



Practice Direction

Professional Boundaries in Psychiatric Nursing

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The College of Registered Psychiatric Nurses of Manitoba (CRPNM), as the regulatory body for the psychiatric nursing profession in Manitoba, “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, preventing 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 the direct practice context, a client may be an individual, a family, a group or a community that participates with RPNs through mental health promotion, illness prevention and rehabilitation. Within the domains of education, research and administration the RPN’s clients may include students, research subjects and staff.

There are a number of documents that 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 a particular issue and professional practice guidelines provide RPNs with a theoretical basis for decision making.

Practice Direction

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.

Practice Direction

The intent of this practice guideline is to assist RPNs to examine boundary issues in the context of the available theory and the best available evidence. This document is intended to compliment 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 compliments 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 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, 2019). 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 means that:

...the "fiduciary" (the one who has the duty) owes to the "beneficiary" (the one to whom the duty is owed) the highest degree of care and devotion. It means that the fiduciary must act in the best interests of the beneficiary at all times and can never take any action which harms the beneficiary intentionally and must avoid negligently harming the interests of the beneficiary as well. It means that the fiduciary cannot place him or herself in a position in which the interests of the fiduciary are in conflict with the duty to the beneficiary (Stimmel, Stimmel, & Smith, 2018).

Embedded in this definition is the notion that no harm will come to a person by engaging in a relationship with the RPN.

Social Relationships

Therapeutic relationships and social relationships are very different (Austin and Boyd, 2019).

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

The professional relationship requires specialized knowledge or training. The social relationship has no such requirement. The purpose of the professional relationship is goal directed and is about providing care to the client. The purpose of a social relationship is interest or pleasure directed. Additionally, an online presence may constitute the development of a social relationship. For more information on the CRPNM's position on social media, please go here: <https://www.crpnm.mb.ca/members/practice-resources/practice-guidelines/>.

Power Imbalance

RPNs have knowledge and are skilled in dealing with sensitive issues. Individuals, families, groups and communities seek out the knowledge, skills and expertise of the RPN 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 the RPN, as the professional, has the expertise to help.

The source of the RPN's professional power also comes from holding authority, influence, specialized knowledge and having access to privileged information (Peterson, 1992). Society grants RPNs the right to use this power for the benefit of others. By social description knowledge is also power. This power is legitimized and the actions of the RPN are given credibility through the authority granted by the role, '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).

Own the Power

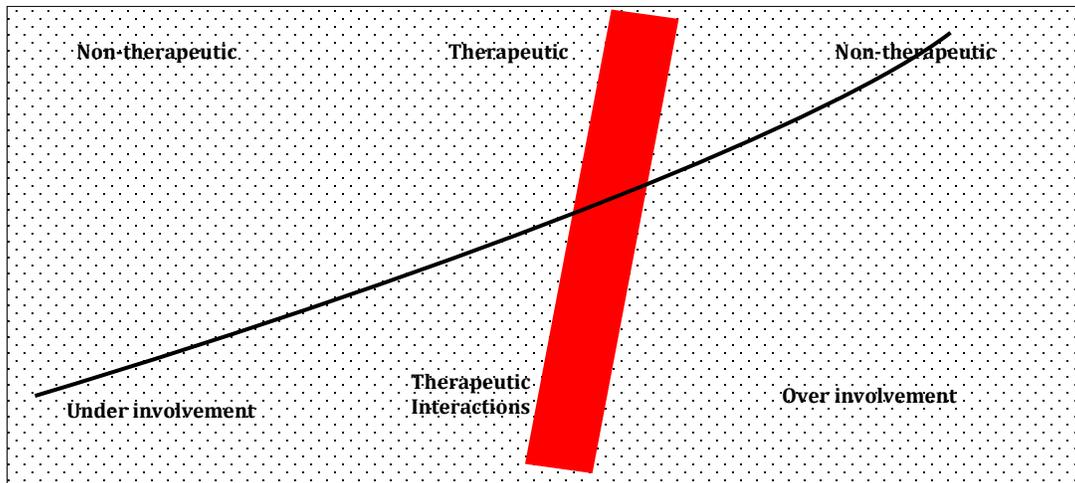
As a professional you must be very clear about the power you have. Accepting your power will shape your relationships and "ultimately it will be the primary factor in determining whether you "do good" or "do harm" in the work that you do."

