



# Professional Boundaries: where is the line?

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# Professional Boundaries

- “Professional Boundaries in nursing are defined as limits which protect the space between the professional’s power and the clients vulnerability, that is they are the borders that mark the edges between a professional, therapeutic relationship and a non-professional or personnel relationship between a nurse and a person in their care”

ANMC and NCNZ 2010.



## A CONTINUUM OF PROFESSIONAL BEHAVIOR



Every nurse-client relationship can be plotted on the  
continuum of professional behaviour

Adapted from: National Council of State Boards of Nursing (2004)



# What frameworks determine health practitioners boundaries ?

## ■ Legal

- HDC code of consumer rights
- Health and disability sector service standards
- Health Practitioners Competence Assurance Act 2003



# So, what are the 'rules' guiding nurses?

- NCNZ's *Code of Conduct for Nurses (2012)*
- NCNZ 's *Guidelines: Professional Boundaries (2012)*
- *NCNZ's Guidelines: Social media and electronic communication (2013)*
- NZNO's *Code of Ethics (2010)*
- NZNO, NETS, NZNO National Student Unit's *Social media and the nursing profession (2012)*



# Unregulated healthcare workers?

- Where is the boundary?
- Who or what sets the standards?
- Who is accountable?



## H&DC comment:

- *“it is essential that employers of unqualified, unregistered caregivers provide adequate training to staff, including information about the maintenance of professional boundaries”*

Comments by: Theo Baker, 2013. Deputy Health and Disability Commissioner . 11HDC01045



# Keep your friends close and others ... not so close

## ■ Nurse-patient boundaries

- Nurses who allow clients to access their entire 'profile' (or similar) introduce them to details about their personal lives well beyond what would normally occur as part of the usual nurse-patient relationship, which may be a violation of professional boundaries
- [Linked In](#)



Nursing Council competencies relating to professional boundaries

## **Competency 3.1 Registered Nurse, Enrolled Nurse:**

- **“Establishes, maintains and concludes therapeutic interpersonal relationships”**
- **How do you conclude a therapeutic relationship?**



**Breeches of professional boundaries**  
**Code of Conduct NCNZ 2012**

**PRINCIPLE 7.**

Act with integrity to justify health consumers' trust

**7.2 Protect vulnerable health consumers from exploitation and harm.**

**7.5 Act in ways that cannot be interpreted as, or do not result in, you gaining personal benefit from your nursing position.**



## Breaches of professional boundaries Code of Conduct NCNZ 2012

### PRINCIPLE 7. continued

Act with integrity to justify health consumers' trust

- 7.6 Accepting gifts, favours or hospitality may compromise the professional relationship with a health consumer. Gifts of more than a token value could be interpreted as the nurse gaining personal benefit from his/her position, the nurse taking advantage of a vulnerable health consumer, an attempt to gain preferential treatment, or an indicator of a personal or emotional relationship.
- 7.7 Do not ask for or accept loans or bequests from a health consumer or anyone close to a health consumer.
- 7.8 Do not enter into a business agreement with a health consumer or former health consumer that may result in personal benefit.



## Breaches of professional boundaries Code of Conduct NCNZ 2012

### PRINCIPLE 7. continued

Act with integrity to justify health consumers' trust

- 7.9 Do not act for health consumers in your care through representation agreements nor accept power of attorney responsibilities to make legal and financial decisions on behalf of health consumers.
- 7.10 Declare any personal, financial or commercial interest which could compromise your professional judgement.
- 7.11 Do not misuse your professional position to promote or sell products or services for personal gain.
- 7.12 Respect the possessions and property of health consumers in your care.
- 7.13 Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.
- 7.14 Do not engage in sexual or intimate behaviour or relationships with health consumers in your care or with those close to them.



## **NCNZ's Guidelines: Social media and electronic communication (2013)**

- **Principle 7: Act with integrity to justify health consumers' trust**
- **7.13 Maintain a professional boundary between yourself and the health consumer and their partner and family, and other people nominated by the health consumer to be involved in their care.**
- **Avoid relationships with current or former health consumers on your **personal social networking** site.**
- **Do not use **social media** or electronic communication to pursue personal relationships with current or/other health consumers or their family members.**

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- How much whitebait is too much whitebait?
  - Factors – rural, family and cultural context.
  - Family members who are carers?
  - Family members who are carers and they are health professionals?



