

# Blurred Lines: Professional Boundaries in the Nurse/Patient Relationship

Patients and nurses both benefit by respecting the boundaries of professional care.

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**FOR MANY YEARS**, nursing has been ranked as the most widely respected and trusted profession. The term “nursing” is synonymous with words like “compassion” and “empathy.” Nurses see patients as more than a group of symptoms and disease states. They also serve as bridges between families, physicians and other healthcare providers. Nurses’ to-do lists are never-ending and ever-expanding based on the needs of patients in their care. Aside from physical care, patients often also need emotional and spiritual support. Therefore, it’s not surprising close friendships form between nurses, patients and families. But, it can be difficult to define where the role of nurse ends and friendship begins. This delineation is known as the professional boundary. Like lines in a parking lot, professional boundaries have clear lines in place to protect both patients and nurses. So, it’s essential to understand these boundaries to maintain a healthy relationship that best serves patients.

## Professional Boundaries

Florence Nightingale first spoke about nursing boundaries when she said nurses will “hold in confidence matters committed to their keeping and devote themselves to the welfare of those committed to their care.” This statement referred to the responsibility of nurses to maintain the boundaries relating to patients under their care.

Fast forward to the present day and the evolution of the term professional boundaries as defined by the American Nurses Association states: “Nurses must recognize and maintain the boundaries that establish appropriate limits to relationships.” But, what does that mean? And, how do nurses and patients manage their healthcare partnerships *and* maintain healthy boundaries?

To successfully navigate boundaries in the nurse/patient relationship, it is essential to understand the terms used to define professional boundaries, and what they mean to

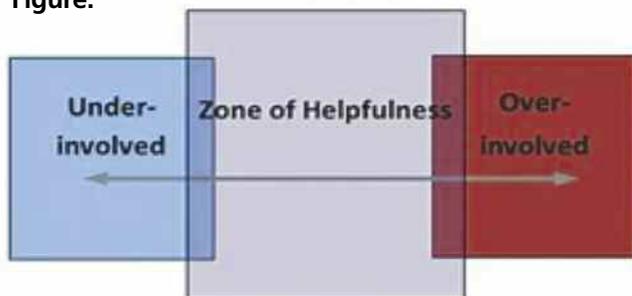
patients and their healthcare providers.

“Professional boundaries” are defined as the spaces between nurses’ power and patients’ vulnerability. In any nurse/patient relationship, nurses are always in a position of power, which comes from the amount of detailed, sensitive information nurses know about patients compared to the information patients know about their nurses. Because this creates a very unbalanced relationship, it is the responsibility of nurses to respect this power and use it for the greater good of patients.

“Boundary crossings” are thought of as brief trips across the line. Imagine, for example, a person accidentally takes up two spaces in a parking lot. That person can move his or her car immediately, and there is no harm done. The next time that person parks, he or she will likely check the car’s position. Boundary crossings are similar; they are inadvertent and are often done as a thoughtful gesture with no harm intended. Examples of boundary crossings by nurses include:

- Divulging personal information about themselves to provide comfort or reassurance to patients;
- Accepting small gifts like cookies or cake;
- Performing tasks outside of the job description such as doing household chores or cooking;
- Bringing food or other groceries to patients; and
- Transporting patients to the mall or a physician appointment, even when they are off duty.

**Figure.**



Boundary crossings are usually considered acceptable when they are done in the best interest of patients; however, if performed long-term, they can lead to more serious violations.

“Boundary violations” occur when there is confusion between the needs of nurses and the needs of patients. Imagine that while parking the car, the person determines it is his or her right to take up two spots. That person continues

to park in two spots regularly, and it becomes a habit. A few examples of boundary violations by nurses include but are not limited to:

- Divulging detailed personal information to patients, which can include financial problems, marital issues or other personal information not related to the care of patients;
- Accepting money or a loan from patients, even in small amounts;
- Refusing to allow another healthcare professional to provide care for patients;
- Keeping secrets from other healthcare professionals involved in patients’ care;
- Developing an intimate relationship before, during or after caring for patients;
- Friending patients on social media; and
- Attending weddings, graduations or other family events.

