



COLLEGE OF
LICENSED PRACTICAL NURSES
OF ALBERTA



Practice Guideline

Professional Boundaries

Revised: December 18, 2019



This document is linked to legislation:

[Health Professions Act](#)
[Licensed Practical Nurses Profession Regulation](#)

This document is linked to other documents that direct expectations of professional behaviour or requirements for practice:

[Standards of Practice](#)
[Code of Ethics](#)
[Standards of Practice on Boundary Violations](#)
[Professional Responsibility and Accountability](#)

This document is linked to related supportive documents:

[Confidentiality](#)
[Professionalism on Social Media](#)

REVISIONS and UPDATES

Editorial Update December 2019

***Practice Guideline:** The legislative mandate of the College of Licensed Practical Nurses of Alberta (CLPNA) is to serve and protect the public by ensuring its members deliver safe, competent and ethical nursing care. A Practice Guideline is an evidence informed document designed to assist membership with making decisions about appropriate practices. These documents support professional judgment and permit flexibility in practice.*

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INTRODUCTION Maintaining professional boundaries is a foundational component of nursing practice and a key characteristic of a therapeutic nurse-patient relationship. A therapeutic nurse-patient relationship focuses on the needs of the patient. Because of the Licensed Practical Nurse's inherent position of power and influence over patients, it is part of their professional responsibility to uphold professional boundaries in their practice.

PURPOSE The purpose of this practice guideline is to support Licensed Practical Nurses (LPNs) in establishing and maintaining professional boundaries. By increasing understanding about professional boundaries, LPNs can better prepare themselves and avoid breaching professional boundary standards. The document describes different types of boundaries and provides guidance on how LPNs can uphold these boundaries in their practice.

This guideline expands on the *Standards of Practice on Boundary Violations* and serves as a resource for the Patient Relations Program at the College of Licensed Practical Nurses of Alberta (CLPNA).

DISCUSSION OF EVIDENCE Nursing is a compassionate profession. The physical, psychological, and social elements of nursing care inherently create feelings of closeness between nurses and patients.¹ For example, much of nursing care involves activities such as conducting nursing assessments, discussing personal and intimate details related to patient care, performing procedures that require touching the patient, and/or having access to a patient's personal information. Compassion remains essential in nursing while maintaining professional boundaries.

A professional boundary is the safe space between a nurse's position of power and a patient's vulnerability.² Appropriate boundaries between a nurse and a patient can help foster a professional relationship that is built on trust and respect.

The *Standards of Practice for Licensed Practical Nurses in Canada*, the *Standards of Practice for Licensed Practical Nurses on Boundary Violations*, and the *Code of Ethics for Licensed Practical Nurses in Canada* outline the following key expectations about boundaries.

1. LPNs must maintain professional boundaries in all nurse-patient relationships at all times.
2. LPNs must maintain professional boundaries physically and verbally.
3. LPNs must maintain professional boundaries in the use of technology such as social media
4. LPNs are expected to develop trusting and therapeutic relationships while maintaining professional boundaries.

Establishing and maintaining the appropriate boundary between a nurse and patient can be complicated. Too little involvement with a patient risks having inadequate nursing care whereas too much involvement risks breaching a professional relationship.³

While LPNs should be mindful of boundaries, this awareness should not deter them from being compassionate healthcare providers. A therapeutic nurse-patient relationship encompasses helpfulness with the right amount of nursing involvement. This right amount of nursing involvement can differ with each patient, because expectations and boundaries are unique for each individual. Determining the right amount of nursing involvement requires an LPN to establish a shared understanding of professional boundaries and expectations for nursing care with patients.

INFORMED PRACTICE Professional boundaries need to be established and maintained both on duty and off duty when a nurse-patient relationship has begun (i.e. when nursing assignment has been accepted). LPNs are expected to uphold various types of professional boundaries, and many of which may not be clearly defined. Often it is necessary to consider the context of actions and behaviours to determine whether they would be considered



boundary violations in a professional nurse-client relationship.

For the purpose of this practice guideline, which also explains the *Standards of Practice on Boundary Violations*, the terms “sexual relation” and “sexual relationship” are both defined as an interaction of a sexual nature between two persons. This interaction can be physical or non-physical and be a one-time incident or ongoing incidents.

