Building a Trusting Relationship With Patients

As an education coordinator working for a rural hospice agency, I orient new staff, including nurses, aides, social workers, chaplains, and even volunteers on professional boundaries. Over the years, some of the stories about boundaries have been entertaining. Sometimes the crossing of boundaries has been minor, although, at times, looking back, the stories concerning boundary violations have made me question the judgment of some of my peers.

Here is one extreme example of a boundary violation. A few years ago during orientation, a new employee mentioned that a fellow nurse in the facility this employee previously worked in developed a romantic relationship with a patient, unbeknownst to administration. One day this nurse took the patient out of the facility for a day and they married. The nurse returned the patient to the facility. This story made me wonder why would a licensed nurse who has worked so hard to go through schooling and sit for boards to obtain a license violate such a boundary with a patient? The boards of nursing in most states would see this behavior as sexual misconduct by the nurse (National Council of State Boards of Nursing, 2009, p. 5). Even though the professional boundary line is invisible, the best way to describe it is: “the space between the patient’s vulnerability and the nurse’s power” (NCSBN, 2007). Nurses have to accept that in our role, we have power over patients and it is our responsibility for maintaining “the space” despite of who may be “pushing” the boundary. Nurses obtain confidential information about the patient, which can generate a power imbalance. As a result, we need to be careful to maintain our professionalism so that patients can trust and rely on the nurse.

Kelley Hall, RN, CHPN
“The time is always right to do what is right.”
—Martin Luther King Jr.

Boundaries
Nurse–Patient Relationship

In regards to professional boundaries, the American Nursing Association Code of ethics states “that when acting within one’s role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships. While the nature of nursing work has an inherently personal component, nurse–patient relationships and nurse colleague relationships have, as their foundation, the purpose of preventing illness, alleviating suffering, and promoting the health of patients. In all encounters, nurses are responsible for retaining their professional boundaries” (ANA, 2001).

Professional boundaries provide a secure foundation for the nurse–patient therapeutic relationship by nurturing this sense of trust in the patient. Patients trust that the nurse or other staff will always act in their best interest.

For educational purposes, think of a house of cards. Much like a house of cards, it is the nurse’s responsibility to build this foundation and keep it from falling.

Maintaining professional boundaries with patients gives them the belief that the nurse will act on their behalf and this keeps the foundation strong.

Crossing boundaries can be compared to removing a card from the bottom of the house of cards. One card might be okay, but too many and the house of cards, in this case the professional relationship, comes crumbling down.

Boundaries include maintaining confidentiality of patient information. Imagine how you would feel if you had to write down your deepest darkest secret and know that someone might look at it. Someone else may know your secret or something about you that you don’t want anyone else to know. What is that someone going to do with the information? Can you be hurt if this information was spread to others? Imagine how patients feel realizing that nurses or other team members, including volunteers, know a lot more about them than they know about us.

For example, a patient has a venereal disease and this is recorded in the medical record. The patient was young when this disease was obtained and it is something the patient does not want people to know about. You, as the nurse, know about this part of the patient’s medical history. How do you protect this information? The information should only be shared with staff who need to know for patient care reasons. The patient trusts the nurse to protect the confidentiality of the information in the medical record.

Boundary Crossings Versus Violations

Many boards of nursing make a distinction between boundary crossings and boundary violations. Crossings are defined as “brief excursions across boundaries that may be inadvertent, thoughtless or even purposeful, if done to meet a special therapeutic need” (NCSBN, 2007, p. 2). A nurse crossing the line can return to proper boundaries and lessen the chance of harm being done to a patient. Continually crossing the boundary line should be avoided, as it may lead to a boundary violation. “A boundary violation occurs when a nurse, consciously or unconsciously, uses the nurse/client relationship to meet personal needs rather than client needs” (Minnesota Board of Nursing, 2000). Even minor crossings may be damaging to the nurse–client relationship and, left unexamined, they can be repeated and increased.

The nurse needs to think about any repercussions that may occur if the boundary line is crossed. Examples of boundary crossings can include: “giving or receiving a gift from a patient, picking up groceries for a patient or social contacts with former patients or their relatives” (Holder & Schenthal, 2007, p. 318).

