

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



Leading Regulatory Excellence

**A nurse must  
understand and apply  
the following concepts  
of professional  
boundaries.**

**Y**ear 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

**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-centered 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.

**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. Nurses should make every effort to respect the power imbalance and ensure a patient-centered relationship.

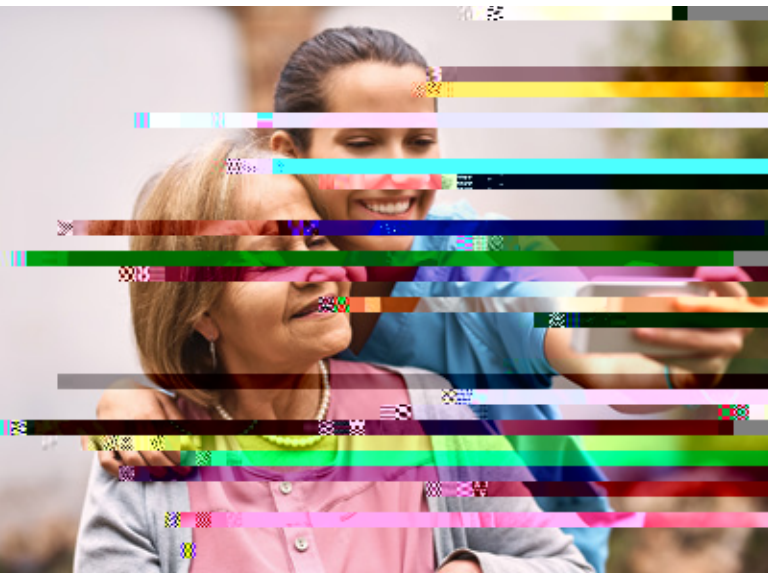
**Boundary crossings are brief excursions across professional lines of behavior that may be inadvertent, thoughtless or even purposeful, while attempting to meet a special therapeutic need of the patient.** Boundary crossings can result in a return to established boundaries, but should be evaluated by the nurse for potential adverse patient consequences and implications. Repeated boundary crossings should be avoided.

**Boundary violations can result when there is confusion between the needs of the nurse and those of the patient.** 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 patient, which may not be recognized or felt by the patient until harmful consequences occur.

**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 employer

Every nurse–patient relationship can be conceptualized on the continuum of professional behavior. Nurses can use this graphic as a frame of reference to evaluate their behavior and consider if they are acting within the confines of the therapeutic relationship or if they are underinvolved or overinvolved in their patients’ care. Overinvolvement includes boundary crossings, boundary violations and professional sexual misconduct. Under involvement includes patient abandonment, disinterest and neglect, and can be detrimental to the patient and the nurse. There are no definite lines separating the therapeutic relationship from under involvement or overinvolvement; instead, it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues’ professional–patient 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 patient’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?



# Q&A

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

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 nurse–patient relationship and dating?
- What kind of therapy did the patient receive? Assisting a patient 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 patient need therapy in the future?
- Is there risk to the patient?

## **What if a nurse lives in a small community? What a What**



### **Do boundary violations always precede sexual misconduct?**

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

If the patient consents, and even if the patient initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for a health care professional. It is an abuse of the nurse–patient relationship that puts the nurse’s needs first. It is always the responsibility of a health care professional to establish appropriate boundaries with current and former patients.



## RED FLAG BEHAVIORS

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 patient relationships for possible boundary crossings or violations.

**Signs of inappropriate behavior can be subtle at first, but early warning signs that should raise a “red flag” can include:**

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**What are some of the nursing practice implications of professional boundaries?**

Nurses need to practice in a manner consistent with

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