

nbsa Standard Therapeutic Relationships and Professional Boundaries

The Nurses Board of South Australia (**nbsa**) is required to act in the public interest. A function amongst others of the **nbsa** is to endorse professional standards. The *Nurses Act 1999* requires the **nbsa** in exercising this function to ensure that the community is adequately provided with nursing care of the highest standard and to achieve and maintain the highest professional standards of competence and conduct in nursing.

In developing and endorsing this standard, the **nbsa** aims to

- clearly describe nursing practice for clients, employers, education providers and nurses
- provide the people who access nursing services with information that will help them make informed decisions about safe, quality health care
- standardise key aspects of nursing practice to promote professional mobility
- make transparent the **nbsa**'s expectations of nursing practice
- clearly articulate the standards the **nbsa** will use in assessing reports of unprofessional conduct or incompetence.

RESPONSIBILITIES OF REGISTERED AND ENROLLED NURSES

It is the responsibility of individual registered and enrolled nurses to interpret these Standards in the context of applicable law, codes of practice, other applicable professional standards, and guidelines relevant to the individual practice setting in the delivery of nursing care. Fundamental to this process is the protection of the rights and wellbeing of the client. As members of a profession, registered and enrolled nurses must practice in the best interests of the client which includes assessment of the need, risks, benefits and alternative methods of treatment proposed given the nurses' level of expertise and experience.

THERAPEUTIC RELATIONSHIPS

A therapeutic relationship refers to the professional relationship between a nurse and the client of nursing services. This relationship has as its central focus goal directed activities related to the health care needs of the client.

PROFESSIONAL BOUNDARIES

Professional boundaries refer to the establishment and maintenance of appropriate professional behaviours in a therapeutic relationship between a nurse and client in order to facilitate safe and effective health care. Professional boundaries *may* be compromised by

- dual and/or multiple relationships
- the imposition of personal values and attitudes by a nurse which interfere with the therapeutic aims
- the giving or receiving of money or gifts
- other conflicts of interest.

MANAGEMENT OF THERAPEUTIC RELATIONSHIPS AND PROFESSIONAL BOUNDARIES

The establishment and management of an appropriate therapeutic relationship requires consideration of individual, organisational, social, cultural, religious and professional factors, including the maintenance of appropriate professional boundaries between the nurse and client. These boundaries need to be flexible to accommodate the dynamic nature of therapeutic relationships while reflective of professional standards and codes of nursing practice. The **nbsa** has developed a standard for Therapeutic Relationships and Professional Boundaries that

- articulates and documents what the **nbsa** expects as the minimum requirement for safe, therapeutic nursing practice and the maintenance of professional boundaries
- recognises the central focus of the therapeutic relationship between nurse and client as the provision of safe, effective nursing care to meet the health needs of the client
- acknowledges the vulnerability of clients and potential for exploitation in the therapeutic relationship
- takes into consideration the increasing complexity and scope of nursing practice, the changes to nursing educational preparation and the accountability and autonomy of nurses in decision making for the delivery of safe, effective client oriented care
- promotes public confidence in the role of the nurse.

STANDARD 1

The safety and well being of the client is ensured through a therapeutic relationship that reflects current knowledge, applicable law, practice guidelines, codes of practice and organisational policies and procedures.

Nursing practice includes evidence that the nurse

- a) recognises that therapeutic relationships and professional boundaries are defined by individual client vulnerability and the professional nurses' perceived power and is aware of applicable law, professional standards and codes
- b) recognises that effective clinical judgement requires clearly defined professional boundaries
- c) is aware of and can describe factors that may compromise the establishment and maintenance of therapeutic relationships
- d) incorporates self and peer evaluation of current knowledge underpinning practice
- e) is responsible for maintaining his/her professional and personal boundaries and assisting clients and colleagues in maintaining theirs
- f) reports breaches of professional boundaries
- g) takes appropriate action in response to questionable orders, decisions or behaviours of others including members of the health care team.

STANDARD 2

The health care needs of the client are the central focus of a therapeutic relationship and determine boundaries for professional practice.

Nursing practice includes evidence that

- a) nursing care is a planned and goal-directed interaction provided to meet the therapeutic needs of the client
- b) the nurse demonstrates awareness of and takes into account the vulnerability of clients in providing care
- c) the nurse is aware of and can describe the therapeutic purpose for all nursing actions
- d) the nurse recognises his/her responsibility to inform clients about the therapeutic intent of nursing interventions
- e) the nurse respects the rights, cultural and religious beliefs and practices of the client
- f) the rights of the client and the nurse are considered in meeting the health needs of the client
- g) nursing care is not unreasonably withheld from the client
- h) the client and/or significant others and where relevant, other health care professionals are consulted in the evaluation of the therapeutic relationship.

STANDARD 3

Nurses are responsible for the management of therapeutic relationships and professional boundaries.

Nursing practice includes evidence that the nurse

- a) recognises that engaging in a sexual relationship with a client may constitute sexual misconduct
- b) acknowledges that safety, trust and ethical behaviour underpin the therapeutic relationship
- c) acts in accordance with applicable law and professional codes and standards with regard to the disclosure of confidential information
- d) recognises the potential risks associated with intimate interpersonal contact and acts to minimise those risks
- e) recognises self-disclosure is only appropriate where it can assist to achieve therapeutic goals
- f) ensures that where dual or multiple relationships exist, mechanisms are established to avoid prejudicial practices
- g) recognises that exploitation of the therapeutic relationship between the nurse and client is an abuse of professional power
- h) recognises that personal values and attitudes may negatively impact on the therapeutic relationship and takes action to avoid compromising the therapeutic relationship
- i) identifies the potential for and acts to prevent breaches of professional boundaries.

