Professional Boundaries

Practice Guideline

ANBLPN | AIAANB

Association of New Brunswick Licensed Practical Nurses

L'Association des Infirmier(ère)s Auxiliaires Autorisé(e)s du Nouveau-Brunswick

Mission

The Association of New Brunswick Licensed Practical Nurses (ANBLPN) is the regulatory authority for Licensed Practical Nurses (LPN) in New Brunswick. ANBLPNs mandate is protection of the public by promoting the provision of safe, competent, ethical, and compassionate care. ANBLPN sets, monitors, and enforces practical nurse education, registration, and professional conduct. ANBLPN creates Standards of Practice, establishes a Code of Ethics, and develops and implements a Continuing Competence Program. Additionally, ANBLPN publishes documents to support the practice of LPNs in New Brunswick.

Contents

INTRODUCTION

Over the years, countless research studies have revealed that nursing is among one of the most widely respected and trusted professions in the world. These research findings reflect that the public trusts nursing professionals to act in their best interst while respecting their dignity.

This means that nursing professionals will not jeopardize the **therapeutic nurse-client relationship** and will conduct their practice according to their established professional standards. This includes establishing and maintaining **professional boundaries** with their clients (NCSBN, 2018).

Licensed Practical Nurses (LPN) have a professional responsibility to uphold these professional boundaries across all practice contexts. This professional responsibility exists both on and off duty and extends into the use of social media. A breach of professional boundaries can result in disciplinary action by the regulatory authority affecting an LPNs license and privilege to practice.

THERAPEUTIC NURSE-CLIENT RELATIONSHIP

The therapeutic nurse-client relationship is foundational to nursing and this relationship is purposeful, and goal directed. The relationship is based on trust, respect and empathy and allows LPNs to apply their knowledge, skills, and abilities to meet a client's health care needs. Regardless of the practice environment or length of interaction with the client, the therapeutic nurse-client relationship must always protect the client's dignity, autonomy, and privacy. Every therapeutic nurse-client relationship involves five common characteristics:

1. **Trust** – LPNs are trusted to act in the best interest of the client while providing safe, competent, compassionate, and ethical care. When trust is breached it is extremely difficult to re-establish.

2. **Respect** – LPNs recognize and value the worth of each client and treat clients with respect regardless of socio-economic status, personal attributes, or the nature of the health problems.

3. **Professional Intimacy –** Nursing is compassionate in nature and involves physical, psychological, and social elements that may create feelings of closeness between the LPN and client which increases the vulnerability of clients. Professional intimacy must always be therapeutic, time-limited and client focused.

4. **Fiduciary Duty** – LPNs must put aside their own needs, act in the best interest of the client and avoid conflicts of interest. LPNs must be aware of their own behaviours, values and emotional needs and keep these separate from their clients.

5. **Power** – The nurse-client relationship is one of unequal power due to clients being dependent on our nursing services, knowledge, access to confidential information and ability to influence decisions. The power imbalance created puts clients in a position of vulnerability, therefor, LPNs must recognize this imbalance and be aware that clients may feel intimidated or dependent (NSCN, 2020).

Personal Relationships vs. Therapeutic Nurse-Client Relationships

Personal relationships are those that are focused on the interest and pleasure of all individuals involved. These relationships may be in person or on-line and may be casual, sexual, friendly, or serious. In a personal relationship all members involved are equally responsible for setting the parameters and maintaining the relationship.

A therapeutic nurse-client relationship differs in that the focus must always be on meeting the needs of the client. Additionally, regardless of how a client may behave, the LPN has a legal and professional responsibility to establish and maintain professional boundaries in the therapeutic nurse-client relationship.

The table below reviews the differences between a personal relationship and a therapeutic nurse-client relationship.

