Professional Boundaries: When Does the Nurse-Patient Relationship End?

Denise Benbow, MSN, RN

A home health nurse established a nurse-patient relationship while providing care through a home health agency. After the nurse stopped working for the agency, she continued to visit the patient and accepted gifts from him. A complaint was filed with the board of nursing, and an investigation found that the nurse violated provisions of the Nursing Practice Act of 2011, including those regarding professional behavior and boundary violations. The nurse contested the finding, and the case went to an administrative law judge, who found that the nurse had violated professional boundaries. This article reviews this case in depth along with the legal and ethical implications for the practicing nurse.

While working for a home health company, a female registered nurse cared for an elderly male patient for several months. After the nurse left the home health agency, she continued to visit the patient. During those visits, she engaged in discussions about her personal life. She even brought her children to meet the patient. Over the subsequent months, the elderly man started giving substantial gifts to the nurse and her children. During at least one of her visits, she wore her nursing scrubs, causing confusion for family members who wondered why their father had two home health nurses from two different agencies. A complaint was then submitted to the Texas Board of Nursing (BON).

Patients expect a nurse to act in their best interest, respect their dignity, and avoid personal gain at their expense. Nurses have a duty to establish and maintain professional boundaries of the nurse-patient relationship. Understandably, some home health patients become attached to their nurses and may want to maintain contact after a nurse changes employers. However, such continued contact raises questions about the boundaries of the nurse-patient relationship. Does the end of the nurse’s employment define the end of the nurse-patient relationship? Or are other factors at play? To answer these questions, the Texas BON focuses on the nature of the relationship between the nurse and the patient, not simply on the nurse’s employment status. Employment as a nurse is not a requirement for a nurse to practice nursing; likewise, there is not a definition of when the nurse-patient relationship ends. The Texas Nursing Practice Act (2011) defines professional (registered) nursing practice as founded on the specialized nursing knowledge acquired through nursing education and application of that knowledge. The nature of the relationship and nurse-patient interactions play a role in determining any ongoing responsibilities of the nurse.

This article reviews a case in which a nurse cared for a patient in the patient’s home, terminated her employment, but continued to see the patient. There was no break in time between the end of the nurse-patient relationship and the beginning of another type of relationship. During these subsequent visits, the nurse accepted monetary gifts, gifts for her family, and meals. A complaint was filed with the BON. The investigation found that the nurse violated provisions of the Nursing Practice Act (2011), including those regarding professional behavior and boundary violations. The nurse did not agree with the finding, resulting in a contested case hearing before an administrative law judge (ALJ). The hearing is reviewed here along with the legal and ethical implications for the practicing nurse.

Defining Professional Boundaries

The National Council of State Boards of Nursing (NCSBN, 2011) defines professional boundaries as “the spaces between the nurse’s power and the patient’s vulnerability.” (See Figure 1.) The Texas Administrative Code defines professional boundaries as “the appropriate limits which should be established by the nurse in the nurse/client relationship due to the nurse’s power and the patient’s vulnerability.” Further, the Code refers to the provision of nursing services within the limits of the nurse-client relationship, which promote the client’s dignity, independence, and best interests and deter inappropriate involvement in the client’s personal relationships and personal gain at the client’s expense (22 Tex. Admin. Code §217.1 (29); see Table 1). The commonality between these two definitions establishes the nurse as the protector of the power differential between the patient and the nurse.

The BON Investigation

When a complaint comes into the BON, it is reviewed, assigned a priority, and assigned to an investigator. The nurse receives written notice regarding the facts or conduct that is alleged and
could lead to disciplinary licensure action (22 Tex. Admin. Code §213.14 (b)). The nurse is provided an opportunity to respond in writing and to present her view on the evidence in question (22 Tex. Admin. Code §213.14 (b) & (c)). The investigator conducts the investigation, collecting evidence. The evidence may or may not substantiate a violation of the Nursing Practice Act of 2011 or Board Rules. A failure to meet the minimum standards of nursing practice or engaging in unprofessional conduct may result in disciplinary action (Nursing Practice Act, 2011; see Table 1). Both the minimum standards rule and the unprofessional conduct rule address professional boundaries and are based on the Texas definition of professional boundaries (22 Tex. Admin. Code §§217.1 (29); 217.11 (1) (J); and 217.12(D) (D); see Table 1).

After receiving the complaint about the nurse’s behavior, the Texas BON investigated the case. At the conclusion of the investigation, the BON notified the nurse that her conduct required discipline because it violated provisions of the Nursing Practice Act (2011), including those regarding professional behavior and boundary violations. The nurse’s behavior was clearly a violation: She accepted gifts from a former patient. However, the nurse contested the BON’s decision contending that she did not violate the nurse-patient boundaries because she was no longer an employee of the home health company that provided care for the patient. Thus, the issue of the nurse-patient relationship became central, and the case went before an ALJ for a hearing.

**Administrative Hearing**

When a contested case is heard by an ALJ, the BON must prove there was a violation. The ALJ considers the testimony and evidence to determine if the BON has proved the case by preponderance of the evidence, or it is more likely there was a violation than that there was not a violation. A number of witnesses testified at the hearing, including the adult children of the patient, several nurses, social workers, and the nurse defendant. By the time of the hearing, the patient had died, but he too was heard via a deposition taken before his death.

**Patient and His Family**

The elderly patient’s deposition revealed he did not understand when the nurse stopped working for the home health agency. All the dates he referenced in his deposition were in the months after the nurse left the agency.