Boundary Crossing Scenarios

A home care nurse is caring for a patient who is dying. One day the nurse and the patient are talking, and during the conversation, the nurse mentions that she is looking for a bedroom suite. The patient tells the nurse that she can buy the bedroom suite in the spare bedroom. The nurse checks it out and finds it acceptable. The patient quotes a price and the deal is done. That weekend the nurse and her spouse come to the patient’s home, pay him for the furniture, and take possession of the suite. A crossing? Most definitely. Why? Because the nurse changed her relationship with the patient by entering into a financial relationship and by bringing her spouse to the patient’s home, violating the patient’s confidentiality. Both of those behaviors
are clearly crossing the line. For this nurse it was a one-time occurrence and it was never done again. Some other repercussions to this action could have come from the patient’s family. The patient’s family could have questioned where the furniture went and become upset knowing that the nurse now had the bedroom suite that they had wanted after their father died or have become concerned that the nurse is influencing their family member. Undoubtedly, a family being upset with the nurse regarding a crossing is not therapeutic for the patient–nurse relationship. Fortunately, in this situation that did not occur and harm was not done.

Violations are actions that are not appropriate. These may seem harmless individually, but nurses and other staff must be aware of patterns of boundary crossings and the potential of harm that may come if behaviors continue or progress. Remember the house of cards. Violations may include: accepting money/checks from a patient or family member of the patient, having an intimate relationship with patient or family member of the patient, and getting named in a patient’s will. Boundary violations damage the therapeutic relationship between the nurse and the patient.

Boundary Violation Scenario
A nurse who owned and operated a home healthcare agency had her license permanently revoked for obtaining power of attorney over a patient’s assets and gaining control of the patient’s cash and real estate after the patient suffered a stroke and died. Criminal charges were filed against the nurse. In a court of law the nurse was found guilty of theft of an elderly patient (Fisher, Houchen, & Ferguson-Ramos, 2008).

Three Scenarios for Consideration
Patient A has the whole collection of novels by one author. The nurse loves to read and has not read the latest novel by this author. The patient’s eyesight is not what it used to be. The nurse reads a passage from the book at every visit to the patient. Appropriate or not? It may or may not be; the nurse has to make sure that it is the patient’s needs that are at the forefront and not hers/his.

Patient B is so appreciative of the care the nurse gives her that at the end of a visit one day, she hands the nurse $50. Patient B tells the nurse, “Go get yourself something nice for all the help you give me.” The nurse thanks Patient B and she heads to the department store. Appropriate or not? The nurse is crossing the line. This relationship went from professional to financial. If a nurse accepts gifts or favors, this may unintentionally create perceptions of indebtedness to the patient or family. This occurs when therapeutic boundaries are crossed and the nurse places her needs above the patient’s.

Patient C is visited every day. After Patient C is discharged from the agency, a team member continues to visit the patient and run errands for the patient. What could be some negative consequences? Here’s an illustration of what happened to a home care patient who was discharged and a staff member continued to visit the patient after the discharge. Patient C was living alone and the family was not supportive and rarely came to visit. The staff member would run errands and socialize with the patient. Over time the patient became more demanding and called the staff member more frequently. The staff member had essentially become this patient’s “family” and the staff member was not prepared for that. After a year, the staff member became “burned out” in the relationship and stopped going to see
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the patient, run errands, and answering the patient’s calls. The patient felt abandoned and was understandably upset.

**Case Scenarios—What Do You Think?**

1. A home care nurse often stops by a restaurant to pick up food on her way to visits to her indigent patient. The patient often complains of hunger and the nurse knows that the patient has limited food in the house. The nurse is trying to be a good person and help the patient out. What could be some negative consequences? Do you think this action is in the nursing care plan? What other more beneficial action could be offered?

2. An employee befriends a single mom whose child is admitted to the hospital. They both have children the same age and are both divorced. When the child is released from the hospital, the nurse visits the family at their home. Occasionally they take the children on outings to the movies and zoo. When the child gets sick again, the mother calls the nurse. What is wrong with this scenario? What harm could come of this?

