



Practice Guideline

Professional Boundaries

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Professional Boundaries: Practice Guideline

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The legislated mandate of the Saskatchewan Association of Licensed Practice Nurses is to protect the public through the regulation of Licensed Practical Nurses.

Practice Guidelines are documents that help LPNs understand their responsibilities and legal obligations to enable them to make safe and ethical decisions when practicing. They provide an outline of professional accountabilities and relevant legislation ("Standards & Guidelines", n.d.)

The SALPN would like to acknowledge the National Council of State Boards of Nursing (NCSBN®) for their permission to reproduce the document Professional Boundaries, 2012.

Introduction

As healthcare professionals, nurses strive to inspire confidence in their clients¹ and their families, treat all clients and other healthcare providers professionally, and promote the clients' independence. Clients can expect a nurse to act in their best interests and to respect their dignity. This means that a nurse abstains from obtaining personal gain at the client's expense and refrains from inappropriate involvement with a client or the client's family members.

Crossing professional boundaries or improper use of social media are violations of the Nurse Practice Act and can be the cause of professional discipline and termination of employment.

Therapeutic Nurse-client Relationship

A professional relationship ensures the client's needs are first and foremost. The relationship is based on trust, respect, and intimacy and requires the appropriate use of the power inherent in the LPNs role. The professional relationship between the nurse and client is based on a recognition that clients (or designates) are in the best position to make decisions about their lives when they are active and informed participants in the decision-making process (2017 SALPN Competency Profile, 3rd Edition, 2021).

A therapeutic relationship is one that allows nurses to apply their professional knowledge, skills, abilities, and experiences towards meeting the health needs of the client. This relationship is dynamic, goal-oriented, and client- and family-centered because it is designed to meet the needs of the client and family. Regardless of the context or length of interaction, the therapeutic nurse-client relationship protects the client's dignity, autonomy, and privacy and allows for the development of trust and respect.

¹ The term client is used to include clients, patients, and residents.

Professional Boundaries – Crossings and Violations

Professional boundaries are the spaces between the nurse's power and the client'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 client versus personal information the client knows about the nurse creates an imbalance in the nurse-client relationship. Nurses should make every effort to respect the power imbalance and ensure a client-centered relationship.

Boundary crossings are brief excursions across professional lines of behaviour that may be inadvertent, thoughtless, or even purposeful while attempting to meet a client's special therapeutic need. Boundary crossings can result in a return to established boundaries but should be evaluated by the nurse for potential adverse client 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 client. 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 client, which may not be recognized or felt by the client 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 in 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 client confidentiality or privacy, as well as a boundary violation.

Professional Sexual Misconduct

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 client. Professional sexual misconduct is an extremely serious and criminal violation.

A Continuum of Professional Behaviour



Every nurse-client relationship can be plotted on the continuum of professional behaviour illustrated above. Nurses can use this graphic as a frame of reference to evaluate their behaviour and consider if they are acting within the confines of the therapeutic relationship or if they are under-involved or over-involved in their clients' care. Overinvolvement includes boundary crossings, boundary violations, and professional sexual misconduct. Under involvement includes client abandonment, disinterest, and neglect and can be detrimental to the client and the nurse. There are no definite lines separating the therapeutic relationship from under involvement or over-involvement; it is a gradual transition.

This continuum provides a frame of reference to assist nurses in evaluating their own and their colleagues' professional-client interactions. For a given situation, the facts should be reviewed to determine whether 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 client'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?

Boundaries and the Continuum of Professional Nursing Behaviour

- The nurse's responsibility is to delineate and maintain boundaries.
- The nurse should work within the therapeutic relationship.
- The nurse should examine any boundary crossing, be aware of its potential implications and avoid repeated crossings.
- Variables such as the care setting, community influences, client needs, and the nature of therapy affect the delineation of boundaries.
- Actions that overstep established boundaries to meet the needs of the nurse are boundary violations.
- The nurse should avoid situations where they have a personal, professional, or business relationship with the client.
- Post-termination relationships are complex because the client may need additional services. It may be difficult to determine when the nurse-client relationship is wholly terminated.
- Be careful about personal relationships with clients who might continue to need nursing services (such as those with mental health issues or oncology clients).

