Professional Boundaries and Dual Relationships in Clinical Practice

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ABSTRACT

Professional boundaries are the defining lines that help protect the patient and the nurse practitioner (NP). They continue to be a topic of misunderstanding and under-education. In the professional relationship there is a power differential between the healthcare professional's authority and the patient's vulnerability. This differential creates the need to keep safe professional boundaries with patients. An NP participates in a dual relationship when he or she is both healthcare provider and friend, business associate, family member, or coworker to a patient. This article aspires to offer clarity and guidance in the areas of dual relationships with patients.

Keywords: boundary crossing, boundary violation, counter transference, dual relationships, professional boundaries, self-disclosure, transference

Professional boundaries are an intricate aspect of the nurse practitioner's (NP) work; they allow for a safe personal connection between patients and their healthcare providers. As with physicians, the power differential generated by the NP's position of authority and the patient's position of vulnerability creates the need to maintain safe professional boundaries.[1,2] These boundaries can be violated in such areas as dual relationships; gift acceptance/giving; verbal, physical, or psychological abuse; sexual/romantic relationships; and neglect.

While discussions about boundary issues were once common in undergraduate nursing programs, many more abbreviated nursing programs today may omit these discussions. Additionally, many NP programs and professional associations do not define these boundaries or outline their risks and the resulting consequences of boundary violations. This article aims to clarify the important boundaries of dual relationships with patients in order to avoid confusion over what is or is not acceptable in NP practice.

Consider the following clinical scenarios.

- An OB/GYN NP is asked by her best friend from childhood if she could be her mother's healthcare provider. The NP is worried about potentially missing a diagnosis on someone who is dear to her.
- In another setting, a clinic nurse manager mentions that one of the NP's patients is good friends with a top administrator where the NP is employed. The NP explains to the nurse manager that this is an awkward situation because all her patients get treated the same.

Dual relationships exist when there are other personal or professional demands, stresses, or considerations in the relationship in addition to the provider-patient relationship. Professional boundaries in dual relationships define the personal association between the NP and the patient. They support the comfort level that maintains personal dignity and promote the best interests for both patient and NP.[1]

While there is no indication that NPs broadly engage in unacceptable behavior, NPs would be naïve to believe that they are immune to the pressures and temptations faced by other professionals.

A recent analysis of 707 professional liability claims brought against NPs from 1998 to 2008 showed 1.4% of these claims were for practitioner conduct/professional boundary violations. The average indemnity paid for these claims was $36,250.[3] The majority of these claims arise from sexual misconduct.[4]

A sexual relationship is one of the most flagrant boundary violations between provider and patient, but even dating or showing some type of preference for a patient is outside of the professional norm.

Considering that NPs are a profession composed largely of women,[5] are we better prepared or more vulnerable when confronting uncomfortable situations? Do many NPs tolerate inappropriate patient behavior and ignore it because we are caught off guard in the clinical setting? Does professional literature on underlying boundary issues with patients exist that might be helpful to individual NPs as they think in advance about handling situations that might lead them to uncomfortable situations?

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Existing literature suggests a discrepancy in power is evident within professional provider-patient relationships; it accentuates the professional's dominant position of authority and the patient's vulnerability.[1,2] During the clinical encounter, NPs have the privilege to hear patients' secrets, they perform invasive and sometimes intimate procedures, and they have access to their confidential information.[6] To a degree the patient relinquishes control in order to form trust. The patient's trust relies on a belief that the NP will act within the framework of the patient's best needs.[6,7] With such expectations, the patient projects an impression of inviolability onto the NP, and the patient's vulnerability becomes a key factor in the relationship. NPs may be surprised to know, for this reason, that the patient (regardless of age or gender) is not considered ethically or legally responsible if an illicit relationship develops between the two.[1] It is the NP's responsibility to establish and maintain appropriate boundaries, regardless of the situation or patient's wishes.[1]

All NPs will inevitably face patient relationships that are challenging, either because of ethical questions or because of unclear boundaries. It has been noted that psychiatric nurses are the most restrictive when establishing boundaries; nurses in other clinical areas have been found to be less restrictive.[8] Is it possible that many relationship problems that arise between NPs and patients are the result of unclear boundaries?

BOUNDARY CROSSINGS AND BOUNDARY VIOLATIONS

Gutheil and Simon[9] define a boundary "as the edge of appropriate or professional behavior, transgression of which involves the therapist stepping out of the clinical role." In addition, they assert that not all boundary crossings are boundary violations: "A boundary crossing is a deviation from classical therapeutic activity that is harmless, non-exploitive, and possibly supportive of the therapy itself." In comparison, a boundary violation "is harmful (or potentially harmful) to the patient and therapy alike because it constitutes exploitation of the patient, using the therapist-patient relationship as its vehicle."

Boundary violations by the provider often occur when the healthcare professional displaces or confuses his or her own needs with the patient's needs.[2,6] More often than not, such violations begin small and develop gradually.[2,9] Serious boundary violations can result in criminal charges being brought against the NP, with the loss of employment or licensure.[1] It is reported that boundary transgressions by patients are common but usually minor, such as asking personal questions, becoming verbally abusive, being overly affectionate, or attempting to socialize. Female healthcare providers are more likely to experience boundary transgressions by patients than male healthcare providers[10]—significant concerns for NPs, since 95% of nurse practitioners are female.[5]

One may consider professional behavior to exist on a continuum.[11] To the left of the continuum is a cold and distant relationship. To the right is an overinvolved relationship, leading to boundary violations. NPs, along with other healthcare providers, should strive for the middle zone (Figure 1). Clearly, there are usually boundary crossings before obvious boundary violations occur.

WHAT GOES AWRY?

Professional boundary crossings are as complex and multifaceted as we humans. All NPs should understand the basic processes that underlie professional boundary crossings. A common vocabulary and description of these processes is essential to understanding and preventing them. This should not be new information for any NP. Most commonly, boundary crossings include one or