



PROFESSIONAL BOUNDARIES IN PSYCHIATRIC NURSING

As the regulatory body for the psychiatric nursing profession in Manitoba, the College of Registered Psychiatric Nurses of Manitoba (CRPNM) “must carry out its activities and govern its members in a manner that serves and protects the public interest” (The Registered Psychiatric Nurses Act, 2001). The CRPNM ensures safe, competent, and ethical psychiatric nursing practice by promoting good practice, educating to prevent poor practice, and intervening when necessary.

The practice of psychiatric nursing occurs within the four domains of direct practice, education, research, and administration. A client is anyone to whom a Registered Psychiatric Nurse (RPN) provides service. In direct practice, a client may be an individual, a family, a group, or a community that participates with RPNs in mental health promotion, illness prevention, and rehabilitation. In the domains of education, research, and administration, the RPN’s clients may include students, research subjects, and staff.

Numerous documents guide professional practice: The *Code of Ethics* and the *Standards of Psychiatric Nursing Practice* articulate the values of the profession and the minimum expectations of the RPN for safe, competent, and ethical practice. Position statements articulate the profession’s stance on particular issues. Professional practice guidelines provide RPNs with a theoretical basis for decision making.

Practice Guideline

The intent of this practice guideline is to assist RPNs to examine boundary issues in the context of current theory and the best available evidence. This document is intended to complement the *Code of Ethics* and the *Standards of Psychiatric Nursing Practice* and any legislation and other resources that guide professional practice. This document has been developed from a review of the literature to identify evidence that provides a basis for practice decisions. In areas where there is little evidence, expert psychiatric nursing opinion complements what can be found in the literature.

This professional practice guideline does not provide rules or guidance for every practice situation in all practice contexts. It is provided as a resource to RPNs to promote discussion, self reflection, clinical decision making, and sound professional judgment.

The Registered Psychiatric Nurse-Client Relationship

The core of psychiatric nursing practice is the therapeutic relationship between the client and the RPN. Establishing and maintaining this professional relationship is the responsibility of the RPN, not of the client, and every act or behaviour of the RPN must benefit the client (CRPNM, 1999). RPNs recognize that trust, respect, and empathy must always be present in the RPN-client relationship. Trust is a critical ingredient in developing rapport. This trust is established through interpersonal warmth, a non-judgmental attitude, and a demonstration of understanding (Austin and Boyd, 2008). RPNs continually seek to understand the meaning of a client’s experience and they demonstrate respect through non-judgmental and culturally sensitive behaviours.

RPNs have a fiduciary or legal relationship to their clients. A fiduciary relationship “is one in which a person with particular knowledge and abilities accepts the trust and confidence of another to act in that person’s best interest” (Craik in Penfold, 1998). Embedded in this definition is the notion that no harm will come to a person by engaging in a professional relationship with an RPN.

Social Relationships

Therapeutic relationships and social relationships are very different (Austin and Boyd, 2008). A professional relationship requires specialized knowledge or training, whereas a social relationship does not. The professional relationship is goal directed and its purpose is to provide care to the client. A social relationship, however, is interest or pleasure directed.

CRPNM Position Statement

It is the position of the College of Registered Psychiatric Nurses of Manitoba that Registered Psychiatric Nurses are responsible at all times for the psychiatric nurse-client relationship and the management and monitoring of the boundaries in that relationship.

Adherence to professional boundaries is expected in all domains of practice.

In some cases, a social relationship with a client may already exist when the need arises to develop a therapeutic relationship. Some RPNs might find themselves in dual relationships with their clients. The literature that examines dual relationships cautions that whenever a personal relationship is combined with a professional one there is potential for harm to the client (Pearson and Piazza 1997).

Power Imbalance

RPNs have specialized knowledge and are skilled in dealing with sensitive issues. Individuals, families, groups, and communities seek out the knowledge, skills, and expertise of an RPN at times when they are vulnerable. As with any professional relationship, there is an inherent power imbalance. The psychiatric nurse's power arises from the client's trust and vulnerability. The client trusts that the RPN, as a professional, has the expertise to help the client.

The RPN's professional power is also based on authority, influence, specialized knowledge, and access to privileged information (Peterson, 1992). Society grants RPNs the right to use this power for the benefit of others. This is legitimized and the actions of the RPN are given credibility through the authority granted by the role itself, 'licensure', and legislation.