Professional Boundaries and Sexual Misconduct

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

- The keyword here is former. The following are important factors to consider when making this determination:
 - What is the length of time between the nurse-client relationship and dating?
 - What kind of therapy did the client receive? Assisting a client 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 client need therapy in the future?
 - Is there a risk to the client?

What if a nurse lives in a small community? Does this mean that they cannot provide care for neighbours or friends?

- The difference between a caring relationship and an overinvolved relationship is sometimes difficult to discern. A nursing professional living and working in a small, rural, or remote

community will have business and social relationships with clients out of necessity. In these instances, it is extremely important for nurses to acknowledge their dual relationship with clients openly and to emphasize when they are performing in a professional capacity.

- The nurse must ensure the client's care needs are primary. When this is not possible, nurses should remove themselves from the situation or request assistance from a supervisor or colleague.

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 behaviour, 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 behaviour.

Does client consent make a sexual relationship acceptable?

- If the client consents, and even if the client initiates the sexual conduct, a sexual relationship is still considered sexual misconduct for a healthcare professional. It is an abuse of the nurse-client relationship that puts the nurse's needs first. It is always the responsibility of a healthcare professional to establish appropriate boundaries with current and former clients.

Red Flag Behaviours

Some behavioural 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 behaviours should examine their client relationships for possible boundary crossings or violations.

Signs of inappropriate behaviour can be subtle at first, but early warning signs that should raise a "red flag" include:

- Discussing intimate or personal issues with a client
- Engaging in behaviours that could reasonably be interpreted as flirting
- Keeping secrets with a client or for a client
- Believing that you are the only one who truly understands or can help the client
- Spending more time than is necessary with a particular client
- Speaking poorly about colleagues or your employment setting with the client or family
- Showing favouritism
- Meeting a client in settings besides those used to provide direct client care or when you are not at work.

Clients 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 a trusted colleague or a supervisor.

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

- The nurse needs to be prepared to deal with violations by any member of the healthcare team. Client safety must be the first priority. If a healthcare provider's behaviour is

ambiguous, or if the nurse is unsure of how to interpret a situation, the nurse should consult a trusted supervisor or colleague. Incidents should be thoroughly and promptly documented. Nurses should be familiar with reporting requirements and the grounds for discipline in their respective jurisdictions; they are expected to comply with these 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 work to establish and maintain those boundaries. When crossings occur, nurses should examine any boundary-crossing behaviour and seek assistance and counsel from their colleagues and supervisors. Nurses also need to be cognizant of the boundary violations that occur when using social media to discuss clients, their family, or their treatment. These issues are discussed in depth in NCSBN's brochure [A Nurse's Guide to the Use of Social Media](#). Other resources about social media guidelines can be found at ncsbn.org/boundaries.

The Nurse's Challenge

- Be aware.
- Be cognizant of feelings and behaviour.
- Be observant of the behaviour of other professionals.
- Always act in the best interest of the client.

