

# Maintaining Professional Boundaries in Nursing

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## Outcome:

The purpose of this article is to provide information about various situations in which nurses can potentially risk crossing professional boundaries while providing patient care. A boundary violation is a violation of the Nursing Practice Act. This information will raise awareness of how professional relationships can move towards a boundary violation and why this must be prevented.

## Introduction

Public protection through the regulation of the practice of nursing is the mission of the North Carolina Board of Nursing (Board). The Board has seen increasing trends regarding complaints associated with boundary violations and sexual misconduct. On June 1, 2017, an updated North Carolina Administrative Code (NCAC) rule that delineates various activities the Board considers a boundary violation went into effect. This legally-mandated Nursing Rule 21 NCAC 36.0217 (a)(23) indicates that “violating boundaries of a professional relationship including but not limited to physical, sexual, emotional, or financial exploitation of the patient or the patient’s family member or caregiver. Financial exploitation includes accepting or soliciting money, gifts, or the equivalent during the professional relationship” (NCAC, n.d.).

## Definitions

Professional boundaries are defined by the National Council of State Boards of Nursing (NCSBN) as “the spaces between the nurse’s power and the patient’s vulnerability” (NCSBN, n.d.). Boundary violations can occur when there is uncertainty about the needs

under-involvement. Boundary crossing, boundary violations, and sexual misconduct are behaviors indicative of over-involvement (NCSBN, n.d.). Examples will be shared further in the article.

The continuum of professional behavior has no clear lines where the therapeutic relationship ends and

FIGURE 1

## A CONTINUUM OF PROFESSIONAL BEHAVIOR



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

of the patient versus the needs of the nurse. Patients and family members are susceptible and you, as the nurse, are in a position of authority (NCSBN, 2014).

It is important for the nurse to understand the continuum of professional behavior. No matter how the patient behaves, it is the legal and ethical responsibility of the nurse to maintain a therapeutic relationship. Both under-involvement and over-involvement jeopardize the nurse’s ability to provide safe, quality care. Under-involvement involves neglecting the patient, showing disinterest, and distancing yourself from the patient. Not talking with the patient even though you have entered the room multiple times is an example of

under-involvement and over-involvement begin. The transition from one to another can be gradual, as noted in **Figure 1** above (NCSBN, n.d.). The nurse’s behavioral choices may start out professionally sound, but as the care and therapeutic relationship continues, the nurse may become too comfortable. When providing care for the patient, particularly over a long term basis, the topics of conversation, although well-intentioned, may become less professional and more personal. This can occur not only with the patient but with family members as well.

While some boundaries are clear, others make it necessary for the nurse to use professional judgement. If you are unsure, seek out the guidance from

nursing leaders or your human resource department. It is your responsibility, as the nurse, to identify if the relationship is moving outside of the therapeutic nurse-patient range and take steps to correct it (College of Registered Nurses of British Columbia [CRNBC], n.d.).

Hall (2011) states there are four behaviors which are clearly problematic. These are: undue self-disclosure, secretive behavior, “super nurse” behavior, and special patient treatment. Self-disclosure, when used within the therapeutic relationship, should be limited and used with the intention of assisting the patient in a positive way. The information disclosed should be directly associated with what the patient is experiencing and brief in nature. However, in the majority of cases, self-disclosure is unnecessary. An example of self-disclosure is the nurse telling the patient she was treated for alcoholism in the past. The nurse does this not to cause harm, but with a mistaken belief that it will help the patient.

There should never be secrets between the nurse and the patient. An example of secretive behavior is the nurse texting the patient directly about being late for her assignment in the patient’s home, while not informing the employing agency. This could then potentially progress to the patient and nurse texting about personal topics and later to sexting, including sending photos of a sexual nature. In this situation, the nurse tells the patient their relationship is just between each other and no one can know.