# Conduct in question

- Improper disclosure of personal information about patients/clients
- Lack of expected professional knowledge/judgment
- Entering into a sexual or inappropriate intimate relationship with a client or ex-client
- Sexual/intimate or inappropriate relationships
- Accepting gifts from clients or ex-clients
- Offer of/acceptance of bribes, or other favours, or sexual advances
- Inappropriate financial dealings with patients



# Case Studies

- **Inappropriate behaviour PHAR09/142P**
  - Approached person in 2004 for cellphone – declined to do so. In 2008 when person requested ECP requested cellphone number (which was not necessary) then sent variety of texts which were of an inappropriate and unprofessional nature
    - Registration suspended for 6 months/counselling and professional development at own cost/conditions on practice/costs \$15,000 plus PCC costs



# Case Studies

- Gift acceptance (HDC) 09HDC01375
  - Community health coordinator – qualified Social Worker
    - 20 pairs of shoes, 40 pairs of underwear and 20 items of clothing. three necklaces money. Conceded total value received from Ms A up to \$55,000.
    - Referred to the Director of Proceedings/although not registered will be sent to Social Workers registration board



# Case Studies

## Registered Nurse (HPDT decision 459/Nur12/202P)

Graduated in 2006. Commenced employment in a DHB ward. 2007 - upon discharge of a patient the RN commenced a sexual relationship with the patient.

The RN continued to provide nursing interventions and care to the patient during two inpatient admissions (2008&2009). Evidence in clinical records. E.g. RN completed admission procedures including risk screening, falls assessment, and pressure area assessment.

Moved into the patients home in 2009.

August 2010 admission RN was listed as an alternative contact and had the same address as patient. Did not nurse the patient during that admission.

Stole money and property, charged by police, admitted guilty and was granted discharge without conviction from the district court.



# Case Studies

Registered Nurse (HPDT decision 459/Nur12/202P) continued

Patient disclosed relationship to ward charge nurse manager on another admission to hospital in 2010. CNM and ADON encouraged patient to lay a complaint with NCNZ. Referred to Health Practitioners' Disciplinary Tribunal.

Penalty:

1. Suspension of registration for 3 years
2. Censured
3. Fined costs of \$10,000.00
4. Copy of report sent to UK Nursing and Midwifery Council
5. Undertake education on professional boundaries & ethics



# Case Studies

- HDC 07HDC 10991
- Professional boundaries between caregiver and client
  - The disability provider appeared to have been aware that there was a suspicion of an improper relationship. Two complaints were made about the relationship and drug-taking, but no evidence of any action being taken.
  - Service provider in breach of Right 4(2), 4(4) and 10 (3). Caregiver breach Right 4(2) and referred to DOP. No further action taken.

# Case Studies – 11HDC01045

- Management of care plans and home based support.
- Caregiver moved into the home of the health consumer. Was employed by the Trust
- Contract arrangements and packages of care – ACC and service provider were not signed - documents not signed or all visits documented. Variable care planning.
- Sister complained of inadequate care and boundaries. Dispute on caregiver being a beneficiary of the will.
- Health professionals and Trust were aware of the relationship.
- Inadequate oversight of the caregiver – appraisals not completed
- HDC – caregiver – no breach – no evidence of coercion or exploitation or no failure of providing adequate disability services.
- The Trust breached – Right 4(2) & (4) - failure to supervise, training, policies and highlighting risks.



# QUESTIONS

- What is your gut reaction ?
- What are the areas that cause concern regarding professional boundaries?
- As assessors – what do you pick up on?



# NZNO Member Support Centre

The easy way to contact NZNO

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# References:

- New Zealand Nurses Organisation 2012 *Social Media guideline*  
<http://www.nzno.org.nz/Portals/0/publications/Social%20Media%20and%20the%20Nursing%20Profession%20FINAL.pdf>
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