ADDITIONAL SOURCES OF INFORMATION

When interpreting Standards of the **nbsa**, it may be helpful to refer to relevant current legislation, Standards and Codes of nursing practice.

nbsa Website

Copies of the standards are available on the **nbsa** website at www.nursesboard.sa.gov.au

or from the Nurse Board of South Australia at;

200 East Terrace Adelaide SA 5000

Telephone

08 8223 9700

EXPLANATION OF TERMS

Accountability

Accountability is the nurse accepting responsibility for her or his decisions and behaviours as a professional nurse and for the consequences of those decisions. Accountability cannot be delegated.

Autonomous Nursing Practice

Autonomy in practice is the nurse being self-directed in determining appropriate decisions and behaviours.

Best Practice

Best practice is demonstrated by adherence to Standards of Practice endorsed by the nursing profession and described by experts at professional conferences and in relevant journals.

Clients

The term client is used in these standards to refer generically to anyone who is the focus of professional nursing practice. Therefore, the term is used not only to refer to those individuals who directly receive nursing care, but also to their family members, significant others and carers.

Competence

The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a professional/occupational area. *(ANMC)*

Confidentiality

Nurses have a legal and moral duty to protect client privacy by ensuring that information obtained and disseminated in a professional capacity is limited to appropriate personnel and settings and includes only the information necessary to achieve individual health care goals.

Conflict of Interest

A conflict of interest may arise in a situation where a nurse has a personal interest in a matter the subject of a duty including any direct or indirect pecuniary interests.

Dual/Multiple Relationships

The primary relationship between a nurse and a client is for the provision of health care. Any other form of relationship such as a personal, sexual, social or financial relationship may increase client vulnerability and compromise nursing care. Where there is a pre-existing relationship with individuals who then become clients, there is the potential to prejudice nursing practice. Pre-existing relationships may also include a third party, such as a family member. Where a nurse cannot avoid dual or multiple relationships such as in a small or isolated community, he/she need to remain particularly mindful of the potential impact on client care.

Ethical Considerations

Nursing practice is guided by ethical principles that include promoting autonomy for the client, acting only for the client's good (beneficence), avoiding harm to the client (non-maleficence) and respecting the dignity of the client and the client's human rights. This Standard should be read in conjunction with the ANMC Codes of Ethics and Conduct and other statements intended to promote ethical nursing practice.

Evidence Based Practice

Evidence based practice is the process of improving one's professional competence by using expert opinion and the results of systematic reviews to ensure that one's personal practice is based as far as possible on sound evidence.

Gifts

Gifts may be an appropriate means for a client to express their gratitude. When choosing to accept a gift, a nurse needs to take the following factors into account:

- a) the context of the situation in which the gift is offered
- b) whether the client will expect a difference in the level of the nature of care or feel obligated to provide gifts to other members of the health care team
- c) the employer's policy on declaration of gifts
- d) the value of the gift in economic terms.

Gifts must not be solicited from clients.

Human Rights Conventions

Since 1945 the United Nations has developed a framework for human rights that encompasses international instruments which Australia has ratified. These include the 1948 United Declaration of Human Rights, the 1958 Discrimination (Employment and Occupation) Convention, the 1966 International Covenant on Civil and Political Rights, and the 1975 Declaration on the Rights of Disabled Clients. Such conventions provide an international context for ethical nursing practice.

Nurses

The collective noun nurses is used here to refer to nurses and midwives who are registered or enrolled by the **nbsa** and practice in South Australia.

Nursing Competence

Nursing competence is the ability of the nurse to act with the knowledge, skills and attitudes that can reasonably be expected of a registered or enrolled nurse in South

Australia taking into account the education and experience of the nurse and the particular circumstances of the situation.

Practice Settings

The use of the term practice settings is inclusive of all settings where nurses practice.

Risk Management

Practising in the best interests of the client requires an assessment of the risks to the client, staff members and others. Whereas it is impossible to eliminate risk entirely, it is the responsibility of the nurse and other members of the multidisciplinary team to minimise the risks to clients to a level agreed to by the client (or the client's representative), wherever possible.

Self-Disclosure

Refers to the disclosure of personal information by the nurse to the client. Whilst a degree of self-disclosure may be appropriate to develop trust and rapport in a nurse-client relationship, this must be based on the needs of the client and the context of care.

Sexual Misconduct

The definition of 'sexual misconduct' applies to the full range of behaviours, actions and attitudes from a naïve understanding of the therapeutic relationship to predatory behaviour.

- a) All forms of sexual behaviour in the relationship between a nurse and a current client are unprofessional
- b) Sexual behaviour with a client impairs the clinical judgment of the nurse in the management of the client
- c) Sexual behaviour with a former client will be considered on an individual basis.

Stakeholders

Stakeholders are all those who have the right or duty to ensure the highest Standards of care and include clients and client organisations, the relatives and friends of clients and health care providers.

Standards

Standards are statements on the conduct of nursing practice endorsed by the Nurses Board of South Australia.

***Endorsed by the Board September 2002
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