Clients expect that RPNs, while in their professional role, will fulfill their ethical obligations to "do good" and "do no harm" (Newman, 2007).

Professional Boundaries

Boundaries define and separate professional roles from other roles. Boundaries are the limits that allow the safe connection between the professional and the client and are always based on the client's needs (Peterson, 1992). When boundaries are functioning well they tend to go unnoticed.

The therapeutic relationship can be viewed on a continuum. This continuum would include under-involvement at one extreme and over-involvement at the other. The centre of

the continuum represents therapeutic interactions between professionals and their clients. Every psychiatric nurse-client interaction should occur within the therapeutic zone.

Some boundaries are determined by laws, while others are determined by the CRPNM as the regulatory authority. In order to meet the professional requirements for practice, RPNs must demonstrate the knowledge, skills, judgments, and attitudes of therapeutic behaviour. The profession's *Code of Ethics and Standards of Psychiatric Nursing Practice* address the establishment and monitoring of boundaries as moral obligations and basic expectations of practice.

Boundary Violations

A boundary violation occurs when the RPN, whether consciously or unconsciously, uses the psychiatric nurse-client relationship to meet his or her personal needs rather than the needs of the client. Boundary violations breach the fundamental obligation of the therapeutic relationship; that is, to place the needs of the client first. A violation has occurred when the RPN gains personally or professionally at the expense of the client.

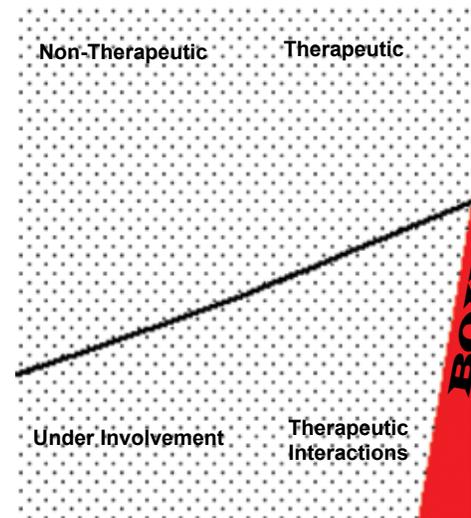
The RPN's difficulty in recognizing, accepting, and owning the power s/he holds may be at the heart of many boundary violations. The matter is further complicated when clients find it difficult to negotiate boundaries or to recognize or defend themselves against boundary violations.

Boundary violations can impact both the RPN and the client in negative ways. Boundary violations can result in a client experiencing ambivalence, mistrust, increased guilt, and shame. The violations can seriously undermine any future therapeutic interactions and relationships.

Own the
 "As a professional
 clear about the
 Accepting your po
 relationships and "uli
 primary factor in deter
 good" or "do harm" in

"There are at least two participants and several audiences to consider in addressing boundary issues: the patient; the [psychiatric] nurse; and the profession's, institution's and society's standards"

Carson. 2000



ba / Professional Boundaries in Psychiatric Nursing

For the RPN, boundary violations can result in feelings of guilt, shame, and remorse. Boundary violations have the potential to threaten the RPN's professional integrity and there may be professional and personal consequences in the form of disciplinary action from the employer and/or the regulatory body.

Preventing Boundary Violations

Within the psychiatric nurse-client relationship, RPNs have a professional responsibility to pay careful attention to warning signs that professional boundaries are in question or have already been violated.

The RPN has a duty to act in the best interest of the client and is ultimately responsible for managing boundary issues. The RPN is thus responsible and accountable for boundary violations.

It is important to be aware of warning signs because minor transgressions have the potential to become major boundary violations. On their own they may not necessarily indicate a problem.

However, if these signs are occurring repeatedly or if several of these signs are present, then the RPN should re-evaluate his or her actions.