Characteristics	Therapeutic Nurse-Client Relationship	Personal Relationship
Behaviour	Regulated by a Code of Ethics and Standards of Practice	Guided by personal values and beliefs
Renumeration	LPN paid to provide a service	No payment involved
Location of Relationship	Limited to where services are rendered	Unlimited / Undefined
Purpose of Relationship	Goal directed; meeting client needs	Spontaneous, pleasure and interest directed
Power balance	Unequal, LPN in position of authority over client	Equal
Responsibility for relationship	LPN establishes and maintains professional boundaries	Equal
Preparation for Relationship	LPN requires formal knowledge, preparation, and orientation	No formal knowledge or preparation required
Time spent in contact	Limited to nursing care and employment agreements for hours worked	Personal choice, no limits

(NSCN, 2020)

PROFESSIONAL BOUNDARIES

Professional boundaries are the defining lines that separate a therapeutic relationship from a personal relationship. These boundaries define how health professionals should relate and interact with clients not as a friend, but as a skilled professional committed to helping the client reach their health care goals.

Professional boundaries are also the spaces between the nursing professional's power and the patient's vulnerability (NCSBN, 2018). This power is inherent to the role of the nursing professional and therefor, LPNs must make every effort to respect this power imbalance and ensure a client-centred relationship. When nursing professionals enter a therapeutic nurse-client relationship they are in a privileged position due to their role and access to personal, sensitive information involving the client. This creates a power imbalance in the relationship and places the client in a position of vulnerability where they can be at risk for exploitation or abuse if the nursing professional breaches trust in the relationship (Green, 2017).

LPNs are required to maintain professional boundaries regardless of the practice environment or length of interaction with the client to ensure a therapeutic nurse-client relationship. If an LPN veers away from these boundaries they are at risk of committing a **boundary crossing** or **boundary violation**. The duty to maintain these professional boundaries always lies with the LPN and not the client (NSCN, 2020).

Boundary Crossings vs. Boundary Violations

At times boundaries may be unclear to the health professional. As an LPN, it remains your responsibility to recognize when a relationship begins to depart from the therapeutic nurse-client relationship and implement steps to correct this.

The duty to maintain professional boundaries always lies with the LPN and not the client.

Professional lines are crossed when the relationship changes from that of a professional and therapeutic one to one that is unprofessional and personal. If these professional lines are crossed, it may cause harm to the client or reduce the benefit of care to the client.

If a nursing professional briefly but unintentionally crosses a professional line while attempting to meet a certain need of a client, this is considered a *boundary crossing*. Boundary crossings put the nursing professional at risk of further crossing professional lines which increases the risk of committing a boundary violation (Go, 2018). For example, if the LPN and client have discovered they both like the same coffee shop and the LPN decides to bring the client a coffee from the shop upon their next shift, this is a boundary crossing.

Boundary crossings can be amended with a return to established professional boundaries, however, the nursing professional should evaluate their behaviour and ensure that a repeat in boundary crossings does not occur (NCSBN, 2018).

Some examples of boundary crossings in the therapeutic nurse-client relationship include:

- Connecting with clients on social media;
- Giving gifts to the client or doing “favors” for the client;
- Self-disclosure to clients;
- Establishing a personal relationship with a client; and
- Providing care that is beyond the LPNs ‘job’.

A *boundary violation* occurs when there is confusion about what the needs of the client are versus the needs of the nursing professional. Boundary violations can be seen as an act of abuse and if serious enough, it can lead to disciplinary action. For example, if an LPN borrows or accepts money from a client this is a boundary violation.

It is never acceptable if the behaviour in the relationship benefits the nursing professional at the expense of the client.

Boundary violations can cause stress for the client, which they may not recognize until harmful consequences have occurred. For example, if the client continually gives money to the nursing professional to the point that the client can no longer afford to do so.

Some examples of boundary violations in the therapeutic nurse-client relationship include:

- Engaging in a sexual relationship with a client;
- Excessive self-disclosure to the client;
- Borrowing or accepting money from a client;
- Accepting gifts from a client or giving gifts to a client;
- Selling products to a client that will promote the nursing professional's business and/or results in a profit for the nursing professional; and
- Becoming emotionally involved in the personal relationships of the client.

Problematic Behaviours

Professional boundaries separate therapeutic behaviour from non-therapeutic behaviour and describe what is acceptable and unacceptable by the nursing professional both inside and outside of the clinical practice environment (Green, 2017). Professional boundaries can be confusing for many and therefor nursing professionals need to have a clear understanding of what is acceptable and unacceptable in the nurse-client relationship.