A “super nurse” believes no one can take care of the patient better than him/her. An example of the “super nurse” is the nurse telling the patient she knows how to do his wound care better than the other nurses because she has more experience. She also provides special treatment by bringing him his favorite specialty coffee when she works. If the nurse believes no one can take care of the patient like he/she can or provides special treatment that is not given to other patients, not only is the appropriate therapeutic relationship destroyed but this behavior can impact professional relationships between the patient and other staff. The patient may become anxious believing no other nurse is qualified to provide his care, further promoting the inappropriate relationship.

The Minnesota Board of Nursing (2010) discusses four elements that are often seen in boundary violation situations. These include: role reversal, double bind, indulgence of professional privilege, and again, secrecy. Role reversal is a scenario in which the nurse uses the patient for gratification and satisfaction leaving the patient to take care of the nurse. Double-bind occurs when the patient wants to terminate the relationship but knows this will end receiving help from the nurse. The patient experiences fear of abandonment and feelings of guilt, so they allow the relationship to continue. Indulgence of professional privilege means the nurse takes



information received while providing care to a patient and uses it for personal benefit. Lastly, secrecy includes keeping information inappropriately private between the patient and nurse.

Boundary violations and sexual misconduct can result in disciplinary action on the nurse’s license, including suspension of the privilege to practice. It is imperative that the nurse evaluates current nurse-patient relationships and takes the necessary steps to maintain the professional boundary and re-establish that relationship as necessary. It is imperative to avoid developing a ‘friends’ relationship with the patient and their family.

By the nature of care being provided, often on a long term basis, some areas in which nurses practice are at higher risk for experiencing boundary violations. Some, but not all, of these areas include: private duty, home health, oncology, and correctional nursing. Check with your employer for policies addressing code of conduct.

## **Boundary Crossing**

When a nurse briefly but unintentionally crosses professional lines in an effort to meet a particular need of the patient for a therapeutic purpose, this is considered boundary crossing. This puts the nurse at risk for escalating behaviors towards a boundary violation and, therefore, the nurse should not continue a pattern of boundary crossing (NCSBN, 2014). This may be something as simple as the nurse and the parent of a pediatric client becoming close and the parent asking the nurse to stop by the store to bring the client’s favorite ice cream when she comes to see the client.

## **Boundary Violation**

Boundary Violations occur when there is confusion about the needs of the patient versus the needs of the nurse. Patients

and family members are susceptible and the nurse is in a position of authority (NCSBN, 2014).

### **Solicitation for Money, Gifts, or Favors/Financial Exploitation**

The nurse must not sell anything to the patient or family. The nurse must not buy anything from the patient or family. The patient or family must not be asked to invest in any product or service, as this is financial exploitation. It is important to know your facility policy regarding receipt of gifts as this also creates a risk of being viewed as financial exploitation.

Financial exploitation can range from borrowing money from the patient to the nurse convincing the patient to make her the power of attorney or adding her to the patient's will. Nurses should not share financial needs with the patient. Even if the patient or family members offer financial assistance, it cannot be accepted.

Fowler (2015) shares in the American Nurses Association (ANA) Code of Ethics, that the giving or accepting of gifts or favors is not appropriate. It is important to follow facility policy. The value of the gift along with the intent, cultural factors, nature, and timing should be considered. If uncertain, leadership should be consulted.

### **Social Media/Texting**

Use of social media creates risk of boundary violations as well as breaches of patient confidentiality. The nurse does not have to be at work for this to occur. A common inappropriate behavior is sending messages or photos to a patient, family member, or a caregiver via social media or text.

It is the position of the International Nurse Regulator Collaborative (INRC) that the nurse not accept a "friend" request from patients on personal social

media accounts. If the nurse engages in social media as a means to interact with patients, it is important to have a separate professional social media account from the personal one (INRC, n.d.).