Sexual Abuse and Misconduct

A boundary violation of a sexual nature is a serious offense for healthcare providers. Recent amendments made to the *Health Professions Act* (HPA) standardize the sanctions of all regulated healthcare providers when they are found guilty of sexual abuse or sexual misconduct with their patients. LPNs can refer to the *Standards of Practice on Boundary Violations* for all the key areas and expectations. These standards are in addition to the *Standards of Practice for Licensed Practical Nurses in Canada*.

A summary of the *Standards of Practice on Boundary Violations*, which came into effect March 2019, is provided below. Specific standards are highlighted for additional explanation and clarification.

Prohibited Sexual Conduct

Section 1(1)(nn.3) of the HPA provides the definition of “sexual nature”. It does not include any conduct, behaviour or remarks that are appropriate to the service provided. Therefore, acts such as helping a patient disrobe (if needed) for an examination would not be considered sexual abuse or sexual misconduct, unless it is done in a way that is inappropriate and extends beyond professional nursing care. It is recommended that a clear explanation of the procedure and appropriate *voluntary informed* consent be obtained before engaging in any type of nursing care, especially if the nursing care involves touching or is related to sexual health. This minimizes the potential for nursing care to be misinterpreted as being sexual in nature.

There are two major important characteristics to remember about consent.⁴

1. Informed – Sufficient information about the care should be provided to the patient. This includes the risks, consequences of refusing the care, and possible alternatives to the care before obtaining consent.
2. Voluntary – Consent should be obtained without coercion, threat, or under the influence of any impairing substance.

Consent is also an on-going process, which can be obtained implicitly or explicitly.⁵ An LPN can watch for non-verbal cues as implicit consent (e.g. holding out arm to have blood pressure taken) or have consent be obtained explicitly through verbal agreement or in writing. Although documentation is not consent itself, documented information about the consent process and how consent was obtained can potentially help mitigate risks and complaints if any misunderstandings arise. It is in the best interest of the LPN to verbally share details about a nursing intervention before and during the performance of the intervention.

The *Standards of Practice on Boundary Violations* outlines what actions are considered sexual abuse or sexual misconduct in the HPA. LPNs must not threaten, attempt or engage in any of the actions below with a patient. These actions are not part of nursing care and are considered sexual abuse.

Sexual Abuse

- Sexual intercourse with a patient
- Genital to genital, genital to anal, oral to genital, or oral to anal contact between an LPN and a patient of that LPN
- Masturbation of an LPN by, or in the presence of, a patient of that LPN
- Masturbation of an LPN’s patient by that LPN;
- Encouraging an LPN’s patient to masturbate in the presence of that LPN
- Touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks



In addition to these actions, any sexual relation/relationship between an LPN and a patient is also considered to be sexual abuse (e.g. dating or sexting).

A boundary violation found to be sexual abuse will result in a permanent cancellation of the LPN's practice with no opportunity for reinstatement. LPNs must also not engage in sexual misconduct as defined in section 1(1)(nn.2) of the HPA. A sexual misconduct is:

- an incident or repeated incidents of objectionable or unwelcome conduct,
- behavior, or
- remarks

of a sexual nature by a regulated healthcare provider towards a patient that he/she knows or ought to know would cause offence or humiliation to a patient or adversely affect the patient's health and well-being but does not include sexual abuse.

From this HPA definition of sexual misconduct, any incident of objectionable or unwelcome conduct, behaviour, or remarks of a sexual nature are only considered to be sexual misconduct if they are not already considered to be sexual abuse. Some examples of sexual misconducts are presented below, and may include a sexual relationship with patients if not determined to be sexual abuse.

Sexual Misconduct Examples

- Make sexual comments or gestures toward a patient
- Give and share sexually explicit content with a patient
- Photograph or record anything of a sexual nature of a patient
- Enter into a sexual relationship with a patient;
- Request details of a patient's sexual or personal history unless related to the patient's care
- Socialize or communicate with a patient for the purpose of pursuing a sexual relationship

A boundary violation found to be sexual misconduct will result in a minimum of suspension of the LPN's practice permit. The Hearing Tribunal may impose more severe sanctions such as the cancellation of the LPN's practice permit.

