrong and there is a poor outcome? Will your friendship survive?

It is best to be a support in this case and allow another midwife to objectively provide care. In rural and small communities this is very difficult as is the case of colleagues having babies. It is paramount that all strategies are in place to manage these situations as professionally and objectively as possible.

### CASE STUDY 7

You are at a barbecue with a group of friends and one friend starts discussing a health issue they have. They ask what you think of the condition and whether you can recommend any advice.

#### Proposed actions to avoid a boundary violation

Some people believe you are on duty 24/7 and the advice you give will be taken professionally, advise them that you are not on duty. What if your advice is wrong, not evidence based, or you are intoxicated with alcohol and give them incomplete advice? What if they follow your advice and something goes wrong?

### CASE STUDY 8

You are in the local coffee shop and overhear some people concerned and talking about the health of an acquaintance you play netball with. You are working a shift at the hospital and your acquaintance walks into another department and you're not involved in their care. You decide to look at the acquaintance's records to check their condition and treatment plan. Later you discuss the matter with your mother on the phone who also knows of the acquaintance.



### Proposed actions to avoid a boundary violation

This is a clear boundary violation, a breach of the code of conduct, a breach of privacy legislation and a breach of the trust given to the profession. You can only look at records of the people in your care and for the purpose of providing ongoing care. All records accessed can be audited. This access is not in keeping with the code of conduct or relevant policy and would be managed accordingly. A breach of the code of conduct can result in termination of employment or may be considered as unsatisfactory conduct.

### THE NURSE'S ENCOUNTER

- Be aware of the manner in which the patient is acting towards you as a health professional, even in a joking manner which may have a subtle undercurrent.
- Be conscious of your own feelings and behaviour towards a patient/s.
- Be observant of the behaviour of other professionals towards a patient/s. If you see a nurse that may not be aware of proper boundary protocol or is displaying inappropriate behaviour or communication towards a patient/s then inform the staff in private.
- Always act in the best interest of the patient. Patients want to feel like they're in a safe environment and as health professionals' nurses need to ensure that they are providing an environment that supports this.

### In rural locations, managing professional boundaries can be difficult due to the small community.

The need to manage potential conflict becomes more important, especially when the community has expectations that you are potentially 'on duty' at all times. There is a difference between having a friendly professional relationship, being an acquaintance and being a friend. Sometimes these relationships can be in conflict.

### What can a professional do to avoid a boundary violation?

Avoid crossing professional boundaries by:

- Be aware and conscious of your professional role and obligations when at work and your role and responsibilities when you socialise.
- Be clear with friends, family and acquaintances about when you are on duty and when you are not.
- Ensure your behaviour meets the needs and best interest of the patients.
- Ensure your care is objective and does not have the potential

to be seen as favouritism or conflicted by an existing or prior relationship with the patient.

- Regularly reflect on practice – discuss with colleagues/ manager in the appropriate forum.
- Discuss with your manager or educator any complex relationships or concerns over boundary violations.
- Accurately document any treatment and strategies in place to manage the professional and personal nature of a relationship with a patient/s.
- Avoid privacy breaches.
- Uphold the codes of professional conduct and ethics and ensure behaviour is in line with these as well as within scope of practice and organisational policies.
- Ensure competency for scope of practice and understand your accountability as a professional, as a nurse.

### Glossary:

**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.

**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-centred 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.

**Nurses and the community (healthcare consumers, carers and family)** – a nurse, as a health professional initiates and supports appropriate action to meet the health and social needs of the healthcare consumers, involving family and carers as required.

**Personal information** – information obtained during professional contact, whether that is within the healthcare facility or at the healthcare consumers home/place of residence, that is private to the healthcare consumer or family/carer and when disclosed may violate the right to privacy, cause inconvenience, embarrassment or harm to the healthcare consumer or family, carer.



**Boundary Crossing** – These might be accidental or done with the best interest of the patient in mind. This is the most common form of boundary crossing that occurs between patient and healthcare professionals. Some examples of this would be a nurse disclosing/over-sharing too much personal information to someone they were treating. This usually happens as a way to reassure or relate to the patient. A patient can feel uncomfortable despite good intentions. Accepting gifts from a patient also is not okay. It may seem like a nice gesture, but it can become inappropriate. Also, giving excessive attention to a patient where it is not necessary is boundary-crossing.

**Mandatory notifications:**

A treating practitioner only needs to make a mandatory notification about their practitioner-patient if there is a substantial risk of harm to the public from impairment, intoxication while practising, practice outside of accepted professional standards or where there is sexual misconduct.

The requirements are the same in all states and territories except Western Australia. WA exempts treating practitioners from mandatory notifications for all forms of notifiable conduct if their patient is a registered health practitioner. However, treating practitioners may make voluntary notifications based on their professional and ethical obligations to notify about matters that may place the public at risk of harm.

**Nurse & Midwife Support Service on 1800 667 877.**

This free service operates 24/7 and provides access to confidential advice and referral.

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