### **Sexual Misconduct**

Sexual misconduct is defined as "engaging in conduct with a patient that is sexual or may reasonably be interpreted by the patient as sexual; any verbal behavior that is seductive or sexually demeaning to a patient; or engaging in sexual exploitation of a patient or former patient (NCSBN, 2009, p.4)." Evans (2010) adds that the behaviors can be in the presence of a patient, not just with a patient. The author indicates sexual misconduct can include "using professional power, influence, or special knowledge to obtain sexual gratification from a patient" (Evans, p. 53).

The Council for Healthcare Regulatory Excellence (2008) discusses some of the consequences for when sexual boundaries are breached with a patient. The patient can experience significant and long lasting harm. The trust between the patient and health care professional is damaged. As a result, the patient's decisions about seeking help from healthcare providers may be negatively affected. This can lead to serious outcomes for the patient's mental and physical health.

### **Scenarios**

Let's examine some scenarios in which nurses unintentionally and intentionally violate boundaries.

#### **Scenario # 1**

*The nurse is caring for a patient with newly diagnosed diabetes on a medical-surgical unit. The nurse has diabetes also and tells the patient and his family about her history and treatment, including*

*suggestions about what medications may benefit the patient.*

This is an example of boundary crossing. Speaking in general terms about the diagnosis for the patient's benefit is acceptable. However, providing a detailed overview of the nurse's personal experience with diabetes and suggesting medications is not acceptable, as every patient's needs can be different. The nurse may perceive she is being helpful but this does not justify oversharing. Continuing to cross the boundary of the relationship can easily result in a boundary violation.

#### **Scenario # 2**

*The nurse accepts an assignment to provide care for a pediatric patient in the home. She quickly realizes she previously dated the father of the patient, but does not tell her agency. The nurse shares with the patient's family that her spouse lost his job and she is having trouble paying the house mortgage. The patient's mother begins to give the nurse gas money monthly and later wants to terminate the relationship because she cannot afford to continue to give the nurse money. However, the mother feels her daughter might not get the care she needs if she discontinues this financial assistance of the nurse.*

This is a boundary violation. It is an example of role reversal because the patient's family is taking care of the nurse as a result of the nurse's undue self-disclosure. The nurse should not have accepted money directly from the client's mother. Since the nurse had a prior relationship with the patient's father, this nurse should have recognized this as a conflict of interest and made her employer aware. The nurse should have discussed the situation with her supervisor and declined to take this assignment once she realized the identity of the client's father. In addition, this is a double bind. The mother does not

want to continue with the nurse, but is concerned about her daughter's care.

### **Scenario # 3**

*The nurse in an oncology clinic always asks to take care of a particular patient because she feels she has the most experience administering his type of treatment and feels no other nurse in the clinic is qualified enough to do it. While receiving daily outpatient chemotherapy treatments for a few weeks, the patient asks the nurse out on a date. The nurse accepts, becomes involved in a sexual relationship with the patient, and accepts an offer of marriage.*

This is sexual misconduct. The patient is in a vulnerable state and can construe the nurse's caring attitude as something more. The National Council for Healthcare Regulatory Excellence (2008) indicates it is not uncommon for patients to begin to experience feelings for the nurse and sometimes this is expressed to the nurse in words or behaviors. It is always the legal and ethical responsibility of the nurse to maintain professional boundaries and to speak to leadership about changing assignments when signs of boundary drift first occur. This is also an example of "super nurse" behavior which often leads the patient to believe the other nurses are not qualified to provide his care.

### **Scenario # 4**

*The nurse accepts a friend request on social media from the mother of a premature infant to whom the nurse is providing care for in the NICU on a regular basis. The nurse too had a premature infant a few months prior. The nurse and the mother exchange photos of their babies. The nurse also sees in the patient's medical record the father owns a car dealership. She asks the mother to see if the father will give her a significant discount on a used car for her daughter.*

This is a boundary violation. The lines between the professional

relationship and friendship have become blurred through the use of social media. The nurse has also indulged professional privilege by using information obtained from the patient's chart for personal gain.