Carol is assigned to a patient. The patient’s son, Matt, is caring for the patient in the home. Carol and Matt are both single and about the same age. Matt depends on Carol a lot and looks forward to her visits. Carol has given Matt her home and cell number. She makes sure that Matt knows she is available anytime for her patient, Matt’s father. Carol frequently stops on her days off to check on the patient. Matt asks Carol out to dinner and Carol tells Matt that she is not allowed to “date” patients or their family members. Matt insists then that she come over and he will fix dinner for her and his father. Carol concedes as long as it’s not considered a “date.” What can go wrong with this situation?

**Problematic Behaviors**

With professional boundaries it is not always easy to know what is right or wrong. Sometimes it is not that black and white. Sometimes there are a lot of gray areas, although there are certain behaviors that clearly may lead to potential violations. Identifying these behaviors may help prevent you from crossing the line.

- Undue self-disclosure—Do you share more about yourself than necessary with patients or families? Self-disclosure should be minimal. The goal of self-disclosure should always be the well-being of the patient and self-disclosure should never be based on the staff member’s needs. Certain circumstances of self-disclosure may promote positive outcomes for the patient. Sharing of a common problem or religious affiliation may be appropriate, but only if shared in the best interest of the patient.

- “Secretive behavior” (NCSBN, 2007, p. 7)—Do you become defensive if someone questions what you do with the patient? Have you told the patient or the patient has told you, “don’t tell anyone”? Keeping secrets with a patient or family member is putting that patient or that family member in a conflict. What will happen if they do tell? In this situation, the nurse–patient relationship is compromised.

- “Super nurse” (NCSBN, 2007, p. 7)—This is the belief that no one can care for the patients “like you do.” No one understands the patient’s needs as you do. This kind of thinking can lead to dependency on the patient’s part and may destroy any therapeutic relationship that another nurse or staff member may have with that patient.

- Special client treatment—example: Both Patient A and Patient B are the same
Who is benefiting by your actions? Do your actions break any law, act, policy, or professional standard? The answer should always be no.

3. Always act in the best interest of the patient. Make sure when caring for a patient that the care meets the patient’s needs and that safety comes first.

4. Avoid being “friends” with patients. Sometimes, particularly in more rural areas, it is not so easy, especially when it seems that everyone knows everyone else. Nurses have to be cognizant of any prior relationship they may have had with the patient and how it may affect the therapeutic relationship during care. Here is a case in point. Years ago, my high school best friend’s father was admitted to hospice care. Although I requested to care for this patient, an astute supervisor denied this request. In fact, she told me to be the friend to this family, as I had always been, and let another nurse care for the patient. She told me I would not be able to separate myself from where my 20-year friendship ended and my nurse role began. She was right. The role of friendship and nurse would have been blurred. I could have potentially had an influence over the care of my friend’s dad and interfered with the patient/family dynamic because I was a trusted family friend.

5. Avoid giving personal information to clients, such as Boards, includes any of the following: “not allowing a patient privacy to dress or undress, except in an emergency; suggesting or discussing dating or having a romantic relationship prior to the end of the professional relationship; ending a professional relationship to start a personal one; soliciting a date with a patient or a family member; discussing sexual history, preferences or fantasies of the nurse with the client” (NCSBN, 2009). Sexual misconduct is a serious boundary violation that can ultimately harm the patient physically, emotionally, and psychologically. According to the National Council for State Boards, this is not a commonly reported violation to state boards of nursing (NCSBN, 2009); however, it is difficult to evaluate the extent of violations due to the violations not being reported. Unless the observing nurse or staff member truly feels the patient is being harmed, he/she tends to turn a blind eye to the situation.

10 Behaviors for Prevention of Violations

1. Educate yourself (Holder & Schenthal, 2007). Just by reading this article, you have made yourself aware of boundary crossings and areas that can lead to violations.

2. Be aware of feelings and actions. First and foremost, are they therapeutic for the nurse–patient relationship?

• “Flirtation” (NCSBN, 2007)—Sexual insinuations, off-colored jokes, and distasteful language are not therapeutic to the nurse–patient relationship and can make the patient uncomfortable.