Actions that are associated with sexual abuse and sexual misconduct of patients could be viewed as more obvious boundary violations. However, there are also aspects of sexual boundaries that are not as straightforward. The next several subsections describe areas in the *Standards of Practice on Boundary Violations* that require LPNs to use their nursing judgment and critical thinking to determine the appropriateness of sexual relations or a sexual relationship with individuals who would not be considered a "patient" (see definition of patient in next subsection).

Unprofessional conduct arising from these boundary issues will have the sanctions determined by the Hearing Tribunal.

Determining the appropriateness of a sexual relation or related behaviours requires consideration about the context of the situation. A list of factors is included in many areas of the *Standards of Practice on Boundary Violations* to help an LPN make a judgment on the appropriateness of engaging in a sexual relation with the desired individual.

When applying a list of factors, it is important to weigh each factor individually and with others on the list. A single factor may suggest that a sexual relation with the desired individual is appropriate; however, weighing all factors together may suggest that it is not appropriate. As such, thresholds are not indicated (e.g. amount of risk or amount of time that has passed) because each factor's threshold will vary based on its assessment in relation with others.

A "majority rules" principle also does not apply when using the list of factors. If a majority of factors suggests that it is appropriate for the LPN to engage in a sexual relation with the desired individual, it may still be not appropriate. One factor may be



enough for a sexual relation to be considered unprofessional conduct.

The LPN-Patient Relationship: Episodic

An individual is considered to be a “patient” while receiving nursing care from an LPN and for one year after the last day of care provided.

However, an individual receiving episodic care from an LPN is only considered to be a “patient” *during* the provision of episodic care.

Episodic Care: an encounter with a patient for a defined professional service, where neither the LPN nor the patient has the expectation of continuing care and an ongoing LPN-patient relationship.⁶

Although an individual may not be considered a “patient” after the completion of episodic care, an LPN must use the following list of factors to weigh the appropriateness of engaging in a sexual relation with a former patient to whom they have provided episodic care.

Factors: Patients after Episodic Care

- The risk of a power imbalance
- The nature of the individual’s health concern
- The type of health care provided by the LPN
- Whether sufficient time has passed since providing the professional nursing service
- The extent to which the individual has confided personal or private information to the LPN
- The vulnerability of the individual

Sexual Relations with Former Patients

The general expectation is that one year must have passed since the last day of nursing care before it is appropriate for an LPN to engage in any sexual relations or a sexual relationship with a former patient. However, it may still be inappropriate for an LPN to have any type of sexual relations with a former patient regardless of the amount of time that has passed since the last day of care.

If an LPN ever provided nursing care as part of the patient’s psychotherapeutic treatment, a sexual relation between the LPN and a former patient is never appropriate. Psychotherapeutic treatment is defined as:

“Interventions intended to treat the underlying condition or to provide support and guidance to an individual with a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs the individual’s judgment, behaviour, capacity to recognize reality, or ability to meet the ordinary demands of life.”⁷

A breach of this professional boundary with a patient whom has received psychotherapeutic treatment would be considered sexual abuse as defined in the HPA.

Determining what is considered a substantial disorder that is grossing impairing can be very challenging. There are, however, several signs that LPNs can assess for. When there is prominent and persistent impairment to the individual’s thought, mood, perception, orientation or memory that interfere and make it difficult for the individual to exercise judgment, maintain proper behaviour, recognize reality, or meet the ordinary demands of life on a day-to-day basis, then the disorder would likely be considered substantial and grossly impairing.⁸

Though the patient may be undergoing treatment, and their symptoms are lessened, it is also important to consider the extent of impairment that could result if the individual were to discontinue treatment. A psychotherapeutic condition may still be considered substantial and grossly impairing if without treatment there would have been prominent and persistent impairment to the individual’s cognition that compromises their ability to think, behave, perceive, and meet ordinary demands of life on a day-to-day basis.⁹ The assessment for impairment is extremely important because it can indicate whether there may be a



presence of a power imbalance between a nurse and a former patient. When there is an ongoing power imbalance, any sexual relation between an LPN and a former patient is inappropriate.

If an LPN provided a nursing intervention to a patient that is not considered psychotherapeutic treatment, one year may still not be sufficient time for a sexual relation to be considered appropriate with a former patient. Nursing interventions may be in the area of mental health and wellness where LPNs give information and provide advice to enhance personal development, or offer emotional support or guidance on lifestyle choices. Please note that these interventions are also not limited to mental health service settings.