Research done by Kelley Hall in 2011, identified four behaviours by nursing professionals which are problematic in the therapeutic nurse-client relationship. These behaviours are undue self-disclosure, secretive behaviour, "super-nurse" behaviour and special treatment behaviour.

A small amount of self-disclosure can be therapeutic if used with the intention of assisting the client in a positive way. For example, if a client is having a hard time accepting a new diagnosis of diabetes and the nursing professional tells them that they also have diabetes; this is an acceptable form of self-disclosure.

However, **excessive/undue self disclosure** of personal problems to the point that a client becomes upset about the nursing professional's personal situation is a boundary violation. Nursing professionals should never share their personal lives with their clients and should always keep their client interactions strictly professional.

Secretive behaviour by the nursing professional is also highly problematic as there should never be secrets between a nursing professional and client. An example of this could be an LPN texting a home care client that they will be late for their visit, and then telling the client not to tell anyone. This can further lead to the LPN and client continuing to text each other about personal information and the relationship becoming personal rather than professional.

"Super nurse" behaviour occurs when a nursing professional believes that they are the only ones who can properly care for a certain client. This can further lead to the nursing professional offering **special treatment** to the client while neglecting the needs of other clients in their care (Go, 2018). A combination of these two behaviours destroys the therapeutic nurse-client relationship and may lead to the client believing that others are not qualified to provide care to them which creates an unprofessional and personal relationship.

Continuum of Professional Behaviour

Every nurse-client relationship can be placed on a continuum of professional behaviour and this continuum helps nursing professionals evaluate their client interactions to help ensure that they are not **under or over involved** with their clients.

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

Nursing professionals should use this continuum to determine if their behaviour is within the therapeutic relationship. If a nursing professional becomes under or over involved with a client, they run the risk of committing an extreme boundary violation such as abuse and neglect.

Extreme Boundary Violations

Abuse and neglect are examples of extreme boundary violations. **Abuse** of a client involves the misuse of power or a breach of trust and respect between the nursing professional and client where the LPN knows that the behaviour will cause physical or emotional harm to the client (NSCN, 2020). For example, if the LPN decides to stop answering the call bell of a client because they are "annoyed", this is a form of client abuse that has the potential to lead to neglect.

Neglect occurs when a nursing professional fails to meet the basic needs of clients who are dependent on them for care. This can occur in many forms such as confining/isolating/ignoring clients or withholding communication from clients.

If an LPN observes these types of behaviours, they have a professional and legal duty to report the behaviour to their employer and/or regulatory authority. Extreme boundary violations by an unregulated care provider must be reported to their employer and regulated care providers (LPNs or RNs) should be reported to their respective regulatory authority (ANBLPN or NANB).

Under and Over Involvement

Being either under involved or over involved with a client jeopardizes the nursing professional's ability to provide safe, competent, compassionate, and ethical care (Go, 2018).

Being *under involved* means that the nursing professional has become disengaged with the client. This may mean that the nursing professional has distanced themselves from the client or has stopped talking to the client. It is every nursing professional's responsibility to meet the needs of their clients and to adhere to their duty of care. If an LPN becomes under involved with a client it damages the nurse-client relationship and may lead to neglect or abandonment, both of which are extreme boundary violations.

Being *over involved* means that the nursing professional is putting an unnecessary, increased focus on the client. This may result in the LPN spending more time with one client while neglecting the needs of others.

Developing a personal relationship with a client is an example of over involvement as this goes beyond the therapeutic nurse-client relationship. Some other examples of over involvement include:

- Discussing personal issues with a client (undue self-disclosure);
- Keeping secrets with a client;
- Requesting an assignment change so that you can care for them;
- Believing that only you can provide proper care to them;
- Speaking poorly about colleagues or the workplace with the client;
- Exchanging gifts with the client;
- Communicating with the client via electronic communication;
- Showing favouritism to the client; and
- Meeting the client in settings outside of work.