• Attraction to the client—If this attraction is left unchecked, the nurse could fail to protect the patient and boundaries could easily be crossed. Even if the patient consents to an intimate relationship, boards of nursing in various states may see this as sexual misconduct.

• Sexual misconduct—Sexual misconduct is not just considered having sex with a patient. Sexual misconduct, according to the National Council for State Boards, includes any of the following: “not allowing a patient privacy to dress or undress, except in an emergency; suggesting or discussing dating or having a romantic relationship prior to the end of the professional relationship; ending a professional relationship to start a personal one; soliciting a date with a patient or a family member; discussing sexual history, preferences or fantasies of the nurse with the client” (NCSBN, 2009). Sexual misconduct is a serious boundary violation that can ultimately harm the patient physically, emotionally, and psychologically. According to the National Council for State Boards, this is not a commonly reported violation to state boards of nursing (NCSBN, 2009); however, it is difficult to evaluate the extent of violations due to the violations not being reported. Unless the observing nurse or staff member truly feels the patient is being harmed, he/she tends to turn a blind eye to the situation.

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5. Avoid giving personal information to clients, such as
cell phone, home numbers, or address. Being “friends” on social networking sites with patients/family members is another example of crossing the professional boundary line. Critically think and consider outcomes and how they may affect patients and patients’ families. Some phone carriers may offer a way to block phone numbers from displaying on the patient’s caller ID.

6. Look at your behavior. How is it perceived by the patient and by the family? Is it coming off as flirtatious or “too friendly”?

7. Know and follow any policies that your employer may have on patient boundaries. If your employer doesn’t have policies, then follow your state’s nursing standards with regards to boundaries. For example, see Figure 1, Professional Boundaries Policy.

8. Avoid receiving gifts from patients/family members. Know your employer’s policy on gifts/gratuities/tips and follow it. For example, see Figure 2, Gratuity Policy.

9. Take steps to meet your own social/emotional needs outside of work. It is not therapeutic to the patient if a nurse or other staff is seeking those needs to be met by the patient and patients’ families.

10. Follow the patient’s care plan. If you always follow the care plan and focus on the patient and family problems and goals, you cannot go wrong. Straying
outside the care plan and doing “your own thing” can sometimes hurt the patient, the family, the team, or the hospice.

Summary

Remember the example in the beginning of this article. The nurse took a nursing home patient out, married him, and then brought him back to the facility. This nurse was fired and no longer has a nursing license. She had charges of sexual misconduct brought against her. This boundary violation may have caused distress to the patient or the patient’s family, which may not be recognized or felt by the patient or the family members until harmful consequences occur.

The relationship between the nurse and the patient/family should be a professional one and is built on trust. Nurses have distinct roles, are paid for their skills, make decisions, and take actions based on the patient’s needs. A nurse may come across boundary issues anytime in his/her practice. With a little forethought and evaluation, the nurse can take measures to prevent a boundary crossing from developing into boundary violations. As clinicians and volunteers, we need to critically think about our actions and how they may affect our patients and their families.

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POLICY: Agency employees and volunteers will not accept gratuities from patients or their families, caregivers, or friends.

PROCEDURE:

1. No employee or volunteers under any circumstances may solicit or accept tips from patients, their families, caregivers, or friends for any service rendered by the employee in the course of their duties. Solicitation of tips or gratuities is considered grounds for immediate termination of employment.

2. Tips include but are not limited to gift cards, gift certificates, cash, or any other item considered a gift. An employee may accept a thank-you card.

3. If a patient or family member wishes to show appreciation in the form of a gift of nominal value (candy, flowers, etc.), the gift should be presented to the entire staff.

4. If a monetary gift is received, the staff member or volunteers should explain to the patient/family that the gift will be shared with the Agency as a donation given in honor or memory of their loved one.

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Figure 2. Gratuity Policy.

REFERENCES

Minnesota Board of Nursing. (2000).
Minnesota Board of Nursing. (2000).

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