### **Scenario #5**

*The nurse is administering Methadone to a patient who is coming in for daily dosing at the clinic. The nurse gives the patient her phone number and says he can call if he needs any words of encouragement to prevent relapse or a ride to his narcotics anonymous meetings. They begin to text each other regularly to discuss his recovery. The nurse asked the patient to not tell anybody as it might impact him receiving his Methadone.*

This is a boundary violation. The sharing of personal contact information and the offer of personal assistance outside of the work environment is inappropriate. The nurse can no longer be objective regarding the patient's care once this boundary is breached. The patient will likely begin to expect special treatment from the nurse. The nurse is using secrecy as well as creating a double bind in which she is setting the patient up to fear access to his medication should he try to end the relationship. In addition, this nurse's actions are putting her at high risk for engaging in sexual misconduct if this behavior continues.

### **Scenario # 6**

*An inmate has been flirting with a nurse during each medication administration telling her she is pretty. The nurse finds herself enjoying the attention and encourages the inmate to request a sick call for his asthma diagnosis so they can be in the clinic together. The nurse and the inmate engage in some inappropriate behaviors, including hugging one another. They begin to speak on the phone on the nurse's days off work in a sexually explicit manner. The inmate asks*

*the nurse to put money in his spending account which she does on a regular basis.*

The inmate may be truly attracted to the nurse or may manipulate the nurse intentionally by saying things that are ego building. Regardless of the inmate's intent, it remains the responsibility of the nurse to maintain a professional, therapeutic relationship. The inmate is still considered vulnerable because the nurse is in the position of power. This is clearly sexual misconduct on the part of the nurse and the financial support of the inmate creates an aggravating circumstance related to the nurse's violation of the Nursing Practice Act and Rules.

### **Scenario # 7**

*While working in the Emergency Department, the nurse is assigned to a female patient who is overly friendly and compliments him on his bedside manner. He reads into this that the patient is attracted to him. While completing an EKG on the patient, the nurse intentionally fondles the breasts of the patient. The nurse also takes the patient's cell phone number from the demographic section of the patient's medical record and texts her a shirtless selfie.*

This is an example of sexual misconduct. No matter the patient's words or actions, it is up to the nurse to maintain the professional boundaries. Physical contact outside the scope of treatment or examination must not occur. The nurse also breached patient confidentiality by obtaining the patient's cell phone number for personal reasons without a healthcare related need to do so.

### **Scenario # 8**

*The nurse practitioner develops a close relationship with an elderly patient. The nurse practitioner agrees to be the patient's power of attorney while continuing to provide care to the patient. The patient's family members are quite displeased and have concerns regarding the nurse's intentions.*

This is clearly a boundary violation. It is unprofessional conduct for the nurse practitioner to provide care at the same time as acting as the patient's power of attorney. This is a significant conflict of interest, particularly when the nurse stands to potentially benefit financially. This could result in indulgence of professional privilege and also places the patient in a double-bind situation. The patient could fear that his care may be impacted if he requests for the nurse practitioner to no longer be his power of attorney.

### Legal Consequences

Many behaviors related to boundary violations and sexual misconduct can also be reportable for possible criminal charges. Therefore, the nurse's actions may not only impact the nurse's license status and privilege to practice, but also result in legal implications.

### Termination of the Professional Relationship

While establishing a professional nurse-patient relationship, understanding the necessity of terminating the relationship when patient care is no longer required is critical. Aston (2015) discusses the necessity of teaching nursing students about both establishing the relationship as well as working through the termination phase. If this is not understood, there is a greater risk of unintended boundary violations.

Potter et al (2017) discusses the importance of making the patient aware of when the helping relationship will be ending during the orientation phase of the relationship. The authors indicate the role the nurse plays, as well as the role the patient plays should also be established at this time along and include goal setting prior to the beginning of the working phase. During the termination phase, it is important to

prepare the patient when the end of the professional relationship is approaching. Goal achievement should be evaluated along with reflecting back on the relationship. Lastly, the nurse separates from the patient by giving up responsibility for the patient's care (p. 322).