No clear lines exist to define where a therapeutic relationship ends and under or over involvement begins.

As per the professional continuum of care, there is a fine balance between maintaining a therapeutic relationship and seeping into under or over involvement with a client. There are no clear lines to define where the therapeutic nurse-client relationship ends and under or over involvement begins and this transition from one to the other can be gradual (Go, 2018). Being under involved with a client risks providing inadequate care while being over involved risks breaching the professional relationship between the nursing professional and the client. In extreme circumstances, over involvement can lead to sexual misconduct.

Boundary Violations and Social Media

Engaging in social media is now a frequent and normal part of our lives. Recently, there has been an increase in the number of complaints related to social media being reported to regulatory authorities across the country. These complaints range from inappropriate content and postings, breaching client confidentiality and crossing professional boundaries (Green, 2017).

As social media is now a permanent fixture in our lives, nursing professionals must ensure that they do not commit a boundary crossing related to their use of social media. Nursing professionals need to understand that their online behaviour can have negative consequences on their license and employment status.

It may be a natural feeling for a client to want to connect with their health care provider on social media, however, it is highly inadvisable for LPNs to connect or become “friends” with clients on social media. LPNs need to maintain professional boundaries on social media and be clear with both current and former clients that connecting via these social media platforms is inappropriate (Green, 2017). If an LPN were to accept “friend requests” or engage with clients via other social media means, this would be considered a boundary crossing and damaging to the therapeutic nurse-client relationship.

Nursing professionals must be mindful regarding professional boundaries and client confidentiality and must also refrain from posting work-related information on-line as this creates a risk of breaching confidentiality as well as allegations of professional misconduct if the comments are negative and derogatory.

Sexual Misconduct

Sexual misconduct by an LPN is an extreme boundary violation and constitutes professional misconduct. It is extremely serious and considered a criminal violation. Sexual misconduct includes not only forming a romantic relationship with a client, but involves any behaviour that is seductive, sexually demeaning, harassing, or is reasonably interpreted as sexual by the client (NCSBN, 2018). Sexual misconduct may involve the nursing professional using their professional power to obtain sexual gratification from the client which can cause long lasting harm to the client.

Sexual misconduct may be physical, verbal or non-verbal and may be exhibited in person or through electronic means by the nursing professional towards a current client, former client, vulnerable former client or directed at a colleague who has not given consent (NSCN, 2020).

Relationships and Client Types

Nursing professionals must not engage in sexual misconduct with anyone and must never engage in any form of sexual behaviour with a **current client** or with a **vulnerable former client**. If the nursing professional is considering engaging in sexual behaviour with a **former client** there are various elements to consider.

Current clients are those with which a nurse-client relationship has already been formed and is ongoing. Therefor, the nursing professional must **not** engage in a personal relationship or any form of sexual behaviour with this type of client. If you are unsure as to whether the nurse-client relationship has already been formed, consider the following:

- Have you provided nursing services to this client?
- Have you viewed or accessed health information for this client?
- Has the client consented to nursing services provided by you?

If you answer yes to any of the above, the individual is considered a current client.

LPNs must also consider the amount of time that has passed since nursing services were provided to the client. As a rule, a minimum of one year since the last day of care provided should have passed.

Depending on the situation, a client may no longer be considered a current client if the care that the nursing professional provided was **episodic**. Episodic care can be defined as when an LPN provides care to a client for a specific service where neither the LPN nor client has the expectation that there will be continual care (CLPNA, 2019). For example, if an LPN works in the emergency department and they have assisted with applying stitches to a wound and the client is then discharged home.

Although the individual is not considered a current client following episodic care, LPNs must still evaluate the appropriateness of initiating a relationship with the client whom they have provided episodic care to.

<u>Please consider the following regarding clients who have received episodic care:</u>

- What is the risk of a power imbalance between the LPN and client?
- What was the nature of the health concern?
- What type of care was provided by the LPN?
- How much time has passed since nursing services were provided?

- Has the client confided personal information to the LPN?
- What is the vulnerability of the client?