LPNs must weigh the following list of factors to make a judgment on the appropriateness of a sexual relation with a former patient.

Factors: Former Patients

- The nature of the patient's health issue
- The risk of a continuing power imbalance
- Whether sufficient time has passed since providing the professional nursing service
- The length and intensity of the former LPN-patient relationship
- The extent to which the patient has confided personal or private information to the LPN
- The vulnerability of the patient has in the LPN-patient relationship

A boundary violation with a former patient may be considered unprofessional conduct with the sanctions determined by the Hearing Tribunal.

Sexual Relations with Individuals Closely Associated with the Patient

A sexual relation with individuals who are closely related with a patient may be inappropriate. LPNs must weigh the following list of factors before engaging in a sexual relation with these individuals, which may include a patient's parent, their child, or their friend.

Factors: Individuals Closely Associated with the Patient

- The nature of the patient's health concern
- The type of health care provided by the LPN
- The length and intensity of the LPN-patient relationship
- The degree of emotional dependence the individual associated with the patient has on the LPN
- The degree to which patient is reliant on the person closely associated with them

A boundary violation with an individual closely associated with the patient may be considered unprofessional conduct with the sanctions determined by the Hearing Tribunal.

Providing Professional Nursing Services to Partners

A spouse of an LPN, an adult interdependent partner of an LPN, or an individual with an ongoing pre-existing sexual relationship with an LPN would not be considered a "patient" for the purposes of the sexual abuse provisions under the HPA. However, it may still be considered unprofessional conduct for an LPN to provide nursing care to a partner unless one of the following two conditions is met.

Conditions: Nursing Services to Partners

- The nursing care provided is considered the type of personal care reasonably provided to family members, or
- The nursing care is provided in an emergency situation and there is no reasonable opportunity to transfer care to another qualified healthcare provider.

Other Types of Boundaries

LPNs are expected to maintain all types of professional boundaries (sexual or non-sexual) with patients as well as with their colleagues and other healthcare providers. Boundary violations can occur physically and verbally, and are not limited to sexual boundary violations. All types of boundary violations may give rise to allegations and findings of unprofessional conduct. These other types of



boundaries are discussed in upcoming sections related to patients, but the same principles apply with other healthcare providers and colleagues.

Dual Relationships: Nursing Involving Family and Friends

While it is encouraged that LPNs avoid having dual relationships with patients, it may be difficult depending on the practice area or in rural settings. LPNs may be placed in situations where they are required to provide professional nursing care to a family member or a friend. In these situations an LPN plays the dual role of a healthcare provider and a family member/friend. It is important for LPNs to maintain their professional boundaries during the provision of nursing care because of their role as a healthcare provider. Potential boundary violations may still occur and will be treated as unprofessional conduct when a complaint arises regardless of the personal relationship that the LPN may have with the patient.

A dual relationship occurs when the therapeutic nurse-patient relationship between an LPN and patient becomes personal. Therefore, both a professional and a personal relationship exist in parallel over the course of nursing care. A personal relationship can be either platonic (i.e. friendship) or romantic, and is not restricted to the location where nursing care is provided. When a therapeutic nurse-patient relationship becomes more personal there may be several common signs, which include the over-involvement with a patient during/after work hours and the disclosure of a nurse's own personal information with a patient. An LPN must watch out for these signs and avoid these behaviours, especially with the prominent use of technology and social media in daily life that makes it easy to blur the line of what is professional and personal (please refer to the CLPNA's document on "Professionalism on Social Media" for more information).

There may be instances when providing nursing assistance or support to individuals with whom the LPN has a personal relationship is not considered a boundary violation because the nursing care is

provided without any foreseeable harm and is not exploitive, coercive, or harmful to the patient.¹⁰ LPNs will need to, however, make a judgment on whether the additional assistance is in alignment with the healthcare plan and will not compromise care for other patients.