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. It is expected that every psychiatric nurse-client interaction will occur within the therapeutic zone of helpfulness.



Some boundaries are determined by laws, while others are determined by the CRPNM as the regulatory authority. RPNs meet the professional requirements for practice when they 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, consciously or unconsciously, uses the psychiatric nurse-client relationship to meet his/her personal needs rather than the needs of the client. Boundary violations breach the fundamental obligation of the therapeutic relationship; that is, to place clients' needs 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 in those instances when clients struggle to navigate relationships, whether those are therapeutic or other interpersonal relationships. These clients are vulnerable to a boundary violation by a professional.

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.

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.

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.

Preventing Boundary Violations

All RPNs have a professional responsibility, within the psychiatric nurse-client relationship, 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. Therefore, the RPN is responsible and accountable should boundary violations occur.

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/her actions.

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 outside the context of the therapeutic relationship
- 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
- Favoring 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 of gifts or continued 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

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.

Guidance for Decision Making

Some boundary violations seem obvious while others are less so. It is never considered appropriate to have a sexual or romantic relationship with a client or former client if the registered psychiatric nurse provided the client psychotherapeutic treatment. However, this relationship can become increasingly blurred in contexts where the RPN may only be providing brief treatment or treatment outside the psychotherapeutic relationship i.e. medical treatment.

Sexual and romantic relationships with former clients should always be avoided, however, the RPN should apply a risk framework to decision making before entering into any type of relationship with a former client. Additionally, the RPN must ensure the nurse-client relationship has been terminated before engaging in a sexual or romantic relationship and the RPN never engages in sexual or romantic relationship with a former client if psychotherapeutic treatment was provided by the RPN.

Dual Role Relationships

A dual role relationship exists when an individual simultaneously or sequentially participates in two role categories (Kitchener, 1986). This can occur in one of two ways: when a personal relationship becomes professional or when a professional relationship becomes personal. Dual relationships should be avoided, however, when a social relationship is unavoidable with a client or former client, the expectation for RPNs is to utilize the principles of informed consent. Informed consent protects the client's right to self-determination and allows for healthy boundaries in the nurse-client therapeutic relationship from the outset. Some principles of dual relationships that RPNs must uphold are:

- 1) Discuss and secure informed consent from a client in a dual relationship;
- 2) Discuss potential risks and benefits of a dual relationship;
- 3) Consult with other regulated health professionals for problematic relationships or dilemmas;
- 4) Refer dual relationship clients to other regulated health professionals when possible;
- 5) Document any discussions that take place between you and the client;
- 6) Always self-examine your own motivations/awareness of the therapeutic relationship; and
- 7) Consult the CRPNM Practice Consultant if you are having difficulties navigating a dual relationship

A review of the literature reveals that it is clear that the professional's responsibility continues even after the therapeutic relationship ends. After the psychiatric nurse-client relationship has ended the power differential has not changed (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.

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 in documenting this decision/behaviour in the client file?
- Would I be comfortable seeing this decision on social media?
- Would I do this for all of my clients?
- Does this contradict either the ***Standards of Psychiatric Nursing Practice*** or the ***Code of Ethics***?

"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

Conclusion

The psychiatric nurse-client relationship is a therapeutic and professional one that is established to meet the health care needs of the client. To properly acknowledge the trust, respect, intimacy, and power 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 psychiatric nurse-client relationship 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, ethical psychiatric nursing care and practice.

Acknowledgements and References

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