Establishing a personal relationship with a *former client* can be overly complex. The complexity increases if the personal relationship is formed shortly after the termination of the nurse-client relationship as it is difficult to determine if the personal relationship was formed while the client was receiving care from the LPN (NSCN, 2020).

As previously stated, the general expectation is that one year must have passed since the last day that nursing services were provided to the client prior to engaging in a sexual relationship with a former client. However, depending on the situation, it may still be inappropriate for an LPN to engage in a romantic/sexual relationship with the client regardless of the amount of time that has passed (CLPNA, 2019).

*LPNs must **never** engage in a personal or sexual relationship with a former vulnerable client.*

Nursing professionals who are contemplating engaging in a personal or sexual relationship with a former client must consider the following factors:

- Is there an ongoing risk to the former client?
- What is the risk of a continual power imbalance?
- What is the length or time that has passed since the last day that care was provided to the client?
- How much personal health information was accessible by the LPN?
- What is the vulnerability of the client?
- What is the maturity of the client?
- What is the client's decision-making ability? (NSCN, 2020).

If an LPN has provided nursing care related to psychotherapeutic treatment, the client will always be considered vulnerable, and LPNs must never engage in a personal relationship or any form of sexual behaviour with a *vulnerable former client*.

Psychotherapeutic care refers to areas such as mental health, addictions, and chronic care. Psychotherapeutic care can be further defined as "interventions intended to treat the underlying condition or to provide support and guidance to an individual with a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs the individual's judgement, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life" (CLPNA, p. 6, 2019).

A power imbalance will always exist in the nurse-client relationship, therefor a degree of vulnerability will exist with all former clients.

There are several factors that increase the likelihood that a former client is a vulnerable former client such as:

- The nature of the care provided (type, intensity and duration of care, likelihood that client will receive further care);
- Client's ability to make sound decisions;
- Age and maturity of the client; and
- Other factors relevant to the client's circumstances (NSCN, 2020).

DUAL ROLES

At times, nursing professionals may find themselves in a dual role. A dual role exists when the LPN is required to provide nursing services to a client who is a family member or friend. This puts the LPN in a dual role of nursing professional and family member or friend (CLPNA, 2019). Often this occurs in smaller communities. In situations such as this, the best solution is to transfer the care to another appropriate health care provider. However, this is not always possible due to staffing and availability.

If it is not possible to transfer the care, the LPN must ensure that they set very clear boundaries with the client so that the client understands that even though they may be related or a friend, the services they are providing are strictly that of a nursing professional.

The LPN will need to ensure that they do not engage in behaviours that would be considered a boundary crossing. This would include behaviours such as attempting to use their power as a nursing professional to gain any more access to personal health information than is required to provide safe care or engaging with the client on social media regarding their care, colleagues, or the practice environment.

TERMINATING THE NURSE-CLIENT RELATIONSHIP

Regardless of the relationship or practice setting, the therapeutic nurse-client relationship must always be terminated. Termination of the nurse-client relationship occurs when care is no longer required such as when clients are discharged home or have recovered.

If a nursing professional provides any sort of indication that the relationship will continue, it is deemed unprofessional and unethical. For example, if an LPN tells the client that they can connect on social media if they have any questions about their care or condition (CLPNNL, 2017).

As per the LPN Standards of Practice, LPNs "establish, maintain, and appropriately end the professional therapeutic relationship with the client and their families" (CCPNR, 2020).

Conclusion

The therapeutic nurse-client relationship remains at the core of nursing and is necessary to provide safe, competent, compassionate, ethical care. LPNs are responsible to establish, maintain and terminate this relationship regardless of the practice context or length of interaction with the client. LPNs must also ensure they establish and maintain professional boundaries with all clients and if a boundary crossing occurs due to the LPNs behaviour, they must take steps to correct the issue and ensure the behaviour is not repeated.

LPNs should continuously evaluate their behaviour to ensure it remains in the therapeutic range of the continuum of professional behaviour. They must also ensure that boundary violations do not occur when using social media. The duty to maintain these professional boundaries always lies with the LPN and not the client.

