



Submission on Nursing Council of New Zealand's

DRAFT Professional Boundaries Guidelines
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Submission to:

Nursing Council of New Zealand

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Submission prepared by:

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The College of Nurses Aotearoa (NZ) provides a forum for critical inquiry into professional, educational and research issues relating to nurses and to the achievement of equitable outcomes for health consumers as acknowledged in the College vision for 100% access, zero disparities. The College of Nurses Aotearoa (NZ) acknowledges Te Tiriti o Waitangi as the foundation document of this nation and this, therefore, underpins all activities undertaken by the College of Nurses Aotearoa (NZ).



The College of Nurses Aotearoa (NZ) appreciates the opportunity to comment on and provide feedback regarding the Draft Professional Boundaries Guidelines. The following are collated responses from members of the College of Nurses Aotearoa (NZ).

Overall members welcome the draft guidelines that complement the Code of Conduct, and provide guidance to nurses on expected professional behaviour and conduct. What is also appreciated is the clarity regarding the extent to which personal behaviour can impact on professional roles. The guidelines are clear, concise, easy to understand, and are set out in a logical way. Whereas the nurse has the responsibility to know what constitutes appropriate professional practice, the examples provided in each section illustrate to nurses what is acceptable and non acceptable professional and personal behaviour and conduct.

Comments and suggestions relating to the structure of the document include:

- Each section is introduced with a guiding statement followed by an explanation and examples.
- Gifts section (p.3) Directly following the heading 'Gifts' suggest use 'Principles guiding decisions about gifts' then the explanation. Following the second principle Cash gifts should never be allowed – suggest adding “small consumable gifts for sharing, such as chocolates may be acceptable under organizational policy.”
- Bequests (p.4) Follow the heading with the statement “As with a gift the best option is to refuse a bequest with a polite explanation or request.....”
- Financial transactions.... (p.4) Suggest start this section with “It is never acceptable for a nurse to borrow money”
- Preventing boundary transgressions (p.5) Suggest moving this section to immediately before 'Areas where boundaries are breached' the follow with each sub heading. In this way nurses receive the guiding information before the detailed explanation and examples
- Touching (p.6) Change the first sentence to 'Nursing practice involves nurses touching persons on their care.' In the first sentence of the second paragraph "While it....." change 'it' to 'touch' to be clear. It was suggested that as all nurses know touch is part of nursing practice start with a guiding statement “Nurses need to carefully assess each situation....” The add explanation.
- Pre-existing relationships – suggest start with “When a nurse has a personal relationship with someone who requires their care..... If possible the nurse should not be the primary caregiver
- Self disclosure section could incorporate some discussion about the difference between (appropriate) empathy and (inappropriate) sympathy. This discussion may be better situated with the discussion about being friendly and being friends. Another suggestion was the rephrasing of the first sentence of this section, as this could be interpreted as self disclosure from the nurse being mandatory.
- Under the heading 'Sexual relationships with former health consumers and their families' the word 'social' is used in the first line of the second paragraph. Was this word meant to be 'sexual' rather than 'social' – if the latter then it needs defining as it has not been mentioned in this context.
- Glossary – suggest strengthening the definition of 'abuse' as this could be interpreted that the nurse should be know when abuse is occurring, which may in turn cause indeterminate legal arguments.



The concrete nature of the document was commented on in relation to the many often complex contexts in which nursing practice occurs. Two contextual examples were identified:

- How complaints are judged, in particular for nurses working and living in small communities where lines between the personal and professional may/will become blurred. A suggestion was made that the guidelines make some mention of (or refer to another document) regarding the complaints investigation process to ensure the context within which each complaint is heard are acknowledged.
- Confusion could be caused when a patient's best interests are **not** served when a nurse does not interfere with family relationships. Under **Preventing Boundary transgressions** the breadth of bullet point 6 would make it difficult for a nurse to intervene when patients are being ill-treated by family members. It was suggested a point is added explaining a nurse's responsibilities in such circumstances. Perhaps guidance could be given for nurses who confront nebulous situations.

Two specific and relevant topics raised by members are worth including to enhance the contemporary nature of the guidelines:

- 1) Relationships between students and lecturers, particularly at the undergraduate level, could provide guidance to both lecturers and students.
- 2) With the exponential increase in the use of social media such as Facebook, Twitter and blogs, nurses, without awareness, could well risk incriminating themselves in these forums. Understanding the need for protection of identity and reputation, not only for themselves, but also for clients and colleagues they work with is crucial. As mentioned in the introduction of the guidelines, personal lives may well impact on professional lives, and this is particularly salient in regard to social networking where confidentiality cannot ever be guaranteed.

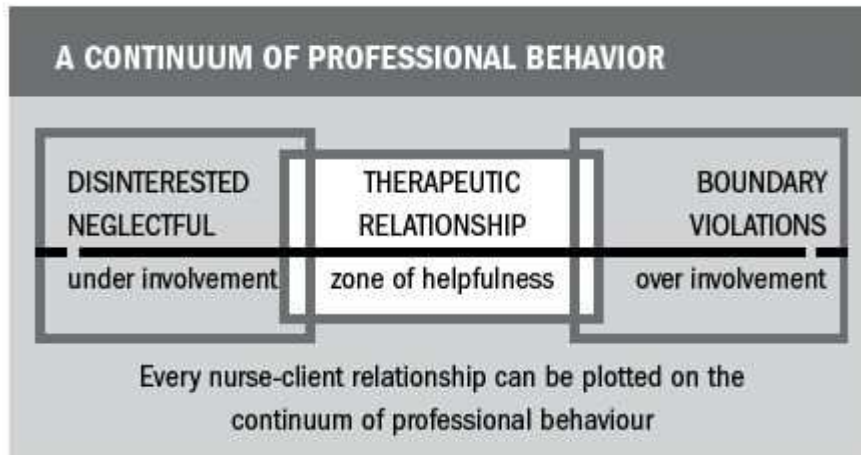
The Medical Council of New Zealand's (2006) 'Statement on the use of the internet and electronic communication' could provide ideas for a similar statement regarding the use of electronic media including social networks to guide nursing practice. The following sections of the statement provide examples:

04 Doctors are also reminded that patients have rights under New Zealand's privacy laws and the Code of Health and Disability Services Consumers' Rights with respect to electronic communication, as they do with all other forms of communication.

08 Whatever method doctors use to communicate, they must consider issues of privacy, security and the sensitivity of health information. The Health Information Privacy Code 1994 applies rules to the health sector to ensure the protection of individual privacy. All doctors must ensure that they act within the rules it outlines.

09 If a doctor chooses to use email to communicate with a patient, they should advise the patient of any limits they would like to place on its use. For example, the patient should be advised not to use email if urgent advice is required.

The framework below is also suggested as a useful tool to include in the guidelines that clearly illustrates the zone in which nurses are endeavouring to practice.



Adapted from: National Council of State Boards of Nursing (2004)

Reference

ANMC and Nursing Council of New Zealand. N (2010). *A nurses guide to professional boundaries*. February.

Medical council of New Zealand. (2006). *Statement on use of the internet and electronic communication*. Retrieved www.mcnz.org.nz