The adult children of the patient testified about the patient’s financial status, the number and types of gifts he gave the nurse, and the financial impact on the patient, who was no longer able to earn an income. They also testified that the nurse wore her nursing uniform and name tag when visiting the patient.

**Nurses**

The home health nurse assigned to care for the patient in the months after the defendant left the agency testified that she was concerned because the patient said his former nurse continued to visit. Moreover, the patient told his new nurse about the gifts he gave his former nurse. According to her testimony, the new nurse was concerned about the patient’s financial status and the financial resources going to his former nurse. As a representative of the home health care agency, this nurse also testified about agency policies on gift-giving and about the vulnerability of this patient population and this specific patient.

A nurse with a background in home health testified about the essential role of the nurse in establishing professional boundaries, including financial boundaries related to gifts. She noted that the nurse is always responsible for setting professional boundaries and has access to information in the nurse-patient relationship that might influence future interactions.

**The Nurse Defendant**

The defendant’s testimony included information about the declining health of the patient, her relationship with the patient, details about the gifts she received, and the education she received about professional boundaries. The nurse acknowledged that the patient had a terminal condition and that his condition deteriorated over the time she cared for him as a nurse and their subsequent interactions. However, she maintained that her duty to the patient ended when she left the agency and that the patient understood that she was no longer his nurse.

The nurse testified that while she acted as the patient’s nurse, she asked questions about her family situation and personal finances, but she did not provide more than “yes” or “no” answers to these questions. However, when the nurse was no longer employed as the patient’s nurse, she provided him with information about her personal life and brought her children to meet him, and he gave substantial gifts to her and her children over the subsequent months.

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**FIGURE 1**

**Professional Behavior Continuum**

<table>
<thead>
<tr>
<th>Too little care-provider involvement</th>
<th>Patient-centered care</th>
<th>Too much care-provider involvement</th>
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<tr>
<td>Therapeutic nurse-patient relationship</td>
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The professional behavior continuum provides a frame of reference to help nurses evaluate their professional interactions with patients. The patient is in the center of the continuum, where patient and nurse interactions occur in a therapeutic nurse-patient relationship. Examples of too much involvement with the patient include boundary crossings and violations.

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When asked about the education she received regarding professional boundaries, the nurse testified that she received education in nursing school and through in-service programs on professional boundaries but, she claimed, the emphasis of the education and training was on sexual boundaries.

Proposal for Decision and Order of the BON
After the case concluded, the ALJ issued a proposal for decision (PFD) that was presented to the BON for ratification and resulted in an order of the BON. The PFD included an analysis, recommendations, findings of fact, and conclusions of law.

An essential question in this case was whether a nurse-patient relationship exists after the nurse is no longer employed to care for the patient. There was no disagreement regarding the beginning of the nurse-patient relationship. In this case, the ALJ found that the nurse-patient relationship continued beyond the nurse’s employment as a home health nurse and that the BON was authorized to attach discipline to the nurse’s license.

The finding was based on the following:

- The BON definition of professional boundaries identifies a benefit to the nurse as a boundary violation (22 Tex. Admin. Code §217.1 (29)).
- BON rules require nurses to meet the minimum standards of practice by maintaining professional boundaries in the nurse-patient relationship (22 Tex. Admin. Code §217.11 (1)(J)).
- If there are aspects of the nurse-patient relationship that could continue indefinitely, the nurse has an indefinite responsibility to maintain professional boundaries.

The BON reviewed the PFD and determined the level of sanction to impose on the nurse’s license. A range of disciplinary sanction levels and a variety of specific conditions can be imposed. In this case, the disciplinary sanction of a warning was applied. The sanctions included educational course work and a monetary fine.

Providing Guidance for Nurses
Nursing education programs provide a critical foundation for nursing practice and an understanding of the legal and ethical requirements of the nursing profession, including all aspects of professional boundaries. This nurse did not see any potential issues with terminating employment at the home health company and then continuing to see the patient, even though the roots of the relationship were firmly established in the nurse-patient encounters. The patient had ongoing health care needs with declining physical and financial abilities; thus, he may have had a motivation to keep the nurse in a relationship for his benefit, even if that meant he had to sacrifice money to entice her to continue to see him. Further confusion for the patient and family was caused by the nurse visiting the patient’s home in her nursing uniform.
Nurses have a responsibility to set clear professional boundaries, to abide by those professional boundaries, and to refrain from violating those professional boundaries. Certain behaviors are red flags that should alert nurses to examine their patient relationships for potential boundary crossings or violations (NCSBN, 2011):

- Excessive self-disclosure: Discussing personal problems or aspects of his or her intimate life with the patient
- Secretive, defensive behavior: Keeping secrets with the patient or becoming defensive when questioned about interactions with the patient
- Excessive patient attention: Spending an inappropriate amount of time with the patient, visiting the patient when off duty, or trading assignments to care for the patient
- Nontherapeutic relationship: Believing only he or she understands and can meet the patient’s needs or allowing the patient to pay special attention, for example, by giving gifts

**Conclusion**

The central question in this case was when does a nurse’s duty to a patient end? When a relationship is rooted in the nurse-patient relationship, it can be difficult for the patient to determine when the relationship ends and to transition to some other form of a relationship. The burden is on the nurse to identify and maintain professional boundaries in the best interests of the patient.

Some aspects of the nurse-patient relationship, such as confidentiality of patient-protected information, never end. In this case, the nurse violated the professional boundary even though she was no longer the patient’s nurse.

**References**


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