Appendix I: Q&A Scenarios

Q: If a client consents to a sexual relationship with the nursing professional is the relationship considered acceptable?

A: If a client has consented or perhaps even initiated the sexual behaviour, it is still not appropriate and can be considered sexual misconduct by the nursing professional. This would be damaging to the therapeutic nurse-client relationship and puts the needs of the nursing professional first. The responsibility to maintain professional boundaries always lies with the nursing professional, regardless of consent or who the behaviour was initiated by.

Q: If the nursing professional wants to date a former client, is this considered sexual misconduct?

A: The key word in this question is *former* client. However, even though they are considered a former client, this is still a complex situation that involves many factors for the nursing professional to consider such as:

- The length of time that has passed between the delivery of nursing care and dating;
- The type of care the client received from the nursing professional (episodic, long term, chronic);
- The vulnerability of the client;
- The amount of risk posed to the client; and
- The amount of personal client information obtained by the nursing professional.

Regardless of the situation, LPNs must never engage in a romantic relationship with a current or former vulnerable client.

Q: If I live in a small, rural community does this mean I can not ever provide care to family or friends?

A: It is quite possible that those working in small, rural communities will face a situation where they may need to take on a dual role; that of a nursing professional and family member or friend. The best course of action is to transfer care to another appropriate health care provider, however, if this is not possible the LPN may provide care providing they set clear boundaries with the client that the relationship will be strictly professional.

Q: If a client locates me on social media and sends me a message inquiring about a health care need, can I respond to the client providing I do not become "friends" with them?

A: No, any form of electronic communication with a client is considered a boundary crossing. Maintaining professional boundaries must be maintained with the use of social media and this is not an appropriate avenue of communication for the nursing professional to have with the client as it increases the risk of the relationship moving from professional to personal.

Are **YOU** or a **COLLEAGUE** crossing **professional boundaries** with a client?

Here are some WARNING SIGNS you should pay attention to:

- **Giving personal contact** information to a client
- **Communicating electronically** with a client through social media
- **Giving gifts** to clients
- **Paying special attention** to a client (spending time with them outside of work)
- **Discussing personal issues** with a client
- **Changing assignments** to care for a specific client
- **Dressing differently** for a particular client
- **Frequently** thinking about a particular client
- **Feeling** other members of the team do not understand a specific client
- **Keeping secrets** with the client

Boundary violations, like the ones listed on this fact sheet, can lead to sexual misconduct. By recognizing the warning signs, you can stop the behaviour and prevent it from escalating to sexual misconduct.

The textual content is adapted from the College of Nurses of Ontario, the original work is available on cno.org.

References

Canadian Council of Practical Nurse Regulators. (2020). *Standards of Practiced for Licensed Practical Nurses in Canada*. https://www.anblpn.ca/wp-content/uploads/2021/04/CCPNR-2020-Standard_ENG.pdf

College of Licensed Practical Nurses of Alberta. (2019). *Practice Guideline: Professional Boundaries.* Edmundston: Alberta.

College of Licensed Practical Nurses of Newfoundland and Labrador. (2017). *Interpretive Document: Therapeutic Nurse-Client Relationship.* https://www.clpnnl.ca/sites/default/files/2017-04/Therapeutic_Nurse-Client_Relationship_Interpretive_Document_2017.pdf

College of Nurses of Ontario. (2019). *Warning Signs Fact Sheet*. https://www.cno.org/globalassets/4-learnaboutstandardsandguidelines/prac/learn/sap/sexual-abuse-warning-signs-en.pdf

Go, Ruth Ann. (2018). *Maintaining Professional Boundaries in Nursing.* North Carolina Board of Nursing; Palmetto Nurse, v. 6

Green, Janet. (2017). *Nurses online behaviour: lessons for the nursing profession.* Contemporary Nurse, DOI: 10.1080/10376178.2017.1281749

National Council of State Boards of Nursing. (2018). *A Nurses Guide to Professional Guidelines.* https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf

Nova Scotia College of Nursing. (2020). *Professional Boundaries and the Nurse-Client Relationship.* Bedford: Nova Scotia.