Boundary violations take advantage of a patient's vulnerability which compromises the trust and respect within a professional nurse-patient relationship.¹¹ This can be harmful for the patient and may contribute to a conflict of interest for the LPN. An LPN may confuse their own needs with the patient's needs and misuse their professional or personal relationship with the patient in order to meet those needs.¹² Some of these may include, but are not limited to, engaging in abuse of a sexual, physical, emotional, or financial nature.¹³

Types of Abuse

- Sexual abuse defined by the HPA (see section above)
- Physical abuse refers to using force that can cause physical pain or injury
- Emotional abuse refers to the manipulation of a patient's emotions for an intended purpose
- Financial abuse refers to activities that involve the monetary gain of a healthcare provider at the expense of the patient

Gift Giving and Receiving

The action of gift giving or receiving between a nurse and a patient can blur the line between a professional and personal relationship. Giving a gift or accepting a patient's gift may convey the impression that there is a special or personal relationship between an LPN and patient.¹⁴ There may also be an expectation for preferential treatment and nursing care. Avoid giving and receiving gifts from patients to keep the relationship with patients professional. If taking this approach, LPNs should respectfully decline and provide an explanation for refusing a patient's gift.¹⁵



However, not all acceptances of patients' gifts may be unprofessional and would be considered a boundary violation. For example, a patient may be expressing their gratitude and has no intention of establishing a personal relationship with the LPN (e.g. thank you card). An LPN should consider the appropriateness and consequences for accepting a patient's gifts based on employer policy, intent of the gift, and the value of the gift.¹⁶

Cultural Diversity

Cultural diversity encompasses the beliefs and social behaviour of different groups within society. The diversity in age, culture, and gender spectrum¹ make each patient unique when they access healthcare services.¹⁷ These differences add to the complexity in patient's expectation on the amount of nursing involvement as well as on the threshold for an action to be considered a boundary violation.¹⁸ LPNs can avoid potential boundary violations by engaging in culturally sensitive practice.

Culturally sensitive practice, like all practice, respects patients' expectations and needs. It may just be as simple as asking a patient how they wish to be addressed during first introductions so that age, cultural or gender diversity is respected. Further, using respectful and professionally appropriate language when communicating with patients may help minimize misunderstandings and avoid actions that could be misinterpreted as something offensive by patients.¹⁹

Strategies for Maintaining Boundaries during the Provision of Nursing Care

Upholding professional boundaries require different considerations and techniques depending on the type of boundary and/or the individual involved (as mentioned above), yet there are a few common strategies that LPNs can apply.

¹ Gender refers to the social construct of the roles, behaviours, expressions, and identities of being male/female and other gender diverse people. This differs from sex, which refers to the sexual anatomy and the physiological attributes in humans.

Maintaining Boundaries: Common Strategies

- Incorporate NOD (name, occupation, and duty) into your interactions with patients
- Verbalize nursing care you will be providing to a patient before carrying out that action
- Obtain informed consent from the patient. If not possible, obtain consent from the next best available person (e.g. family)
- Use simple language/diagrams and be respectful to patients and family members

Reporting and Education

LPNs must also adhere to all standards outlined in the *Standards of Practice on Boundary Violations*. This includes the reporting and education standards for addressing sexual abuse and sexual misconduct.

LPNs are required to make a report to the CLPNA on any of the following findings.

Report to the CLPNA

- Unprofessional conduct found by another regulatory college in Alberta that the LPN is a regulated member of²
- Unprofessional conduct from regulatory colleges of a similar profession in other jurisdictions
- Professional negligence made against the LPN
- Any charges and convictions under the *Criminal Code* (Canada, 1985) on or after April 1, 2019

If an LPN has reasonable grounds to believe that the conduct (on or off duty) of a regulated or unregulated healthcare provider constitutes sexual abuse or sexual misconduct, the LPN must also make a report to the appropriate authority. The appropriate authority may be the complaints director, the employer, or the police. Should an LPN fail to make a report, the Hearing Tribunal may consider it to be unprofessional conduct.

² The LPN is also expected to make the same report to any other regulatory college they are registered with.



This practice guideline is a resource intended for LPNs to increase the understanding of professional boundaries of LPNs and the meaning of sexual abuse and sexual misconduct under the HPA. LPNs are expected to be able to apply this learning in their practice with patients and avoid breaches related to professional boundaries.

If after reading this document you have questions about professional boundaries, please contact the CLPNA's Practice Team at practice@clpna.com, 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

REFERENCES

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- ¹⁶ Ibid.
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