These violations are more severe and may lead to a reversal of roles, leaving patients in a vulnerable position. Oftentimes, patients don’t realize this is happening until a serious incident occurs.

“Therapeutic touch” is a practice derived from an ancient technique called “laying on of hands.” The practice of nursing requires physical contact between nurses and patients. For hundreds of years, nurses have provided comfort by holding a hand or giving a hug. In addition to physical contact needed to provide care, many patients find the act of touch comforting. It helps them to feel they are not alone. But, while most patients appreciate the act of therapeutic touch, some do not. Family members may also be uncomfortable with this form of nursing intervention. Honesty and an open discussion early in the relationship will help to establish these boundaries.

The “zone of helpfulness” occurs when the nurse/patient relationship is in perfect balance (Figure). When thinking of a professional relationship as a straight line, the zone of helpfulness is right in the middle. It is in this area where most interactions between patients and nurses should occur. To the left or right of center are areas of underinvolvement or overinvolvement. Relationships with healthcare providers often drift in either direction, and this tool can be used to help both parties evaluate the status of the partnership and make adjustments as needed. It is not necessary to evaluate every interaction that occurs between nurses and patients. More importantly, interactions should be looked at as a whole to determine where they fit on the continuum of care.

## Social Media: Friend or Foe?

The use of social media is a staple of communication in today's society. Since the 1980s, cell phone subscriptions have grown to almost 6.8 billion. Facebook, Twitter, Snapchat and Instagram are platforms that enable people to stay connected every minute of every day to any person in the world. Yet, while these platforms provide an excellent method of communicating with friends and family members, they can also make it difficult to protect the privacy of patients. Using social media can further blur the lines of what is considered a healthy nurse/patient relationship. Boundary violations occur when nurses and patients friend each other and post comments and pictures on social media, even if it occurs during the nurses' downtime. As innocent as it sounds, these actions can lead to violations of patient privacy and confidentiality. Healthcare professionals should abide by the policies provided by their organization regarding social media activity. By having an open discussion with their healthcare professionals, patients can prevent these sorts of violations from occurring.

## Warning, Warning

Red-flag behaviors can help both nurses and patients evaluate and adjust the nature of the professional relationship. These behaviors include but are not limited to:

- Secretive behavior
- A feeling of possessiveness experienced by patients or nurses
- Discussions of intimate or personal issues from nurses to patients
- Speaking poorly about other nurses or an employer in the presence of patients
- Meeting with patients in a nonwork setting or after work hours
- Friending on social media

## Facing the Consequences

Reports of boundary violations to a state's board of nursing can lead to serious consequences for nurses. Reprimands may be administered requiring nurses to undergo re-education about professional boundaries. And, suspension or permanent revocation of professional licensure, if ordered, can impact nurses' ability to practice for many years. More importantly, patients may be left feeling a lack of trust in the nursing profession and can experience emotional trauma, anxiety or depression. These experiences may lead to a setback in patients' health.

## Ensuring Patient-Centered Care

Nurses have duties to both care for and protect patients. While accomplishing this, it is entirely reasonable for friendships to form. It could be said this is a hazard of the job that is virtually unavoidable. Nurses use the skills they have obtained and their innate compassion for people to lead patients on a journey to wellness. It feels quite natural to do favors for patients to make this journey easier.

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Nurses caring for patients in the home setting are more likely to participate in these types of activities as they form long-lasting relationships with patients with chronic illnesses. It is when emotional attachments form that boundary violations become more prevalent. Therefore, it is vital for patients to have an open, honest relationship with their healthcare providers and to discuss these issues early and often.

Nursing care is always patient-centered, and nurses have to ensure patients' needs are the primary consideration. Professional boundaries were established to protect both patients and nurses. With education and self-awareness, both can benefit from maintaining a healthy relationship within the boundaries of the profession while providing the highest level of care all patients deserve. ■

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## Resources

1. Day-Calder, M. (2016). Professional Boundaries. *Nursing Standard*, 30(51), 37-38.
2. Holder, KV, and Schenthal, SJ. Watch Your Step: Nursing and Professional Boundaries. *Nursing Management*, 38(2), 24-9.
3. Mendes, A. Nursing Care and Maintaining Professional Boundaries. *British Journal of Community Nursing*, 22(8), 407-408.