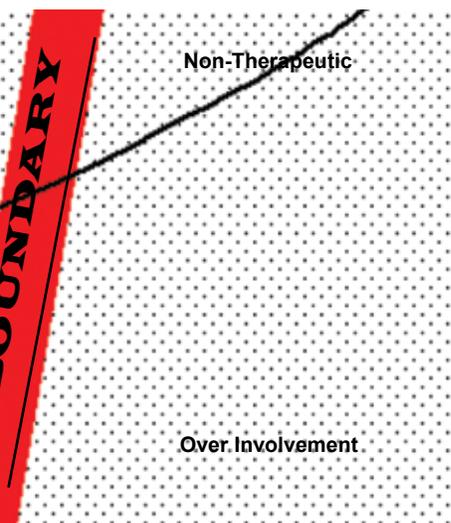
While each situation is unique, the presence of any of the suggested warning signs tells the psychiatric nurse to stop and reassess a particular relationship with a client. By paying attention to these signs, many issues can be resolved before a boundary is violated or the care of a client is adversely affected.

Potential Warning Signs

- Frequently thinking of the client when away from work
- Spending free time with the client
- Sharing personal information or work concerns with the client
- Feeling responsible if the client's progress is limited
- Noticing more physical touching than is appropriate or sexual/flirtatious content in interactions with the client
- Favouring or giving special attention to one client's care at the expense of another's
- Keeping secrets with the client
- Selective reporting of the client's behaviour (negative or positive behaviour)
- Swapping assignments to work with the client
- Communicating in a guarded and defensive manner when questioned regarding interactions/relationships with the client
- Changing dress style for work when working with the client
- Receiving gifts or maintaining contact/communication with the client after discharge or file closure
- Denying the fact that the client is a client
- Avoiding the client or keeping all interactions superficial
- Acting and/or feeling possessive about the client
- Denying that you may have already engaged in any of the above

Power
you must be very
power you have.
ver will shape your
timately it will be the
mining whether you "do
the work that you do."

Newman, 2007



Whether the boundary violation is initiated by the client or the Registered Psychiatric Nurse, it is the RPN's responsibility to identify and address professional boundary issues in a manner that is both professional and therapeutic.

Guidance for Decision Making

Some boundary violations seem obvious while others are less so. For example, while the current literature is clear that any romantic/sexual relationship is not acceptable at any time within the context of the therapeutic psychiatric nurse-client relationship, it is not always clear to RPNs what happens when the therapeutic relationship has ended (Hoffman, 1995; Moleski, 2005; Pearson and Piazza, 1997).

A review of the literature clarifies that the professional's responsibility continues even after the therapeutic relationship ends. The power differential between an RPN and a client does not change merely because the psychiatric nurse-client relationship has ended (Hoffman 1995; Moleski and Kiselica, 2005).

Boundary issues may pose significant ethical dilemmas for the RPN. It is important to consult with others so that you can fully and carefully examine the issues.

Conclusion

The psychiatric nurse-client relationship is a therapeutic and professional relationship that is established to meet the health care needs of the client. To properly acknowledge the trust, respect, intimacy, and power differentials which characterize this relationship, RPNs need to be knowledgeable about professional boundaries and accountable for maintaining them.

Boundary violations are never acceptable. They harm the client and contradict the RPN's professional Code of Ethics. In addressing boundary violations, the primary consideration of the RPN must be the welfare of the client.

Ongoing discussions with other professionals and colleagues about professional boundaries and related issues will continue to assist RPNs to maintain safe, competent, and ethical psychiatric nursing care and practice.

Acknowledgements and References

The CRPNM acknowledges the work of the RPNs on the Professional Practice Committee who ensured that the content of this document reflects the most current relevant literature. A full list of the references used in this document is available from the CRPNM on request.

The following questions may facilitate ethical decision making:

- Is this in my client's best interest?
- Whose needs are being served?
- What about this situation is causing me to pause?
- Will this have an impact on the service I am delivering?
- Should I make a note of my concerns or consult with a colleague?
- How would this be viewed by the client's family or significant other?
- How would I feel telling a colleague about this?
- Am I treating this client differently (e.g. appointment length, time of appointments, extent of personal disclosures)?
- Does this client mean something "special" to me?
- Am I taking advantage of the client?
- Does this action benefit me rather than the client?
- Am I comfortable documenting this decision/behaviour in the client file?
- Would I be comfortable seeing this decision in the newspaper or in court?
- Would I do this for all of my clients?
- Does this contradict either the *Standards of Psychiatric Nursing Practice* or the *Code of Ethics*?