

More info: ncsbn.org/5081.htm

Mary, a home health nurse, has been providing care to Dorothy for more than six months. The two of them have enjoyed pleasant conversations and discovered several mutual interests. Dorothy genuinely likes Mary and is grateful for the excellent care she's provided.

Their friendly relationship has always remained on a professional level until today, when Dorothy overhears Mary telling a friend about her

professional behavior. At the center of the continuum is what is commonly referred to as the therapeutic nurse/patient relationship. This

case, Jack is putting his own needs and desires before the patient's. The difference is context. In the second case, the act of presenting the exact same gift becomes a boundary violation.

Mary's acceptance of a loan from Dorothy is another example of a boundary violation. By allowing Dorothy to learn of her financial issues, Mary disclosed too much information about her personal life. When she accepted a loan from her patient, Mary placed her personal gain ahead of her patient's best interests.

Professional sexual misconduct is an extreme form of boundary violation. It includes any behavior that is seductive, sexually demeaning, harassing, or reasonably interpreted as sexual by a patient. Professional sexual misconduct creates a breach of trust, and this is an extremely serious violation of the nurse's professional responsibility to a patient.

Violations of the Nurse Practice Act are addressed by boards of nursing. Depending on the laws and regulations of the jurisdiction, as well as the severity and context of the boundary crossing or violation, consequences may range from verbal warnings to license suspension or revocation.

So, how can we identify potential boundary crossings and violations before they happen? Nurses who display one or more of the following behaviors should examine their patient relationships for possible boundary crossings or violations.

Excessive self disclosure, secretive behavior, special treatment, flirtation, or overprotective behavior, any of these behaviors may indicate a shift from the therapeutic nurse/patient relationship to over-involvement with the patient. Once a nurse becomes over-involved in the patient's world, the professional relationship is betrayed.

Many of these behaviors may have a reasonable explanation. However, if a pattern emerges, it's time to stop and evaluate the behavior and possibly talk with a colleague or mentor. The earlier a nurse evaluates behaviors and seeks help, the greater the chances of returning to the therapeutic nurse/patient relationship.

Take the case of Katie, a nurse caring for a late-stage cancer patient, Cindy. Cindy's husband Joe is having trouble coping with his wife's

illness. Wanting to comfort Joe, Katie has drifted from conversations with him outside his wife's room to having coffee with him in the hospital cafeteria. Now, Joe is calling Katie at home and posting comments on social media, saying she's the only person who really understands what he's going through.

Uncertain what to make of the situation, Katie talks to her nurse manager, who helps Katie understand that while her intentions are good, her actions constitute inappropriate over-involvement with a patient's family. Because she is open to assessing her professional relationships and sharing her concerns with her manager, Katie is able to return to patient-centered care before a boundary violation occurs. If Katie hadn't recognized the warning signs and talked to her manager, the crossing could have escalated to a boundary violation.

Boundary crossings can happen to any nurse. The key to avoiding them is continual alertness, self-evaluation, and emphasis on the patient's best interests. In respecting professional boundaries, nurses protect their patients, themselves, and the profession.