Additional resources

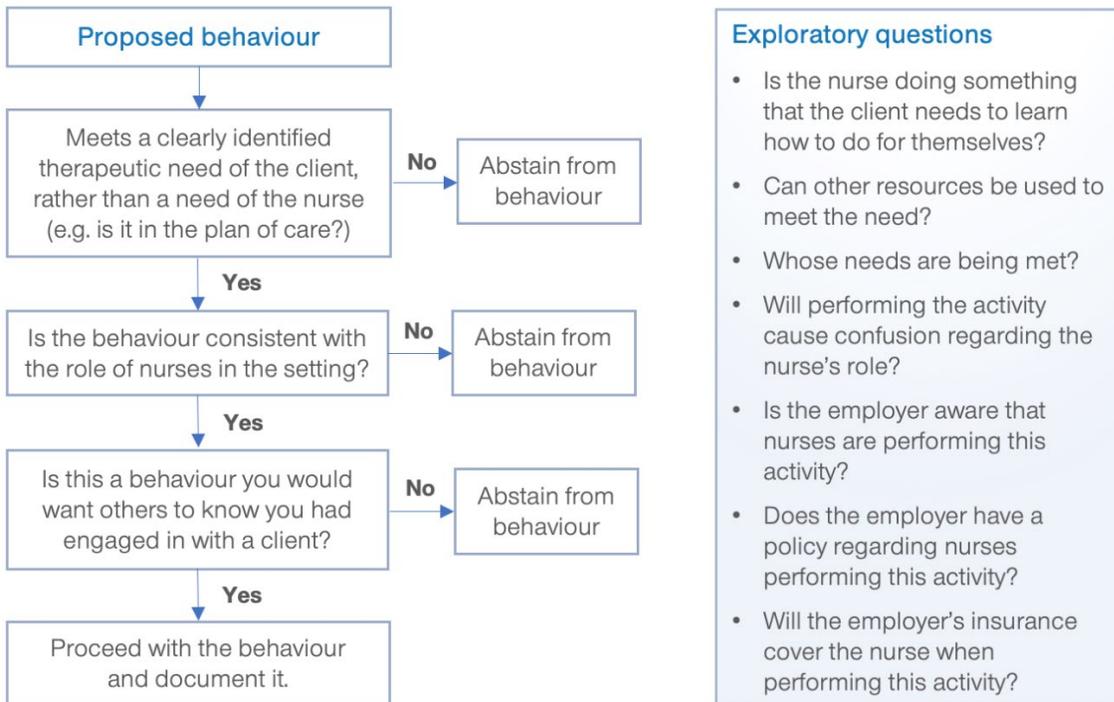
[Standards of Practice](#) and [Code of Ethics](#) – LPNs are required to practice within the SALPN's Standards of Practice and Code of Ethics at all times. Standard 4 requires that an LPN maintain professional boundaries in the nurse/client therapeutic relationship (indicator 4.4). Standard 3 requires an LPN to establish, maintain, and appropriately end the professional therapeutic relationship with the client and their families (Indicator 3.1). In the Code of Ethics, an LPN is expected to develop trusting, therapeutic relationships while maintaining professional boundaries (Indicator 2.7). Any breaches of these indicators may find the LPN guilty of professional misconduct and subject to disciplinary action by the SALPN.

[Professional Boundaries in Nursing](#) – This Nursing Council of State Boards of Nursing video helps explain the continuum of professional behaviour and the consequences of boundary crossings, boundary violations, and professional sexual misconduct. Internal and external factors contributing to professional boundary issues, including social media, are explored.

[Maintaining Professional Boundaries in Nursing](#) – Robyn Carroll, MPH, wrote this article Berxi (part of the Berkshire Hathaway Specialty Insurance Company). It discusses boundary crossing and violations and offers numerous tips to help nurses navigate the challenges of professional boundaries.

[Boundaries in the Nurse-Client Relationship](#) – A practice standard from the British Columbia College of Nurses and Midwives that lists principles that need to be maintained.

The College of Nurses of Ontario's decision tree (on the following page) will assist LPNs in working through a personal situation to determine whether a particular activity or behaviour is appropriate within the context of the nurse-client relationship. The decision tree should be used while considering all the components of the nurse-client relationship and the behavioural expectations. The tool may also be useful for self-reflection and peer input as part of the self-assessment process and guiding client care discussions in your practice setting.



Source: *Therapeutic Nurse-Client Relationship* (2019) College of Nurses of Ontario

References

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- [A Nurse's Guide to Professional Boundaries](#). (2018). Nursing Council of State Boards of Nursing.
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[*Standards & Guidelines*](#). (2021). College of Nurses of Ontario.

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