### Cultural Differences

The Council for Healthcare Regulatory Excellence (2008) shares that it is important to be aware that cultural differences can impact what is considered to be appropriate or intimate. Seeking the patient's permission before touching the patient is essential. It is critical to be knowledgeable and respectful of cultural differences in order to preserve the patient's dignity and avoid unknowingly violating a patient's boundaries.

### Your Responsibility

As a part of professional reflective practice, it is essential to self-evaluate your interactions and behaviors with all clients. Establishment and maintenance of a therapeutic relationship anchored appropriately in the continuum is an important part of that self-evaluation regarding your clients. Your actions should always reflect the needs of the patient, not your own needs. Remaining a patient advocate to assure patient safety and quality of care is a primary goal. The ANA's Code of Ethics for Nurses by Fowler (2015) is a valuable resource to guide the nurse in understanding the ethical obligations of being a nurse as well as practicing in a manner that results in quality patient care.

### Strategies

Some examples the College of Registered Nurses of British Columbia website (n.d.) offers as strategies to maintain a therapeutic relationship include the following:

- Clearly share what your role and care limits are with the patient.
- Be aware of vulnerable patients such as those with mental health conditions, substance use or dependency disorders, cognitive impairment, or history of physical or verbal abuse.
- Keep personal and professional relationships separate. If you are in a situation where there are no alternatives than to care for someone you know personally, follow your agency policy. Make sure the patient consents and everyone knows you are working in a professional capacity at that point.
- Avoid interacting with patients on personal social media and use caution with former patients.
- When touching a patient, assure that it is in a manner that is appropriate in nursing practice.
- Do not overshare information about your personal life with the patient or family members, particularly if it is sexual in nature.
- Keep your actions with the patient and family members transparent.
- Be aware of your own emotional response to a patient. It may be necessary to dismiss yourself from providing care if you are unable to maintain objectivity.

It is also important to be aware of the actions of other health care providers and report any boundary violations or sexual misconduct. If you are unsure, speak with a member of leadership or consult with human resources. The behaviors may require a report to the Board as well as law enforcement.

If you, the nurse, are in need of professional assistance, seek it out. It is vitally important you do not use the patient or the patient's family to meet your own needs.

## Additional Education

It is valuable for nurses to receive education beyond nursing school on professional boundaries. Employers should consider providing additional education for staff. Some facilities include information in a Code of Conduct policy. Nurses can also seek out their own education. The National Council for State Boards of Nursing (NCSBN) offers a “Professional Boundaries in Nursing” video as well as an online course. NCSBN also offers a “Social Media Guidelines for Nurses” video. These can be located at <https://www.ncsbn.org/professional-boundaries.htm>.

The bottom line is: when in doubt, discuss your concerns with management or a human resources representative so that you can avoid crossing the professional boundary line while caring for your patients.

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### Maintaining Professional Boundaries in Nursing (1 CH)

#### **INSTRUCTIONS**

Read the article and 21 North Carolina Administrative Code 36.0217(c) regarding investigations and disciplinary hearings. It is located at <http://reports.oah.state.nc.us/ncac/title%2021%20-%20occupational%20licensing%20boards%20and%20commissions/chapter%2036%20-%20nursing/21%20ncac%2036%20.0217.pdf>

#### **Situations for Reflection**

1. What would you do if you were working in a patient's home and were asked to run errands for the family because their car did not work?
2. How would you handle if a patient asked for your cell phone number to text you if he/she has any questions about care after discharge?
3. What would you do if a patient offers to give you money to pet sit while he/she is in hospice care?
4. How would you approach the situation if an inmate you are caring for keeps engaging you in personal conversation and flatters you with daily compliments?
5. You start to grow particularly attached to a patient you are caring for daily who reminds you of your grandfather. You find yourself feeling strongly that no one else is as qualified as you to care for him. What are your next steps?

There is not a test requirement, although reading for comprehension and self-assessment of knowledge is encouraged.

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